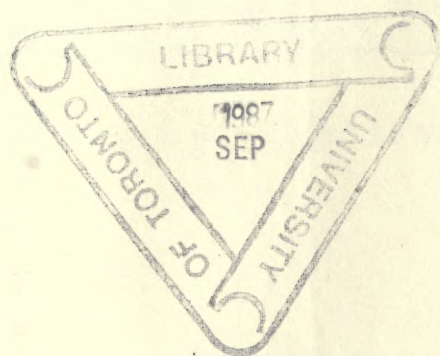


Nursing Library



The Hospital for Sick Children
Toronto

ALLIANCE LIBRARY
THE HOSPITAL FOR SICK CHILDREN
535 UNIVERSITY AVENUE
TORONTO, ONTARIO M5G 1Y9



RT
1
B75
v.71

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

H. S. b.

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,840.

SATURDAY, JULY 7, 1923.

Vol. LXXI

EDITORIAL.

THE PUBLIC HEALTH.

The Right Honble. Neville Chamberlain, M.P., Minister of Health, gave an interesting general survey of the public health as it is to-day in the House of Commons on June 28th, when the House went into Committee of Supply on the Vote to complete the sum for the salaries and expenses of the Ministry of Health.

The Minister emphasised the importance of preventive work, and mentioned that in the year 1922 upwards of 19,500,000 weeks of work were lost through sickness among the insured workers. In other words, the equivalent of the work of 375,000 people for the whole year had been absolutely lost to the State. When to that was added the corresponding figure for the non-insured population some idea of the importance of preventive work could be obtained.

He continued by pointing out that the work that was being done by preventive medicine was not in vain. An examination of the vital statistics was remarkably encouraging, especially when one considered the exceptionally hard conditions under which our people had been living for the last three or four years. Thus during the first ten years of the century the death rate was 15.4 per thousand. Last year it was 12.8 per thousand. In the five years 1910-1915 the infant mortality rate was 111 per thousand; last year it had reached the "record" low figure of 77 per thousand. Simultaneously the expectation of life among all classes was increasing, and the baby born to-day could reasonably expect to live twelve years longer than its grandfather.

Mr. Chamberlain stated that the diseases first in their fatal effects were those classed as respiratory—pneumonia, bronchitis, and diseases of that kind—and he was afraid we must attribute the very high mortality from those diseases to the congested conditions and the polluted atmosphere in our large towns. The Minister's statement that he hoped it might be possible for him before very long to intro-

duce some new legislation which would carry us a step farther in the cleansing of the atmosphere will be welcomed by Dr. H. A. Des Vœux, Dr. Saleeby, and others of the group who have worked so long and so earnestly towards this end.

Next in order the Minister placed diseases affecting the heart, and diseases of the nervous system, and in the fourth place, cancer, which now accounts for 96 per thousand of the deaths from all causes. There was no doubt that cancer was steadily on the increase, and that up to the present we knew little of its cause, and did not know what was its cure. Investigations were constantly going on in this subject, and he had at the Ministry of Health a standing Medical Committee on Cancer, which advised him from time to time, and researches were also being made by three bodies.

In regard to tuberculosis, the figures were much more encouraging. In 1867 the deaths from tuberculosis were 2,653 per million; last year they were only 855 per million.

Comparatively lately two new remedies had come under the notice of the Ministry of Health, the first devised by Mr. Spahlinger, the second by Dr. Dreyer.

The statistics as to venereal disease showed it to be fairly rapidly on the decline. A good deal of that result might be attributed to the establishment of a number of clinics throughout the country. Through those clinics a great deal of information had been spread, which had caused people to realise, more than they used to do, the dangers to themselves and to other innocent people who had had nothing to do with the cause producing the disease.

Concerning smallpox, the Minister said that in 1917 there were only seven cases in the country, but there had been a very serious revival in the prevalence of this disease. In 1922 there were upwards of 973 cases, and this year, up to June 16th, we had already had 955 cases. He considered it his duty to speak plainly on this matter; the situation was distinctly serious. Twenty years ago 75 per cent. of the children born were vaccinated, to-day only 38 per cent. He desired to emphasize that

the one sure protection against smallpox was vaccination.

Touching on the work of the voluntary hospitals, Mr. Chamberlain said we need not take a despairing view of the future, but pointed out that every hospital now had a terrible waiting-list of people who were in immediate need of treatment and could not get it because they could not get beds. Unless the voluntary system was able to provide for the inevitable growth in the number of beds required in the country, and to bear the increased burden of maintenance necessitated by that, it could not be said to be standing on safe ground.

NOT TOUCHED UPON.

In conclusion, the Minister said there were many subjects connected with his Department which he had not touched upon, and we may point out that one of the most essential is the work of trained and registered nurses. Whether in the Department of National Insurance, of the prevention of disease and of shortening its duration, of lessening infantile mortality, and of raising the standard of national health, the work of trained nurses is one of the most effective means. The fact that neither the Minister nor any member who followed him pointed this out shows the lack of knowledge and appreciation which still exists as to the national value of the health work carried on by trained nurses.

OUR PRIZE COMPETITION.

DESCRIBE BRIEFLY HOW YOU WOULD PREPARE THE FOLLOWING BATHS, NAMELY:—ALKALINE, SALINE, MUSTARD, STARCH, SULPHUR.

We have pleasure in awarding the prize this week to Mrs. M. E. E. Farthing, S.R.N., Certified Midwife, Hawthorne Lodge, Knutsford Road, Latchford, Warrington.

PRIZE PAPER.

(a) In an ordinary large bath a ten-inch depth of water is about 30 gallons, and I shall give quantities of solution to add to this quantity. For smaller baths, of course, smaller proportions must be used. Alkaline, saline, and starch baths are very beneficial in certain skin diseases, and for sloughing burns alkaline baths have proved most efficient. Continuous baths are frequently ordered for sloughing ulcers or burns. These must be given with great care regarding temperature of bath, &c. Temperature should be between 98° and 100°. The patient is generally slung in a hammock, with an air cushion under his head. The hammock is attached to the ends of the bath. Macintoshes and blankets are placed over the top to help to maintain the tempera-

ture. In adding hot water great care must be taken to well diffuse the water. Patients treated thus need a good diet, as wasting often results. The baths must not be continued longer than ordered by the medical officer, and great care must be taken that the patient does not take cold after.

"Alkaline."—Half a pound of borax or bicarbonate of soda, dissolved in a gallon of water and added to 30 gallons of water in an ordinary bath, at a temperature of between 98° and 100°. It is well to obtain instructions from the doctor as to whether the patient is to have hot or warm bath.

(b) "Saline."—To the same amount of water add a solution formed of two pounds of salt dissolved in a gallon of water.

(c) "Mustard Bath."—Tie one pound of mustard in a double muslin bag, pour one gallon of boiling water over it, and leave it to stand for a quarter of an hour, then add to 30 gallons of water, at a temperature of 98°; for a foot-bath, one tablespoonful to the gallon is generally ordered, but it must be weaker for children and not so hot. If giving a mustard bath to a baby for convulsions, care must be taken to use a double muslin bag, as any particles of mustard floating on the water might adhere to the skin and blister it. Also take great care to protect the eyes.

(d) "Starch."—Mix two pounds of starch to a paste, add boiling water until quite thin, then add this mixture gradually to 30 gallons of water. Temperature between 98° and 100°. Well stir with hand.

(e) "Sulphur."—Potassa sulphurata is the best for this purpose as it dissolves well. Four ounces of potassa sulphurata, dissolved in a gallon of boiling water, and added to 30 gallons of water. Temperature, 98° to 100°. Hot water must be added to keep up the temperature of bath, as patients have to soak in this, as a rule, for from 15 to 20 minutes. In cases of scabies it should, if possible, be given in front of a fire, and the ointment, generally prescribed, rubbed in before the fire whilst the body is warm. Old, worn shirts and underwear should be used, and destroyed when finished with, and they should always be separately washed. Patients requiring this treatment need strict isolation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Phoebe Goddard, Miss M. Ramsey, S.R.N., Miss B. James, Miss N. Tomlinson.

QUESTION FOR NEXT WEEK.

Describe (a) the symptoms, (b) the nursing management, of a case of concussion.

NURSING ECHOES.

The annual Report of Queen Victoria's Jubilee Institute for Nurses to the Patron, Queen Alexandra, for the year 1922, states that it has been marked by grave anxiety with regard to finance. In spite of every effort to secure additional funds, and to reduce the expenditure, the balance of over £3,400 on the Queen's Fund has been practically exhausted, and the statement of accounts shows an overdraft of nearly £800. This is the first occasion on which the Queen's Institute has been compelled to ask for an overdraft at the Bank, and the position is the more serious as, with one small exception, the Council, having no power over its capital funds, can offer no security for a loan.

The Council records loyal co-operation of the affiliated Associations under these difficult circumstances, and the Training Homes have agreed to give the six-months' district training for £20, the Institute providing uniform, thus effecting a saving of £10 on each candidate in training.

Apart from the financial side, most satisfactory progress can be reported. More nurses have applied for training as Queen's Nurses, and the qualifications of the applicants reached a high standard. It is thus now possible to meet the needs of the affiliated Associations, except in the case of Queen's Nurses willing to practise midwifery, where there is still some shortage.

In view of the cost of living, the minimum allowance for board and laundry has been reduced to 21s. a week, but it is understood that this reduction can only be made where the local conditions make it possible for the Nurses to manage on the lesser amount. The allowance for uniform has also been reduced to £8 per annum. The brassard is now no longer part of the Queen's Nurses' uniform.

The schemes by which certain Approved Societies pay for the nursing of their members are, it is stated, working satisfactorily. For the first nine months of the year £2,646 6s. was paid over by the Approved Societies for the nursing of their members.

During the year Representatives of the Scottish Council met the Scottish Board of Health on several occasions to lay before them the Syllabus of Instruction given during District Training, and to discuss with them how, in view of the Board's recent circular entitled "Conditions for the Certification and Registration of Health Visitors," the lectures given to their candidates in training for the Queen's

Roll could be brought into line so that they might qualify for the Public Health Work which the Institute is being asked to undertake all over the country. It was finally arranged that Nurses receiving District Training in the Central Home, Edinburgh, should take the Board of Health's prescribed Course of Study to qualify them to enter for the Health Visitor's Probation Certificate. Students who successfully complete this Course will be awarded the Health Visitor's Probation Certificate, and after two years' approved service in a district where at least two of the Public Health Services are officially undertaken, in conjunction with general district work, will be awarded the full Health Visitor's Certificate.

On January 1st, 1923, there were 2,120 Queen's Nurses on the Roll, the total number working in connection with the Institute, including Queen's Nurses and those in training, Village Nurses, and Midwives, was 5,565.

The work of Queen's Nurses is of a high quality and of great national value. We hope that this will be increasingly realised, and that the necessary support will be forthcoming. It must be realised that the expenses incurred are for administration, district and midwifery training, and salaries of central staff—not for the salaries of Queen's Nurses, which are locally provided.

Sir Thomas Dewey, presiding on June 29th at the annual meeting of the Royal National Pension Fund for Nurses, held at the Royal Society of Arts, John Street, Adelphi, W.C., said that the affairs of the fund were most satisfactory. The total premiums received up to December last amounted to £92,439. The number of surrendered policies was 631, as against 765 in the previous year. The number of nurses drawing annuities was 3,157 at the total rate of £85,000 a year, which showed an increase of 119. From these figures it was very apparent that nurses receiving pensions lived longer than they were expected to. According to the expectation of life 707 pensioners should have died during the last five years, although actually only 416 did die. The invested funds amounted to £2,198,565. Of that sum £1,109,582, or over 50 per cent., was invested in British Government securities, which meant that the nurses had lent to the Government more than a million pounds of their savings. That was a splendid record, he considered, because nursing was not a very highly paid profession. He regretted to say that there was little or no hope of any bonuses being declared this year.

It is very inconsiderate of Pension Fund nurses not to shuffle off this mortal coil according to Schedule! We know the self-denial during their poorly paid working days which these annuitants endured; and we must remember they are not enjoying *pensions*, but annuities, for which they have paid full business rates. We hope they enjoy their savings for many years to come.

The matron, sisters and nursing staff of the Royal Infirmary, Chester, wish to thank all who in any way assisted them in the promotion of the fair and fête organised by the nursing staff, for the purpose of raising a sufficient amount to defray the cost of furnishing additional staff quarters at the institution, and in bringing it to a successful termination. Major W. E. Townsend Currie, deputy chairman of the board of management, and Mr. Heathcote Williams, a member of the Board, gave a great deal of valued assistance in various directions, as did Mr. J. Rowse Mitchell, secretary of the Royal Infirmary. The nursing staff have been busily engaged during the past nine months in getting together funds to meet expenses. The proceeds, including what was raised in advance, amount to £1,154. The winners of the three watches were Sister Griffith, acting matron, Parkgate Convalescent Home; Mrs. Jones, 55, Lightfoot Street, Hoole; and Mr. J. Pugh, 73, Ewart Street, Mold Junction.

The Southwark Guardians recently received a report from their Hospital Committee, at the Board meeting, stating that they had had under consideration the question of some award being made to the three Probationer Nurses who specially distinguished themselves in the recent examination of Probationers at the Hospital. The Committee expressed the view that the principle of giving prizes or medals to these Nurses was a good one, but in view of the fact that after next year the Nurses would be examined and certificates given by the General Nursing Council, it would appear wise to wait and see whether under that system the Nurses would be arranged in order of merit. The Committee recommended, therefore, that no action be taken in the matter at present, and their recommendation was adopted by the Board.

The findings of the Hull Corporation Asylum Committee, as the result of the inquiry into charges made against the administration at the asylum, were issued on June 30th.

The committee state they are satisfied that there is no truth in the allegation that five, six, or seven persons had been bathed in the

same water. Generally speaking, the regulation that each person should have clean water had been properly carried out

With regard to the allegation that a patient was improperly confined in a dark room for an undue time without food, as a punishment for a trivial offence, the committee find there is no justification for describing the room as a dungeon, or that the inmate was put there for punishment. The patient was not fit for the dormitory. She was being properly cared for.

The committee state that they had had nothing put before them to justify the belief that the general conduct of the nurses was cruel or hard. They were prepared to believe that there were times when provocation led to hasty acts of ill-temper, but, notwithstanding the allegations made at the inquiry, they are of opinion that the nurses as a whole perform their duties as kindly as circumstances will permit.

We have received the following letter from Miss Annie W. Goodrich, R.N., Sc.D., Dean of the School of Nursing at Yale University:—

MY DEAR MRS. FENWICK,—I cannot tell you how touched, surprised, and pleased I was by the Editorial in the May 19th issue of THE BRITISH JOURNAL OF NURSING.

The organisation of the school in connection with Yale University is indeed marking a new era in nursing. My own connection with it fills me with both anxiety and humiliation. The kind messages I have received from my colleagues, and particularly the greeting of THE BRITISH JOURNAL OF NURSING, are heartening and inspiring. I most earnestly hope that I can in some small degree measure up to these wishes and prophecies of my colleagues in nursing.

It would be a great privilege and pleasure if I could meet you all in Helsingfors in 1925. I shall keep it in mind and shall certainly try to encompass it if it is possible.

With warmest remembrances to my dear friends, Miss Breay, Miss Kent, and Miss Hulme, I have the honour to be,

Very sincerely yours,
ANNIE W. GOODRICH.

LAST WEEK FOR REGISTRATION FOR EXISTING NURSES.

We want to impress upon our colleagues that July 14th, in next week, is the last date on which Existing Nurses can register. Do nurses who held a three-years' Certificate before November 1st, 1919, realise they are included in this class? If not, wake up, and see that your Application Form, duly filled in, is in the Office, 12, York Gate, Regent's Park, N.W., before July 14th next.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

(Concluded from page 412.)

AMERICAN NURSES IN EUROPE.

Mrs. Fenwick said that a great wave of organisation through the American Red Cross had been one outcome of the war. Schools of Nursing had been established in various European countries, and in Paris plans for the new Training School under American auspices were developing rapidly. Major Julia Stimson, the head of the American Army Nurse Corps, had had leave of absence from Washington to help to inaugurate it, and before she left Paris in May contracts were signed which would enable building and other plans to materialise at once. During Major Stimson's visit she and Miss Walker visited Bordeaux to obtain Dr. Hamilton's advice on plans, and to see if there were any way in which they could help forward her plan for the new hospital. It seems to be a question which corner-stone will be laid first, that of the new hospital at Bagatelle or that in Paris.

Recently the European Council for Nursing Education had been formed by supervisors of pioneer nursing schools in European countries where trained nursing was in its infancy. We must sympathise with, and interest ourselves in, the good work of this organisation.

NURSING IN HOLLAND.

The Council had the pleasure of welcoming to its deliberations two Dutch nurses, members of "Nosokomos"—Sister Verhagen and Sister Van den Berg. In Holland the nursing position was analogous to our own. There was the Dutch Nurses' Association, Nosokomos, composed, as our National Council is, of self-governing professional nurses, federated with us in the International Council of Nurses; and the "Bund," organised on the basis of lay and medical control, with which were associated some of the Matrons, much on the lines of the College of Nursing, Ltd., so that Dutch nurses—who thoroughly appreciated the situation—would have a good deal of sympathy with their English colleagues, with which statement the Dutch Sisters smilingly agreed.

PROGRESS IN THE IRISH FREE STATE.

Miss A. Carson Rae spoke on the work of the Dublin Metropolitan School of Nursing. Twenty-five years ago, she said, Miss Huxley had first started the School, lectures were given and examinations held.

In reference to the Syllabus of Training and Education, framed and approved by the first General Nursing Council for England and Wales, it was recommended to the Irish authorities, and they obtained it. She understood they were not going to make it compulsory in England, but they had adopted and were working it in Ireland at the present time.

The Metropolitan School had been reorganised, and different sets of lectures were given every night in the week, two sets to probationers in their first year, two to those in their second year of training, and two to third year pupils. Practical examinations were arranged by Matrons. They were working away on the Syllabus in preparation for the first examination, which it was hoped might be held next year. There was strenuous teaching going on, and a healthy sense of rivalry between the teachers and probationers in the various hospitals. "Whilst you have discarded the Syllabus in England," said Miss Carson Rae, "we in Ireland have adopted and are working it." (Hear, hear.)

The President said that in this country the cart had been put before the horse. A Syllabus of Examination had been approved by the timorous new General Nursing Council, and the Minister of Health, while there was no compulsory Syllabus of Training on which to teach the probationers to fit them for examination! A most illogical position. In spite of the right to "prescribed training" in the Registration Act—it was still "go as you please" in the so-called Nursing Schools in England, a situation for which the Chairman and General Nursing Council were entirely to blame, as the Matrons and managers of the general and special schools, were quite prepared to adopt the Syllabus and encourage educated women to train as nurses. The Medical Chairman of the G.N.C. was not in touch with modern nursing ethics and education, and assumed a very serious responsibility in denying the right to a "prescribed training" to future nurses. A strenuous campaign was in preparation to claim for probationers the privileges granted to them by Parliament. Nurses training in the Irish Free State were to be congratulated upon the energy of their Matrons and upon the attitude of both Matrons and hospital authorities towards nursing education.

MEETING OF THE EXECUTIVE COMMITTEE OF THE INTERNATIONAL COUNCIL OF NURSES AT COPENHAGEN.

Mrs. Fenwick then laid before the Council the correspondence which had taken place between her and the Hon. Secretary of the International Council of Nurses, relating to the draft Agenda for a meeting of the Executive Committee to be held in Copenhagen on July 30th to August 1st, and gave the outline of the programme suggested for consideration.

Discussion ensued and two resolutions were unanimously agreed:—

(1) In support of sympathetic co-operation but no fusion with non-professional bodies, as it was entirely through the strength and prestige of professional organisations that trained nurses reach the position, dignity, and influence which enables them to be useful in mixed organisations.

(2) That strict recognition of the autonomy of National Associations federated in the International Council of Nurses must be scrupulously

maintained, as this vital principle affects the status and self-determination of every National Council of Nurses.

It was resolved to refer the correspondence to the Executive Committee to draft a considered reply to be sent to Miss Reimann for presentation to the meeting of the Executive Committee of the International Council on July 30th prox. It was also agreed to send a representative of the National Council to attend the meeting.

After a hearty vote of thanks to the Chairman the meeting terminated, and many members enjoyed an excellent tea, and agreed that the re-union had been most enjoyable and instructive.

MEETING OF EXECUTIVE COMMITTEE.

A meeting of the Executive Committee of the National Council of Trained Nurses of Great Britain and Ireland was held at 431, Oxford Street, London, W., on Friday, June 22nd, when it was decided (1) to send a statement to the Privy Council in opposition to the motion of Dr. Chapple in the House of Commons, on Wednesday, June 13th, to present an Address to the King in Council, the effect of which would be to admit untrained women on to the General Part of the State Register of Nurses; (2) to consider the reply to be sent to a letter from Miss Reimann, Hon. Secretary of the International Council of Nurses, the terms of which were approved.

REGISTERED NURSES' PARLIAMENTARY COUNCIL.

A meeting of the Registered Nurses' Parliamentary Council was held at 431, Oxford Street, London, W., on June 23rd. Councillor Beatrice Kent presided.

The meeting was summoned to receive a report on the proceedings which took place in the House of Commons on June 13th, known as the Great Betrayal of the contract between Parliament embodied in the Statutory Rules for Registration, approved in July, 1921, and the 25,000 nurses who have paid for registration under such Rules, and to consider the situation created by the Appeal to the King in Council agreed to in the House of Commons on June 13th, and to take such action as was desirable.

RESOLUTION 1.

Those present agreed to Memorialise the King in Council against Dr. Chapple's modification of Rule 9 (1) (g), throwing open the General Part of the Register at the last moment to women without any hospital training, and thus granting to inefficient nurses the privileges of the title of Registered Nurse, and the right to use the protected uniform and badge—a most serious danger to the sick public—also against Rule 9 (1) (g) framed by the General Nursing Council for England and Wales, introducing a date which makes an artificial and arbitrary distinction between *bona fide* nurses during the period of grace.

RESOLUTION 2.

A resolution was adopted protesting against the action of the General Nursing Council in lowering the standard of admittance to the General Part of the Register, at the dictation of the College of Nursing, Ltd., and in depriving probationers of their right to "prescribed training" as defined in the Act, at the instigation of Poor Law Guardians.

RESOLUTION 3.

A resolution was agreed condemning the conduct of women members of Parliament in absenting themselves when Nursing Questions were debated in Parliament. As trained nurses are compelled to contribute to their salaries, the Council calls upon them to perform their duties in this connection in the future.

AGITATION OF COLLEGE COUNCIL TO ADMIT BONA FIDES.

The Council learned with relief that 15,000 nurse members of the College of Nursing, Ltd., disapproved of the action of its Council in agitating for the admission of untrained women to the State Register, as set forth in the letter of the Secretary—Miss Rundle—to the General Nursing Council, dated December 29th, 1922, and withheld from the G.N.C. until March 16th, after the election, when it was presented in the Report approved by the Registration Committee, when Miss Bushby expressed the opinion that this letter from the College of Nursing should have been made public *before the election of the General Nursing Council!* As no member of the College of Nursing present disapproved of Miss Rundle's letter, it was approved by the Council, and was no doubt the basis of Dr. Chapple's disastrous action in the House of Commons on June 13th, which the College authorities are now attempting to repudiate.

VOTE OF THANKS TO MAJOR BARNETT.

The Council instructed the Secretary to express to Major Barnett, M.P., its sincere appreciation of his action in giving notice to annul Rule 9 (1) (g) in the House of Commons on June 13th, for the protection of the public from inefficient nurses.

VOTE OF APPRECIATION TO LEICESTER LEAGUE.

It was resolved to send a vote of appreciation to the Leicester Royal Infirmary Nurses' League for their action in forwarding resolutions to the Minister of Health, the Chairman of the General Nursing Council, and the local members of Parliament in support of a compulsory Syllabus of Training, and against widening the portal of State Registration for the purpose of admitting untrained nurses to the General Part of the Register.

ELECTION OF MEMBERS.

Applications for Membership were received, and all the candidates—who must be State Registered Nurses—were elected.

MARGARET BREAY,
Hon. Secretary.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The quarterly meeting of the Council was held (by kind permission of the Manager) at Glaxo House, Osnaburgh Street, Regent's Park, N.W., on Thursday, June 28th.

THE FACTORY.

When the members had assembled at about 2.30 Colonel Rose very kindly conducted them over the business premises, showing all the processes of packing, and preparation for it.

The manufacture of Glaxo takes place in New Zealand on a vast scale. It is received in bulk at Glaxo House. The

top of this large building is the scene of the activities to which lifts conveyed us. The main principle, Colonel Rose explained, was that from first to last the powder is not touched with the hands. All is done by machinery, and all the machinery is of aluminium, being light and easily kept clean. A number of young people—mostly girls, looking very happy and contented (we know how well they are treated by this firm), and wearing immaculate white coats, and caps which entirely covered the hair—were busily at work. The first process was to agitate the powder and to break it up into the finest particles, much of it having coagulated into lumps during its long voyage.

The most accurate measurement of quantity for the various sized tins, was the next thing, the measured quantity being received into a vessel which automatically tilted itself through a cylinder into a paper bag, which a girl held ready to receive it. The bags were then placed in the tins, then the lids fixed, placed in crates for export, or cartons for this country, finally sealed down, and placed in motor vehicles waiting for them, and taken to the railway station. Every process was completed with wonderful dexterity and speed, and the tins travelled from one department to another on "runways." Empty tins mysteriously appeared up from somewhere, through a cylinder, and when filled rapidly disappeared through another.

The members of the Matrons' Council greatly enjoyed an insight into what may truly be called *the romance of dried milk*, consummated in Glaxo, which "builds bonny babies."

HOSPITALITY.

The next item on the programme was tea, hospitably provided by the firm—and such a tea, with Miss Kennedy acting as hostess, and many willing helpers assisting her. The delicate cakes, pastries and biscuits, into all of which Glaxo entered as an ingredient, were greatly appreciated, and there was general agreement that, although Glaxo's primary object may be to build bonny

babies, it also has a very important and pleasant place in the dietary of adults, both invalids and those in sound health.

"THE FILM."

The next item on the programme was "The Film," which, explained by Mr. Hunwicke, transported us to New Zealand, and showed us not only the natural beauties of the "Fortunate Isles," its geysers, gorges, and grazing lands, but also the Glaxo industry. We saw the beautiful cattle in their pastures—and in New Zealand they are out all the year round—the milking sheds (where the cows are milked by machinery), the testing and standardisation of the milk, the drying process, the milk passing over a cylinder and dried into a sheet somewhat resembling tissue paper, which is then cut with a knife on the cylindrical machine, the reduction to powder, and packing in cases ready for export, which are then loaded up on special Glaxo motors.

THE BUSINESS MEETING.

The Business Meeting assembled in a room kindly put at its disposal by the firm, Miss M. Heather-Bigg, S.R.N., R.R.C., being in the chair.

Before the meeting began, Miss Heather-Bigg said that it was with natural regret that she occupied the chair for the last time as President of the Council, but she was sure that, in resigning, she was doing the right thing in the interests of the Council. She was very sensible of the honour done her in retaining her as its President for 13 years, and very glad that during her term of office Mrs. Bedford Fenwick had seen the realization of her work for the standardisation of nursing education in the passing of the Acts for the State Registration of Nurses in Great Britain and Ireland.

Miss Heather-Bigg said, further, she was sure the Council could rely on her successor to carry on its work in accordance with its traditions and to bring to its service energy and wisdom.

As her last official act she would like to pay a fitting tribute to their Hon. Secretary (Miss Hulme), and to assure her how much she appreciated the tact and courtesy and capacity with which she managed the Council's business. In resigning office, Miss Heather-Bigg said that she was lessening her responsibilities, but she was never going to lessen her interest in the Council and its work.

Miss S. A. Villiers then asked Miss Heather-Bigg's acceptance, in the name of the Council, of a lovely sheaf of flowers, composed of pink carnations, lupins, delphiniums, and love-in-the-mist. In doing so, Miss Villiers said she need not say how very sorry the Matrons' Council was that it was losing her as its President. It could not thank her sufficiently for her work for it, which it would always remember with gratitude.

Miss Breay then gave a message from Mrs. Bedford Fenwick of affectionate regard for Miss Heather Bigg, who desired to express how much she regretted being absent, but the Matrons' Council meeting coincided with the Annual

Meeting of the Royal British Nurses' Association. In expressing her own as well as Mrs. Fenwick's regret at Miss Heather-Bigg's resignation, Miss Breay said she had never thought of what was expedient but only of what was right; she never hedged, and she never compromised; she was perfectly honourable, outspoken and courteous, loyal to her principles and her friends. Her successor would have a great deal to live up to in succeeding two such Presidents as the late Miss Isla Stewart and Miss Heather-Bigg, but she did not doubt she would justify her election.

MESSAGE OF CONDOLENCE TO THE KING AND QUEEN.

The President then rose and proposed from the Chair that a message of condolence should be sent by the Council to their Majesties the King and Queen on the loss they had sustained by the death of Her Royal Highness Princess Christian, who always took so active an interest in the promotion of the Nurses' Registration Acts and in the Nursing profession.

This was seconded by Miss S. M. Marsters and carried in silence.

VOTE OF THANKS TO MAJOR BARNETT.

The President then said that she was sure one and all would wish to thank Major Barnett for the splendid way in which he had supported the true interests of nurses in the House of Commons. He had the courage of his convictions and stuck to his guns and sincere thanks were due to him. This was seconded by Miss Elma Smith, and carried by acclamation.

MINUTES.

The Minutes of the last meeting, held at Tottenham, were read by Miss A. E. Hulme, Hon. Secretary, and confirmed.

CORRESPONDENCE.

A letter was read from Miss Holmes (Guildford) expressing her regret at not attending the meeting. She had endeavoured to obtain permission from her medical attendant, but failed to do so, and had been ordered into a Home for treatment. It was decided to send her a message of sympathy from the Council.

Miss C. A. Little (Hull) wrote suggesting that

a letter of protest should be sent to the Labour Conference in session at the Queen's Hall, on the Labour vote in support of Major Chapple's motion in the House of Commons on June 13th to present an address to the King in Council to modify Rule 9 of the General Nursing Council for England and Wales, the effect of which modification would be to admit persons without any hospital training to the Register of Nurses.

It was unanimously agreed to instruct the Hon. Secretary to send a letter to the Labour Conference in accordance with Miss Little's suggestion.

APPLICATIONS FOR MEMBERSHIP.

Applications for membership were then considered and approved.

REPRESENTATIVES AT THE CONFERENCE OF THE N.C.W.

Miss Kathleen Smith and Miss Muriel consented to represent the Council at the Annual Conference of the National Council of Women in Edinburgh in October, and the hope was expressed that Miss Steuart Donaldson would act as the third representative.

THE NEW PRESIDENT.

Miss Heather - Bigg then said she had pleasure in proposing from the chair the election of Miss Kathleen A. Smith, Matron of the London Temperance Hospital, as her successor in office. She thought that if elected she would capably represent it. She had had wide experience in civil and military hospitals, and as Matron of a Training School. She believed Miss Smith would develop its activities and be staunch to its standards. She was

sure the Council would give her a most hearty welcome when she presided at its next meeting.

The proposal was carried by acclamation.

OTHER BUSINESS.

Under other business,

Miss G. Lord reported the result of the Special Council Meeting of the National Council of Women, held at Caxton Hall on June 15th, to consider the following Resolution:—

“That the National Council of Women



MISS KATHLEEN A. SMITH, S.R.N., R.R.C.

The New President of the Matrons' Council.

endorses the action of the Executive Committee in supporting the following Resolution:—

"The Advisory Committee having at the request of the third Assembly of the League (of Nations) examined the question of the employment of foreign women in licensed houses, recommends that pending the abolition of the system of State Regulation, no foreign woman should be employed or carry on her profession as a prostitute in any licensed house (*maison de tolerance*)."

The vote was taken on this action of the Executive and for the original resolution, the result being that 206 voted for the Resolution and 112 against. The required two-thirds majority not being reached the Resolution was lost by 9 votes.

A Resolution, proposed by Mrs. Ogilvie Gordon, was subsequently carried "urging on the Advisory Committee further study with a view to the complete abolition of the system of State regulation of prostitution."

In response to a letter from the National Union of Societies for Equal Citizenship the Council decided to support the demand for the extension of the franchise to women on the same terms as to men.

Miss Ramsden dissented, as she thought that just after the war, when the male electorate had been so much reduced it was not quite fair to swamp the male with the female vote.

THANKS TO GLAXO.

Miss Marsters said that the Council could not separate without offering a very hearty vote of thanks to the proprietors of Glaxo for their hospitality, and for the interesting afternoon it had spent at Glaxo House. She was particularly glad to have the opportunity of learning more about Glaxo as the Infant Welfare and Maternity and Child Welfare Centre with which she was connected spent £1,500 a year upon it. She thought it was money well spent. The meeting then terminated.

FROM A QUEEN'S NURSE.

Last week a little boy was born who had one sister four years old. She said she would not have a boy in the house as they were nasty, spiteful things. I said, "But Mummy wanted a boy," and she said, "Oh, that is only because they are cheap"!

She wanted to see him being bathed, but was rather noisy, and her mother said she must go downstairs. She refused and her mother said, "But, Eileen, I'll make you." She promptly replied, "You cannot; only God can work miracles!"—From *Queen's Nurses' Magazine*.

WORD FOR THE WEEK.

"ROBIN REDBREAST."

The Nightingale sings till his mating's done,
And then he flies away;
The Skylark sings to the summer sun,
The Thrush to the dawn of day,
The Blackcap sings in the leafy lane,
But Robin Redbreast sings in the rain.

"Nature Verses," by F. Carruthers Gould.

STATE REGISTERED BADGE.

We are officially informed that:—

"There will be considerable delay in issuing the State Registered Badge to those who have made application, owing to the fact that a large number have omitted to give the particulars asked for. Every application has to be carefully verified, and in many instances only the initials and name have been given by applicants. As there are many nurses with the same initials on the Register, it is absolutely necessary that the full name of the nurse should be given, *together with her registration number* and the part of the Register on which she is registered, and postal order for 5s. 6d. in payment. There is a General Register and five Supplementary Parts, and unless full particulars are given the badge cannot be issued.

"In view of the difficulties which have arisen in this respect, a form has been prepared, and will shortly be available, on which application must be made by those desirous of obtaining the registered badge. Application for the form (marked 'Badge' on outside of envelope), should be made to the Registrar, enclosing stamped-addressed envelope.

"From this date no badge will be issued except under these conditions.

"Application for the badge should not be made until the Certificate of Registration has been received. The number on the receipt sent for fee is *not* the registered number.

"Nurses registered in Scotland and Ireland should *not* apply unless on the English Register.

"A form will be sent in due course to those who have already applied and have given inadequate information."

We hope "due course" does not mean that Registered Nurses are to be kept waiting for six months before receiving a "form" for their badges, as they are for Registration and their Certificates.

DEGRADING THE STATE REGISTER, UNIFORM AND BADGE.

Miss M. S. Rundle, Secretary, College of Nursing, Ltd., has a letter in last week's *Lancet* in which she is directed "to make it clear that the College is entirely opposed to Dr. Chapple's suggestions"—*re* new Rule—to admit to the Register *bona fide* nurses without hospital training up to July 14th, and states "that the College approached the General Nursing Council asking that the door of admission should be opened wider to the *bona fide* practising nurses." What the College almost demanded (its communication was very peremptory) was that "the door (to the 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." This demand differs very little from Dr. Chapple's disastrous modification of Rule 9 (1) (g), supported by the College after 15,000 of its nurse members objected to its policy of flooding the State Register with totally untrained persons, and thus once more-breaking faith with them.

A MODERN VERSION OF THE BABES IN THE WOOD.

THE ROBBERS COME TO BLOWS.

We have received from Dr. W. A. Chapple, M.P., the following copy of correspondence which has taken place between him and the Honble. Sir Arthur Stanley, Chairman of the College of Nursing, Ltd. It is vastly instructive:—

June 22nd, 1923.

DEAR DR. CHAPPLE,—Thanks for your letter in answer to mine. You have evidently missed the point of my letter. What I pointed out was that anyone reading your speech could only conclude from it that the Council of the College of Nursing was in favour of the amendments which you were bringing before the House. I read your speech over several times myself and it is the only possible conclusion to be drawn from it, whereas you know perfectly well that the Council of the College of Nursing was entirely opposed to the proposals which you were making.

Yours sincerely,

(Signed) ARTHUR STANLEY.

W. A. Chapple, Esq., M.P.

1, Horseferry Road, S.W.1,

June 27th, 1923.

DEAR SIR ARTHUR STANLEY,—I have your letter, and think that you must have forgotten that you wrote me in December last asking me to come and see you and discuss with you the question of the nurses, which I did on December 5th. I understood you then to be strongly in favour of the position set out in your letter to the Nursing Council, urging that existing nurses should have access to the Register, no matter how their "knowledge and experience had been obtained."

Following this interview, I sent you a copy of the amendment to the Rules, as it had been considered by the Medical Committee, and asked you if you would let me know if it met your views, or if you had any comment to make. As you did not reply I concluded that in your view it amply provided for existing nurses in the way the Act contemplated, and I was further confirmed in this interpretation of your silence when I read in the *Nursing Mirror* of March 24th, 1923, your admirable statement of the views of the Nursing College Council, and the strong appeal you made to the General Nursing Council on behalf of the measure of justice to existing nurses, which the Act provides; and without which it would never have passed into law, nor would I have sponsored it for so many years in the House of Commons.

A deputation of Registered Nurses belonging to the Nursing College, weighed as nothing with me, in the face of your apparent satisfaction with my letter and with the amendment as it appeared subsequently in the *British Medical Journal* (and which, with minor alterations, is now law) and of your admirable letter to the General Nursing Council discussed by them three months ago and never withdrawn nor modified. Why should it

be? It was too excellent, too just, and too loyal to the Act.

I took little notice of the Registered Nurses' views. They wholly missed the point that legislators hold in high respect when dealing with Registration Acts.

No less than four deputations of nurses waited on the Medical Committee and some of them were frank enough to admit that their object in opposing my amendment was to keep down competition in the nursing profession and to provide against nurses who had had no hospital training earning the same fees as those who had.

This does not appeal to those who have the responsible duty of legislating equitably and according to invariable precedent, and of providing in Registration Acts a measure of recognition to those earning their livelihood *bona fide*, under the pre-existing régime.

Yours very sincerely,

W. A. CHAPPLE.

SICK PUBLIC BETRAYED.

This correspondence corroborates our statement made on several occasions that the College began the attack upon the minority qualification for admittance to the General Part of the Register, and that Dr. Chapple, unknown to the nurses' organisations and the Registered Nurses, privately agreed with Sir Arthur Stanley to lead the attack through the Parliamentary Medical Committee in the House of Commons. Dr. Chapple is quite frank in his contempt for the opinion of the members of the profession to be legislated for—we learn the deputation of Registered Nurses belonging to the College, "weighed as nothing with me!" The *volte face* of the College Chairman should not astonish Dr. Chapple. Surely he has not so soon forgotten the *seven drafts* of the College Registration Bill and the tricky conduct of business during negotiations for unanimity between it and the Central Committee! We blame him the more after this experience for betraying the interests of the sick public together with those of the Registered Nurses.

NO PROVISION FOR UNTRAINED *BONA FIDE* NURSES IN CENTRAL COMMITTEE'S BILL.

The Bill sponsored by Dr. Chapple for the Central Registration Committee, and introduced by him on March 3rd, 1914, made no provision whatever for the registration of untrained *bona fide* nurses, so that he is in error. He did sponsor a Bill which excluded *bona fide* nurses without any training. Under the heading "Provision for Existing Nurses" the 1914 Bill provided Section 11, "that any person who within three years from the commencement of this Act claims to be registered thereunder shall be so registered, provided such person is at least twenty-one years of age, and is of good character, and (4) produces evidence satisfactory to the Council of training prescribed by the rules framed under the provisions of this Act, and has, in addition, been for at least three years in *bona fide* practice as a nurse, or employed as a nurse in a naval or military hospital."

GENERAL NURSING COUNCIL MEETING, JUNE 15th.

POINTS FOR NURSES TO NOTE AND REMEMBER.

CORRESPONDENCE.

FLOUTING THE NURSES' REGISTRATION ACT.

The most important point was emphasised in the letter dated June 12th read from the Minister of Health, in which he informed the Council "that he was not at present prepared to issue a compulsory Syllabus of Training" (the new Council having voted to scrap the Syllabus of General Training prepared by its predecessor), and in consequence the Syllabuses of Training for Male, Mental, Sick Children, and Fever Nurses are all to be scrapped. When the new Council voted to deprive the General nurses of their right to a "prescribed training," it sent up for approval and signature to the Minister of Health the four draft syllabuses for specialists. We have awaited with interest the Minister's reply. Now we know. All probationers in training are to suffer alike—hospitals, general and special, will be approved by the G.N.C. without conforming to any compulsory standard of training or teaching; so future probationers must submit themselves to a State Examination without anyone being responsible that they are systematically prepared for it, and we are in just the same chaotic educational condition we were before the Registration Acts were passed, with the additional disadvantage of having been jockeyed out of our rights under the Act by the new G.N.C. and the present Minister of Health. Publicity must be given to this high-handed flouting of our rights and privileges under the Act, and we must fight till we obtain them.

REPORT OF THE FINANCE COMMITTEE.

The stamp bill of the Council is still £200 a month, and £20 to insure the huge clerical staff employed, so that some 2,600 Existing Nurses must register at a guinea fee to pay for these two items of expenditure alone! When we see month by month more and more officials employed the salary sheet is astounding, and little of the nurses' money goes into nurses' pockets. We hear the Riddell régime prefers *not* to employ professional women, so that even the examinations officer's post was given to a young clerk from University College in preference to an experienced professional woman—salary £375 to £400. Our salary list must now be soaring to some £6,000 a year, all subscribed by nurses, whilst they are excluded from earning their living in posts they are well able to fill. So hotly do some registered nurses resent this injustice that we believe thousands of retention fees will remain unpaid. No wonder.

REPORT OF UNIFORM COMMITTEE.

Every class of nurse is to wear exactly the same uniform, so that there is to be no outward and visible sign of a general—as apart from a specialist

—nurse. Thus, as emphasised by Miss Musson, a specialist entering for training in general nursing may wear the protected uniform of the general nurse before having attained proficiency in general nursing.

The absurd recommendation that male nurses should wear the Badge in mufti, and women nurses (as usual) be dictated to as to how, where, and when they might exhibit it, has been rescinded. Why are women nurses always treated like children—or worse, mental defectives? The Act gives Registered Nurses the right to wear the Badge—without any restrictions—so this footling suggestion should never have arisen.

The Council should have taken power to recall the Badge under certain circumstances; but, of course, it has taken no such precaution, so that presumably there is nothing to prevent a criminal wearing it once out of durance vile!

REPORT REGISTRATION COMMITTEE.

REGISTRATION FEES FOR FUTURE NURSES.

All English and Welsh Nurses will pay £2 2s. registration fee after the term of grace, but Scottish Nurses through reciprocal registration only pay £1 1s. to be placed on the English Register. We see no recommendation that the reciprocal Rule shall be identical between England and Scotland, as it should be. A rule has been passed by the Scottish Council providing for re-registration there of nurses already registered by the General Nursing Council for England and Wales, "provided such nurses were either trained in Scotland or are resident or practising there." Our Council has so far as we know taken no such precaution to prevent undue competition by Scottish nurses in England. As we say the Rule should be reciprocal in all particulars; and if Scottish nurses can practice in England without training here—paying only half the registration fee—the same privilege must be accorded to English nurses in Scotland.

Applications for registration ran up from 750 the week ending on May 12th to 1,003 on June 2nd. Presumably Rule 9 (1) (g) is responsible for the rise, as untrained women were eligible at that date to flood the General Part of the Register.

The press is excluded when applications for registration are under consideration, so it did not appear what action was taken on the application of the lady excluded from the Midwives' Roll for a punishable offence.

EDUCATION COMMITTEE'S REPORT.

The details of the three candidates' qualifications, recommended for the position of Examinations Officer, were not made public. One, we believe, was a highly-qualified registered nurse; another formerly a V.A.D.; but, of course, the election of the third, the unprofessional woman recommended by Sir Cooper Perry, was a foregone conclusion; and we have now the pleasure of providing this young clerk, who knows nothing of the technique of our highly-skilled profession, with a salary of £375, rising £400 per annum.

How one wishes that medical men could find posts for their protégées without making registered nurses pay the piper!

The announcement that Badges were procurable, without providing an official form for their requisition, has, as usual, caused waste of time and money. But we have ceased to expect either forethought or organisation in the management of our official business.

A further list of hospitals was approved as complete training schools, and part training schools; but as there is no approved Syllabus of Training, we are not informed in the report upon what evidence of efficiency they are approved.

MENTAL COMMITTEE REPORT.

Dr. Bedford Pierce said there was little to report, except the Syllabus had been sent to the General Nursing Council for Scotland. This, no doubt, was done before our Minister of Health refused to sign the Syllabus of Training for Mental Nurses. As "go as you please" so far as a Statutory Standard of nursing education is concerned in Mental Hospitals, is still the order of the day—the Scottish Council has really no jurisdiction in the matter. It is well for Mental Hospitals and Nurses that they have the precedent of the good work of co-ordination of the Medico-Psychological Association to go upon.

REPORT OF THE GENERAL PURPOSES COMMITTEE.

On the suggestion of the Finance Committee a general regulation is to be drawn up for the officials' holidays. Last year the junior officials were not systematically relieved as they should have been. Let us hope this year they will receive more consideration.



NURSING IN THE HOUSE OF COMMONS.

JUNE 26TH.

COLLEGE OF NURSING, LIMITED.

MR. R. RICHARDSON asked the Minister of Health what sum of money was subscribed for the Nation's Fund for Nurses; the amount from this fund given to nurses incapacitated through war service and the amount handed over to the College of Nursing, Limited; whether he is aware that many nurses are discontented with the College, and that although it purports to represent 22,000, according to this company's own Report issued in 1922, about 16,000 nurses refrained from paying the annual subscription of 5s., causing a deficit of £1,403; and whether this deficit has been met out of the money subscribed by the public for nurses suffering from war service?

LORD E. PERCY: My Right Hon. Friend has no information as to the disposal of any funds raised by the College of Nursing, Limited, which is a private organisation and not within his jurisdiction.

REMARKS.

We think Lord Eustace Percy cannot be rightly informed in describing the College of Nursing, Ltd., as a "private organisation," although it is not within his jurisdiction, and the question should have been addressed to other than to the Ministry of Health.

The College is an organisation licensed as a limited company by the Board of Trade; it is not, therefore, a "private organisation," and has to conform to regulations governing the Companies' Acts.

THE OVERSEAS NURSING ASSOCIATION.

The Annual Report of the Overseas Nursing Association—which has its headquarters at the Imperial Institute, S.W.—is always of interest, and the work the nurses are doing in the Dominions and Colonies overseas cannot be estimated.

Many new candidates have applied during the year 1922-1923 for posts abroad and there are long waiting lists for practically all the Colonies. The number of nurses connected with the Association who have been employed during the year is 482. Of these, 137 have been working as Private Nurses, and in hospitals not under Government, 13 in the Dominions, and 332 in the Government Hospitals in the Crown Colonies. During the year several nurses have been sent out to fill newly created posts, namely, a Matron for a new Government Hospital in Mauritius, a Nurse-Matron for the Cottage Hospital, Tortole, Virgin Islands, and a Matron for the Holberton Hospital, Antigua. A number of Matrons and nurses have also been selected by the Committee to fill vacancies caused by the termination of agreements, and other reasons.

Amongst others a very interesting report has been received from a nurse working in Newfoundland, who writes:—

"In presenting this report, I wish to draw the attention of the members of the Committee to the fact that I 'patrol' a sparsely inhabited portion of the Newfoundland coast, where the settlements are widely placed, where there is no other chance of obtaining medical help beyond what I can give. The nearest doctor is employed by a lumbering company just over sixty miles away, and of course may not leave the immediate vicinity. In order to cover my district I have travelled by steamer, small boat, dog team, horse and sleigh, and by walking. On occasion I have travelled all night in blinding snowstorms during winter and have experienced very rough passages during gales at sea, but luckily, in spite of accidents and varying weather, nothing yet has incapacitated me. In spite of all the difficulties connected with so primitive a place, the fact of a nurse being available has proved a great boon to the people and I, personally, am very grateful to have been permitted to come and help. Since May, 1921, when I arrived upon my district, I have extracted 225 teeth, which, of course, all helps to keep a healthier population. Then practical demonstrations upon baby-feeding have helped to lower the number of deaths among infants. Unfortunately, the large area I have to cover makes it impossible for me to attend many confinements so the result is I get many sudden calls for retained placenta, eclampsia, puerperal sepsis and breast abscess but on the whole I have been able to teach simple rules of cleanliness and precaution with quite good results. Ignorance and superstition, as well as prejudice is extremely hard to fight. Among the accidents there have been such things as an axe wound through an instep—an almost complete severing of a nose by an axe—broken ribs—sprained joints. It has been quite impossible to get a holiday. Last September I tried to sandwich a week in between two confinements. Arriving at my chosen "resting" place the news spread that a nurse was present. The same night I had a confinement to attend. In the three following days I extracted 24 teeth, attended several patients and received frantic wires from all along the coast urging my immediate return. I returned by steamer,

and had to go ashore at each port of call and interview patients. So ended my one attempt at a holiday—in a greater rush than I would have had by not going. However, my term of agreement expires in April and I have not heard whether another nurse will be appointed for here, or whether I shall be given the chance to carry on. . . .”

HOSPITAL WORLD.

The Prince of Wales opened on Friday a new hospital at the Metropolitan and City Police Orphanage, Twickenham, as a memorial to the members of the force who fell in the war.

Mr. Neville Chamberlain, the Minister of Health, recently paid an informal visit of inspection to the new pathological laboratories at Hollymoor Asylum, Birmingham, which have been established in connection with the scheme of research into mental disease.

Mr. Chamberlain said that the development was a further recognition that mental affliction was not something quite apart and in a class by itself, but that it was merely one phase of disease and to be treated and studied and investigated as were other kinds of physical disease. Mental disease arose from many different causes, and anything in the direction of ascertaining those causes was a step towards the cure, or better still towards prevention. He emphasised the value of research, adding that in the present scheme there were all the materials for a great advance.

A meeting in support of the Empire Cancer Campaign is being held at the Mansion House on the afternoon of July 6th. The Lord Mayor will preside. The British Red Cross, through the agency of its county branches, is organising the campaign throughout the provinces. By the early autumn, preparations will be ready for the work of education and propaganda throughout the United Kingdom and the Dominions oversea.

So far £44,000 has been received at the Mansion House as the result of the collections on Hospital Sunday.

The late Mr. A. J. Hamilton has left a reversion of £35,000 to the London Hospital on condition that a paying ward is built for lower middle-class people.

BEDFORD COUNTY HOSPITAL, BEDFORD.

Since the war, the Board of Management has opened a Convalescent Home for twenty patients, and owing to the kindness of the President, Mr. S. H. Whitbread, in giving a house and grounds adjoining the Hospital, has been able to provide wards for fifteen Paying Patients.

These two enlargements of the Hospital's work cost about £13,000, and have been all paid for.

The Board has for several years resolved to build a New Home for an increased Nursing Staff, to alter the existing building for a Night Nurses' block, and to enlarge the Staff Dining Room, at a total cost of about £16,000.

Towards this they have about £6,500 in hand, and a Garden Fête was held at the Hospital on June 13th and 14th in aid of the balance. The arrangements were inaugurated by Lady Amptill and the County Hospital Guild, and the organiser was Mr. H. Stanley Deacon, the Vice-Chairman of the Board of Management. Hundreds of willing and enthusiastic workers all over the Hospital area contributed to the success of the Fête, which was attended by over 12,000 people, and opened by the Duke of Bedford, the Duchess of Bedford, Lady Amptill, Mrs. Whitbread, the Mayor and Mayoress of Bedford, being also present, the Lord Lieutenant presiding. The Mayor and Mayoress and the ladies of Bedford were instrumental in raising over £1,000 at the Bedford stalls, whilst the stalls of the County Divisions of the Guild brought in nearly £700.

The Matron and Nursing Staff were in charge of a sweet stall, which totalled £230, and the Honorary Medical Staff realized £283 from their stall. Amusements and entertainments in charge of the Bedford Schools, Town folk, Cricket, Football, Hockey Clubs, &c., and the Licensed Victuallers' Association, were thronged and added over £550 to the total, whilst a Publicity Committee did magnificent work in advertising the Fête and producing a popular handbook.

Altogether, including a donation of £1,000 from the Duke and Duchess of Bedford, £4,268 was received. The expenses only amounted to £112.

J. ARNOLD WHITCHURCH (Chairman).

DIPLOMA IN NURSING, LEEDS UNIVERSITY.

At the recent Examinations, held at the Leeds University, three of the candidates who sat for the Diploma in Nursing were successful, viz:—

MISS PHYLIS LODGE (*with distinction*), Sister-Tutor at the General Hospital, Birmingham (in which institution she was trained).

Also MISS MARION A. CARR and MISS LILLIE SNOWDEN, both trained in the Leeds General Infirmary. Both have been engaged in Public Health work for some years.

THE PASSING BELL.

We regret to record the sudden death, at St. Thomas's Hospital, London, S.E., on June 30th, of Miss Kathleen Lucy Ram, S.R.N., for 19 years a sister at the Hospital. Miss Ram was the daughter of the late Rev. George Stopford Ram, Vicar of St. Peter's, Bournemouth, and the late Hon. Mrs. Ram, and a sister of the late Mrs. Charlesworth, who was also trained at St. Thomas's Hospital, and afterwards on the staff of the Hospital of the Universities Mission in Zanzibar. She was buried at Brookwood Necropolis on Tuesday, a Requiem being previously held in the Hospital Chapel.

LEGACY TO A NURSE.

Mr. James William Smallman, of 38, Grosvenor Gardens, Boscombe, Bournemouth, left a legacy of £100 to his nurse, Miss Margaret Murphy, "as a slight recognition of her care and attention."

APPOINTMENTS.

MATRON.

The Glasgow Eye Infirmary, Glasgow.—Miss Mary MacInnes has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and held the position of Assistant Matron at the La Panne Military Hospital, 1916-1917, Matron of the Royal Army Ordnance Depot Hospital, Nottingham, 1918-1920, and Matron of the Gogarburn Children's Institution, 1920-1923.

Isolation Hospital, Keighley.—Miss Mabel Carter has been appointed Matron. She was trained at the York Infirmary, and has also held appointments at the Clayton Hospital, the Union Infirmary, Leeds, the General Infirmary, Leeds, and has been on staff duty at Sir Berkeley Monihan's Home, Hyde Terrace, Leeds, and Sister at Morton Banks' Hospital for the past twelve months.

NIGHT SISTER.

Royal Cornwall Infirmary, Truro.—Miss Catherine Caveney has been appointed Night Sister. She was trained at the West Norfolk and Lynn Hospital, and has been Sister at the Guest Hospital, Dudley, and Holiday Sister at the Royal Infirmary, Wigan.

OPHTHALMIC AND HOME SISTER.

Royal Cornwall Infirmary, Truro.—Miss Mary Bewick has been appointed Ophthalmic and Home Sister. She was trained at the Royal Infirmary, Sunderland, where she has held the position of Ward Sister and House-keeping Sister.

HEALTH VISITOR AND SCHOOL NURSE.

Isle of Ely County Council.—Miss Gertrude Morgan has been appointed Health Visitor and School Nurse. She was trained at the General Hospital, Wolverhampton, and the Maternity Hospital, Leicester, and has been Health Visitor, School Nurse, Tuberculosis Visitor and Dispensary Nurse under the Salop County Council, and has held similar appointments at Manchester and Leicester.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Marian C. Bryant is appointed to Stamford; Miss Amy Burkin to Bideford; Miss Mary Lavin to Scarborough; Miss Sarah J. McDermott to Fitzwilliam; Miss Jane J. Morgan to Sunderland; Miss Annie M. Payne to Rothwell; Miss Marjorie Percival to Abingdon; Miss Vanda Pierpoint to Abingdon; Miss Bridget Regan to Shitlington; Miss Mabel Robinson to Huddersfield.

THE MONTHS.

JULY.

The climbing year slips gently o'er its crest,
Ere comes July in bravery full blown
To find it just a little past its best
And the rare freshness of its hey-day flown!
Rough destiny that Father Time has sped
Before her coming, past the longest day,
Leaving no choice but she must turn her head,
Not to look forward, but the other way!
That cuckoos hint at going home again
In tones as dulcet as the date allows,
And bigger fowl with perches in Park Lane
Turn jaded glances Goodwood way and Cowes.
C. B. M.

LETTERS TO THE EDITOR.

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

A TOTALLY ILLEGAL PROCEEDING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—“College Methods” have long had a very definite meaning in the Nursing World, but that our Governing body should become infected by these methods, seems deplorable.

I send you some letters which I have also forwarded to the Minister of Health, that will show the manner in which the Nurses' business is being conducted now that the College of Nursing has entire control over the General Nursing Council for England and Wales and its officers.

PREFERENTIAL TREATMENT FOR COLLEGE MEMBERS. TOTALLY ILLEGAL.

The following letter was received by the College of Nursing, Ltd., about May 29th, 1923, being addressed to Miss Sheldon (its Registrar), and signed by the Registrar, Miss M. S. Riddell, of the General Nursing Council:—

“In reply to your letter of the 26th instant, you are quite correct in thinking that applications issued before July 14th will be accepted as in time for registration for Existing Nurses, even although the completed application does not reach this Office until after the closing date, July 14th. At the same time I have to point out that in issuing forms in bulk, care should be taken that the forms will be used and returned to this Office as soon as possible. A form issued, say this month, would be accepted if it were returned to this Office, say in twelve months' time, and for that reason we have ceased date stamping forms which are being issued in bulk to hospitals or organisations and now only date stamp those which are sent out to individuals. Your initialing of the date stamp would be a distinguishing mark which would prove helpful should any query arise.”

It is to be noted that no date stamp is to be put on application forms sent to the College and certain Hospitals (those, perhaps, whose Matrons are members of the College), and that the Registrar of the College is asked to initial the forms before sending them out. This would single out College members so that they could be given the privilege of being placed on the Register *after the 14th July*.

STRICT LETTER OF THE LAW FOR TRADES UNION NURSES.

The following letter was received by the Professional Union of Trained Nurses on June 12th, which shows plainly that the Professional Union is not to have the same privilege after July 14th as the College of Nursing:—

“In reply to your letter of June 11th, the last date on which an Existing Nurse can send in an application for registration is July 14th, 1923.”

Again, another lady received the following letter, dated June 16th:—

"I am in receipt of your letter and have pleasure in enclosing forms for Existing Nurses. Each form bears the date of issue from this Office, and I am directed to ask you to return to this Office any forms which are *not* issued by you before July 14th, as after that date they will be invalid. Applicants should be requested to return their forms as soon as possible to this Office. It has been decided that forms of application issued up to and including July 14th will be in order, provided they are returned as soon as possible by the applicant."

That some very underhand work is being carried on in the General Nursing Council Office is apparent. I understand that this decision emanated from the Registration Committee, but who gave them power to over-ride the Act? Presumably neither the Council nor the Office Officials have yet found time to read the Act!

Yours faithfully,
MAUD MACCALLUM

Hon. Secretary,

Professional Union of Trained Nurses.

17, Evelyn House,
62, New Oxford Street, W.

[We have made enquiries concerning these directions for registration issued officially by the Registrar. We gather that upon her suggestion the Registration Committee decided to extend the time for receiving applications from Existing Nurses after July 14th, 1923, which is the last date according to the Act upon which applications can be received for consideration. The letter to Miss Sheldon proves this. *This totally illegal action upon the part of the Registration Committee has never been reported to the General Nursing Council*—nor has it been condoned as other irregularities have been by the Ministry of Health.—ED.]

KERNELS FROM CORRESPONDENCE.

A GOOD IDEA.

Exasperated writes: "May a three years' Certificated Sister make a suggestion to the Panjandrum who govern our destinies at Headquarters, 12, York Gate? Nurses' feet are proverbially tired, and to be kept standing in the passage for half-an-hour seems quite unnecessary. If there is no seat for us inside the mansion we pay for, surely this summer weather seats might be placed in the garden—where there is plenty of room for callers, and where we might rest our weary bones." [A very good idea.—ED.]

APPLY AND REGISTER LETTER.

Wants to Register.—"It is little use your advising nurses to Register before July 14th. I wrote a month ago and can get no reply to my letter beyond the stereotyped, 'your letter is receiving attention' in quite the approved Governmental method. I call. I am seen by a person who cannot give me a straight answer to the simple question, 'Am I or am I not eligible under the

new Rule 9 (1) (g)? A friend with less training than I has been told she is eligible, and has handed in her form of application in time." [We advise our correspondent to obtain an Application Form, fill it in, address it to the Registrar, *register the letter (keep the receipt) and post at once*; the rest must be left to fate.—ED.]

Sister in a London Hospital.—"I am ashamed to think that Dr. Chapple should represent the beautiful county of Dumfries, where sensible, good people live. I shall certainly tell his supporters about him when I go home."

An Australian Nurse, Melbourne.—"Mr. Baird has given an assurance he will bring in the Nurses' Registration Bill this Session. I wrote and congratulated him and made a copy of a paragraph from the B.J.N. showing the trouble our nurses have when visiting countries where Acts are in force. No provision will be made in the Bill for regulating the hours, pay or conditions of employment of nurses and nursing trainees in public hospitals. The Nurses' Guild has been registered under the Federal Arbitration Act, Ministers state, and it is possible for Australian nurses to lodge a plaint and obtain an award. When the measure comes before the Legislative Assembly efforts will be made by Liberal and Labour members to have clauses added, providing for better conditions of employment for nurses and trainee nurses in public hospitals. . . . Some of the very worst enemies we have are some members of the B.M.A. here. A great shortage of probationer nurses is felt in Infectious Diseases Hospitals."

SHORTAGE OF PRIVATE NURSES.

Matron, Private Nurses' Co-operation.—"I wonder if my experience is the same as others? For the first time in years I am unable to procure the *right type* of Nurse for private nursing. Reasons given: (1) Doctors employ too many untrained nurses, and registered nurses don't wish to be associated with them; (2) hospitals compel a fourth year's work from probationers to do private nursing, consequent shortage of work. This will be very serious for the public if it continues."

[It is already a serious matter for the public, as private nursing requires the very best type of nurse—her work is so responsible and the supply is short. Good nurses can always be supplied with patients, they are so highly valued by the public, and their branch of service is not appreciated in the profession as it ought to be. We had hoped much from the "protected" uniform and badge, but, alas! now that the untrained *bona fides* may masquerade in it, untold discredit will result to "our cloth."—ED.]

OUR PRIZE COMPETITION QUESTIONS.

July 14th.—Describe (a) the symptoms, (b) the nursing management, of a case of concussion.

July 21st.—What are the following and what are their effects: (1) Anæsthetic; (2) Hypnotics; (3) Antipyretics; (4) Mydriatics; (5) Narcotics? Give an example of each.

The Midwife.

CENTRAL MIDWIVES BOARD.

At the June Examination of the Central Midwives' Board 627 candidates were examined and 495 passed the examiner. The percentage of failures was 21.1.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

At a meeting of the Central Midwives' Board for Scotland for the Hearing of Penal Cases, Dr. James Haig Ferguson in the chair, Mrs. Sarah Thomson Arbuckle (No. 2085) and Mrs. Mary Marshall Muirhead (No. 2493) were found guilty of negligence and breaches of the Rules.

The Board instructed the Secretary to remove both names, and issued an Order that these women be prohibited from attending women in childbirth in any other capacity.

At the same diet the Board found charges of failure to notify two cases of ophthalmia neonatorum, and of other breaches of the Rules proved against Mrs. Hannah M. McGinley (No. 460). Sentence was postponed for three months to give her the opportunity of amendment, the Board stating that in the event of an unfavourable report being received from the Local Supervisory Authority, her name would be forthwith removed from the Roll.

CENTRAL MIDWIVES BOARD FOR IRELAND.

The Tenth Examination of the Central Midwives' Board for Ireland was held simultaneously in Dublin and Cork on June 19th and 20th, 1923. Fifty-five candidates entered in Dublin and nine in Cork. Of the 64 candidates one did not attend, five failed and 58 passed satisfactorily.

The successful candidates received their training in the following schools, Dublin: The Rotunda Hospital, the Coombe Hospital, the National Maternity Hospital; Cork: the Cork Lying-in Hospital, the Cork Maternity Hospital.

EXAMINATION PAPER.

1. What signs and symptoms during the puerperium would suggest serious complications?
2. What are the causes of diarrhoea, (a) in a breast-fed infant, (b) in a bottle-fed infant, and how would you treat it?
3. What instructions would you give a patient as to the management of her breasts before delivery? Why is this important?
4. What is meant by the following terms:—Accidental Hæmorrhage; Unavoidable Hæmorrhage; Presentation of the Cord; Hydramnios?
5. Give the varieties of cephalic (head) presentation and their diagnosis.
6. When is it *not* advisable for a mother to breast-feed her infant? What directions would

you give her to prepare a milk mixture for her infant two months old? What is the regulation of the Central Midwives' Board as regards the substitution of artificial feeding for breast-feeding?

THE L.C.C. AND THE RULES OF THE CENTRAL MIDWIVES BOARD.

The Chairman of the London County Council, acting on behalf of the Council under standing order No. 176, decided on May 21st, 1923, on the recommendation of the Midwives Act Committee, that representations should be made to the Central Midwives Board to the effect that, in connection with an impending revision of the Rules of the Board, such portions of the volume of Rules and appendices as bear upon the practice of midwives should be issued separately for the use of practising midwives, and that certain amendments in technical matters should be made in the Rules.

THE LEICESTER AND LEICESTERSHIRE MIDWIVES' ASSOCIATION.

Members of the Leicester and Leicestershire Midwives' Association, of which the President is Miss E. Pell Smith, recently visited the Swithland Convalescent Home, by invitation of the Matron, Miss Florence M. Embry. After tea they had their business meeting, and then Miss Embry told them a little of the work carried on at the Home. They were very pleased with the Home and grounds, and realise better now how it can help their patients.

NATIONAL BABY WEEK COUNCIL.

The Minister of Health addressed the opening meeting of the National Baby Week Council, at Caxton Hall, Westminster, on Monday last, and said that, in his opinion, the urgent needs of the day were an increase in the number of welfare centres and health visitors, and further provision for reducing maternal and early infant mortality. The unwillingness of mothers to go into maternity hospitals, due largely to the fact that they did not wish to go far away from their homes, pointed to the desirability of establishing a large number of small homes rather than a few large hospitals, and that was the attitude the Ministry had taken up. He emphasised the need for better training and an improved scale of salaries for midwives, particularly in rural districts.

Dr. Louise McIlroy expressed the opinion that the whole problem of infant mortality lay largely in taking ante-natal precautions.

Dr. Williams (Medical Officer of Health, Todmorden) said that we were paying for the slipshod methods of the present in babies' lives. "You could only get healthy babies for money."

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,841

SATURDAY, JULY 14, 1923.

Vol. LXXI

EDITORIAL.

THE GREAT BETRAYAL.

THE DEGRADATION OF THE GENERAL PART OF
THE REGISTER.

The following Order in Council, giving effect to the modification of Rule 9 of the Rules of the General Nursing Council for England and Wales, proposed by Dr. Chapple in the House of Commons on June 13th, and carried by thirty votes, owing to a combine of Medical Members in the House and the Labour Party, appeared in the *London Gazette* of July 10th:—

The Order in Council.

At the Court at Buckingham Palace, the 7th day of July, 1923.

PRESENT,

The KING's Most Excellent Majesty in Council.

WHEREAS a humble Address has been presented to His Majesty by the Commons House of Parliament, pursuant to subsection (4) of Section three of the Nurses Registration Act, 1919, praying that a certain amendment to the Rules made by the General Nursing Council of England and Wales (which said amendment was approved by the Minister of Health on the 24th day of May, 1923) might be modified in the manner set forth in the said Address:

Now, therefore, His Majesty is pleased, by and with the advice of His Privy Council, in pursuance of the powers conferred on Him by the said Nurses Registration Act, 1919, to order that the said amendment be modified in accordance with the terms of the said Address, and it is hereby ordered as follows:—

(1) The amendment of Rule made by the General Nursing Council of England and Wales, and approved by the Minister of Health on the 24th day of May, 1923, shall be modified and shall have effect as follows:—

“After Rule 9 (1) (f) insert—

‘(g) In the case of a nurse who was at 1st November, 1916, engaged in actual practice, and who 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.’”

(2) This Order may be cited as the General Nursing Council (England and Wales) Rules Modification Order, 1923, and shall come into operation on the date hereof.

M. P. A. HANKEY.

The effect of this Order is to inflict a most cruel injustice upon every nurse on the Register, both on the General and Supplementary Parts, because, whilst V.A.D.s, Nurse-Midwives, and persons without any hospital training who have been in attendance upon the sick for three years before 1916 can claim admission to the General Part of the Register up to July 14th, 1923, and the resulting privileges of legal status, the title of Registered Nurse, and the right to wear the protected Uniform and Badge, it is now too late for well-qualified nurses on the Supplementary Parts to claim admission to the General Part. They are permanently side-tracked.

The College letter, dated December 29th, 1922, to the General Nursing Council, proves conclusively that the interests of “Existing Nurses” have been sacrificed to those of the untrained, and the V.A.D.s, by the Chairman of the College of Nursing, Ltd., and its Council; and their *volte face* a few weeks ago, when Dr. Chapple had taken steps to give effect to the ignoble compact made between himself and Sir Arthur Stanley in December last, in no way affects the situation. The sacrifice of the sick public, and the betrayal of the Registered Nurses, was practically accomplished.

OUR PRIZE COMPETITION.

DESCRIBE (a) THE SYMPTOMS, (b) THE NURSING MANAGEMENT, OF A CASE OF CONCUSSION.

We have pleasure in awarding prizes this week to Miss Henrietta Ballard, S.R.N., Bermondsey Hospital, Rotherhithe, S.E., and Miss M. Cullen, West London Hospital, Hammer-smith, W.6. Both have sent short papers, which supplement one another. We therefore have divided the prize and awarded half to each.

PRIZE PAPERS.

MISS BALLARD'S PAPER.

The *symptoms* of concussion vary according to the severity of the blow or fall. In *slight* cases patient complains of giddiness, is noticeably confused, but may only be unconscious for a few minutes. In *severe* cases there is severe shock; pallor; cold, clammy skin; feeble, rapid pulse; shallow, irregular respirations, which cannot be heard often; complete unconsciousness for an indefinite time; the condition generally is one in which the functions of the body come to a temporary standstill.

Nursing Management.—Absolute quiet in a darkened room is essential, and treat immediately for shock. Place in hot blankets, place well-protected hot bottles to extremities, apply cold compresses or well-covered ice-bag to head and raise on a macintosh-pillow, to aid the congested brain, covered by a towel.

Stimulating enemata of saline or brandy or coffee may be ordered in very severe cases to aid shocked condition.

The *bowels* must be freely opened by enema at first if there is not incontinence of fæces. As soon as consciousness is returning, vomiting is usually present, and a skilled nurse will do much to aid her patient's comfort by holding the aching head during an attack.

Food by mouth cannot be given until consciousness has been regained. Rectal enemata of beef-tea, peptonised foods, &c., may be necessary should unconsciousness persist for a considerable time.

The patient may suffer from retention or incontinence of urine, and either condition must be reported. If the latter condition, the patient must be well washed and dried, and parts exposed to pressure rubbed with methylated spirit, and powdered, and clean sheets put in smoothly at least four hourly, or, owing to the lowered vitality of the body, bedsores will quickly form, but care must be taken that the patient is moved as little and as gently as possible.

The *mouth* must be kept scrupulously clean by regular cleansing with a weak antiseptic lotion such as glyco-thymolin, by the nurse.

The *bowels* must be kept freely open, calomel usually is ordered to lower the blood pressure on the congested brain by withdrawing a quantity of fluid, but Epsom-salts must follow.

Should a scalp-wound be present, all aseptic precautions must be taken to prevent sepsis arising which would lead to deeper trouble. As consciousness returns the patient's wants must be anticipated to prevent any exertion or undue use of the brain.

Any hæmorrhage from nose, eyes, or ears, or any discharge must be immediately reported.

Convulsions or fits may occur if any injury has been caused to the brain substance. Plenty of fresh air must be given, but chills must be guarded against. Absolute rest in bed is essential for at least three weeks, and gradual return to general routine insisted on as often relapse occurs as patient may endeavour to do too much.

A state of mental exhaustion may follow a severe condition, and mental instability or neurasthenia result, complete change away from home and business surroundings, free from worry, with plenty of healthy outdoor life is usually most beneficial.

MISS CULLEN'S PAPER.

Concussion signifies a sudden interruption of the functions of the brain, caused by a fall or a blow.

May be divided into two stages:—(1) Insensibility. (2) Reaction.

(1) The first stage comes on immediately on the receipt of injury; the patient may lose consciousness only for a few minutes, then completely recover; or it may last for a few hours, a few days, or even longer. The patient lies in an unconscious condition; but can, perhaps, be roused momentarily by shaking him, or shouting in his ear. There is loss of all power of motion, the muscles being relaxed, pulse feeble, fluttering, often frequent respirations, shallow, quiet, or sighing; and the surface of the body is cold, often clammy, temperature being low, viz., 97° Fahr., or even 96° Fahr. The pupils are variable, as a rule sensitive to light, but in many cases may be widely dilated, and give no light reflex. The sphincters are often relaxed at time of injury, causing incontinence of urine and fæces. This condition, after lasting a variable time, usually passes gradually into the second stage—that of reaction, or symptoms of compression, inflammation of the brain may come on with the patient recovering consciousness.

(2) The second stage, or that of reaction, is marked by a gradual return to consciousness, and is usually preceded, or accompanied, by

vomiting. The patient may turn over on his side, draw up his legs, pull the bedclothes over him. The skin becomes warm, pulse increases in frequency, temperature slightly raised. These symptoms gradually terminate in complete convalescence, or else turn into inflammation of the brain. Sometimes it may happen that the patient may relapse into a state of unconsciousness and die, or else pass into the condition known as "cerebral irritation," and then recover, or else the brain may not resume again its normal state.

Treatment.—The patient must have perfect quiet and rest. Warmth applied to the surface by means of blankets, hot bottles, care being taken that the latter are well protected by covers, and placed on a blanket, not next the patient. Small quantities of stimulant administered, as warm tea. Alcohol is not advisable, but if the patient is dying of syncope, then brandy may be given by the rectum, and ether or strychnine injected subcutaneously.

When reaction has set in inflammation must be warded off by gentle purgatives, low diet, avoidance of stimulants, and mental exertion.

Food is administered by rectal, or nasal feeding until the patient is conscious. The amount of urine passed should be noted, and a daily specimen saved for examination; if no urine is passed, then the patient must be catheterised. All vomit must be saved for inspection, pulse carefully watched, and taken frequently. The patient should be kept in bed about three weeks, or until the brain becomes quite clear, and all signs of irritability and drowsiness have passed. The after-effects sometimes found in cases of concussion are:—Headache, confusion of thought, loss of memory, mental irritability, impaired virility, optic neuritis, atrophy, epilepsy, or even insanity. These symptoms are more likely to occur if there is found to be a predisposition to nervous diseases, and appear to be brought on by excitement, abuse of stimulants, or excessive diet.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Violet Ventris, S.R.N., Miss Mary Ramsey, S.R.N., Miss M. James, Miss P. Thomson.

Miss James defines concussion as a general disturbance of the minute particles of the brain, and a sudden interruption of its functions due to a blow or other mechanical injury.

QUESTION FOR NEXT WEEK.

What are the following and what are their effects:—(1) Anæsthetic, (2) Hypnotics, (3) Antipyretics, (4) Mydriatics, (5) Narcotics? Give an example of each.

THE NERVOUS CHILD.

In these days, when Baby Week has become an important event, when clinics of every description have been started to deal with practically every "ill that flesh is heir to," in early days, it is somewhat surprising that one very important side of the child is utterly neglected, both publicly and privately—that is, the psychological side. Should he be suffering from malnutrition he may have free milk; should teeth be wrong or his eyes need attention, school clinics will remedy the defect; but should the child have any form of nervous trouble, it and its misery are overlooked.

We ask why this should be, and find but one answer—ignorance, upon the part of those in close contact with the child; parents, school-teachers, and, one must also add, a number of members of the medical profession, have not yet realised that in children of quite tender years neurosis may express itself as emphatically as in their elders. The parent scarcely realises what is amiss. It is obvious the child is not as other children, is excitable, irritable, moody, reserved, given to exaggerated emotions, and not to be controlled or educated. In the home and at school it is a problem, an anxiety both to parents and teachers, and a bad example to other children. The general attitude adopted towards the child, once the harm has been done and the nervousness established, is that it is "spoilt" and must be "got out of its bad ways." Discipline is enforced, often for the first time in the child's life. This makes matters worse. The little person resents this unaccustomed severity, and struggles desperately against the change of attitude in those once lenient persons; becomes doubly naughty or thoroughly miserable; and, maybe, adopts some fresh way of enlisting sympathy, by headaches, sickness, or some other form of malady.

Something is taking place within the child which the bulk of the onlookers do not understand, and, for that matter, neither does the child. It is just as necessary for its welfare that this condition should be remedied as that he or she should not have decayed teeth or contract tubercle; still, as far as one knows, no clinic has yet been started for the treatment of these little sufferers, nor is the condition taken very seriously even when it arises among those who are not dependent upon clinics for the salvation of their health. "They will grow out of it" is the hope, expressed, one feels, somewhat languidly, and wonders if we are such a nation of child-lovers as we pretend to

be, or do not bother very much until we are in some way personally inconvenienced by the state of affairs.

The nervous child suffers in ways no one realises but those who so suffered in childhood, and are lucky enough to have won through and retained some memory of their experiences. Perhaps the little one has fears—of animals, of the dark, of strangers. Do the parents who try to tease the fear away know how much they increase the terror and the tendency to hide the fear at all costs, knowing that any manifestation will bring about this purgatory of being laughed at? Or perhaps parents or others who have to do with the child are thoughtless and ignorant enough to threaten him with bogies or that the rag-and-bone man will take him away for being naughty; sleepless tossing after bed-time, hours of lying awake, and night terrors are the consequence. But the grown-ups do not know that they are the originators of all this unnecessary suffering. I know of one small child who was the victim of a pious mother bent upon bringing her up as well as possible. She was an ardent supporter of the Society for the Prevention of Cruelty to Children, and in the habit of inveighing against those convicted of ill-treating their children, asserting that she would like to inflict a proportionate punishment upon them to make them suffer as those children had done. The little girl sat there silently listening and agreed most heartily, but wished, however, that her good angel would hear the sentiment and apply it to the mother, who caused her such exquisite agony by ridicule of shyness and over-severity about small faults, together with an absence of all demonstration of affection or tenderness.

Children have a difficult task before them to grow up, in any case, to sacrifice their freedom as infants to the requirements of others, to be good in ways that suit their parents and are so little in accord with their own likes and wishes. Few people realise this, few are in sympathy with children from the child's point of view. It seems incomprehensible that they have forgotten their own childish feelings, their joys and sorrows, their limited understanding of the aims of their elders; yet it is so—they have forgotten. The heavy swing-door that shuts off the past from the present has banged to, separating the grown-up from the real happenings of early days, or rather what the child thought about them; things appear so different in retrospect.

There is an almost insurmountable tendency to expect too much of little children, to expect that they will behave as we do ourselves; in

fact, somewhat better, because so little allowance is made for children and so much for ourselves. The grown-up has always an excuse to offer for any short-coming, and it is always listened to and generally accepted; but does that happen in the child's case? No, indeed; then we hear, short and sharp, "No excuses, mind. Why are you so naughty?"

The child wants to get its own way; but so does the adult! What is the difference? Shall we remember this next time the children are tiresome; try to be a little more patient with them, to train them more wisely instead of punishing, to consider carefully if it is not incipient neurosis we have before us, and consult a medical man who makes a speciality of this childish trouble in cases of uncontrollable temper or insatiable desire for petting or any other manifestation we do not understand.

MARY CHADWICK.

NURSING ECHOES.

The Royal Visit to Edinburgh is sure to be a splendid success. Amongst the functions of interest to our profession was the Reception by the Queen, on Wednesday of this week, of Queen Victoria's Jubilee Nurses and presentation of Badges.

An interesting ceremony took place at the Viceregal Lodge in Simla, where the Viceroy bestowed the gold Kaiser-i-Hind medal with bar upon Mrs. Starr and the medal upon Khan Bahddur Khulikhan and Risaldar Mosul Baz Khan, who assisted her in the rescue of Miss Ellis after she had been abducted by the Afridis in April.

The Viceroy said that the medal was particularly given for public service in India, and was a distinction of special value. Mrs. Starr had won it with a bar as a unique distinction both for hospital work and special bravery.

The Senate of St. Andrews University has conferred the degree of Master of Arts on Miss Audrey Forse, daughter of Mr. and Mrs. Forse, of Englefield Green, Surrey, who in 1918 was awarded the Military Medal for bravery during an air raid while she was nursing in France.

The annual Prize Day and Reunion of Nurses will be held at St. Marylebone Hospital, on Thursday, July 19th, to which interesting function the Matron, Miss S. J. Cockrell, issues a general invitation to all Marylebone Trained Nurses.

The Right Hon. Sir Douglas Hogg, K.C.,

the Attorney-General, M.P. for St. Marylebone, will distribute the Prizes at 3 p.m., and later there will be tea in the garden.

These Reunions of Nurses at Marylebone are always most enjoyable, and keep up the interest and *esprit-de-corps* of past and present nurses, and we pride ourselves that at no other Poor Law Hospital is a school attached where the system of training and good discipline exceeds that of St. Marylebone.

Sisters and nurses availed themselves early of their right to legal status, and registered as soon as the Register was open; thus the names of many of the nursing staff appear on the first issue of the State Register of Nurses with early numbers attached, and they have now the distinguishing right to use the titular letters "S.R.N." after their names.

Sir Gilbert Barling presided at the annual meeting of the trustees of the Birmingham and Three Counties' Trust for Nurses, held at the new club in Hagley Road, Edgbaston.

In the annual report, the secretary of the Trust (Mr. Stephen Godlee) stated that during the year under review the trustees continued to make strenuous efforts to find premises suitable for the club for the nurses of the Three Counties, one of the primary objects of the Trust. Eventually, in October, they were successful, and purchased 166, Hagley Road, Edgbaston. Two scholarships of £25 each, to enable two nurses to take their training in midwifery during the year 1922-23, were awarded, as follows:—Miss Elizabeth S. Parsons, North Staffs Infirmary, Stoke-on-Trent; Miss Edith M. Byrne, Victoria Nursing Home, Walsall. The scholarship of £150 offered to enable a nurse to train as a sister tutor at King's College for Women, London, was not awarded. The trustees placed on record their high appreciation of a most welcome gift of £400 from their chairman (Alderman W. A. Cadbury), to be devoted to the central heating system of the club. Assistance and pensions, temporary and otherwise, had been given to forty sick and disabled nurses in the Three Counties.

The first annual Reunion of the Derbyshire Royal Infirmary Nurses was held recently in the delightful grounds of the hospital. Amongst a goodly number who returned to their old training school were three nurses who had trained at Derby thirty-three years ago. Needless to say, they had quite a budget of news to tell each other, and with them, as with everyone else, the time passed far too quickly.

During the afternoon a lovely bouquet of choice carnations was presented to the Matron

(Miss M. E. Sutcliffe, R.R.C.) on behalf of the Sisters of the Royal Infirmary by Mr. E. Collier Green, the senior member of the honorary staff.

Tennis and clock-golf were played, and past and present nurses were most interested in the construction of the hard tennis court now being laid. Through the kindness of Mr. H. T. Ann, a string band played selections of music from 2.30 to 6 p.m., which added considerably to everyone's enjoyment.

REGISTERED NURSES' PARLIAMENTARY COUNCIL.

TO MEMBERS.

Please attend a Meeting to be held at 431, Oxford Street, London, W., on Tuesday, July 17th, at 5 p.m.

1. To protest against the degradation of the General Part of the Register, upon the initiative of the College of Nursing, Ltd., as set forth in the General Nursing Council (England and Wales) Rules Modification Order, 1923.

2. To condemn the method of the conduct of the business of the Registered Nurses by the General Nursing Council.

3. To consider a Vote of Censure on Dr. Chapple, M.P., and to repudiate his unwarrantable attack upon trained nurses in his correspondence with Sir Arthur Stanley, Chairman of the College of Nursing, Ltd.

INTERNATIONAL COUNCIL OF NURSES.

A Meeting of the Executive Committee of the I.C.N. has been summoned at Copenhagen from July 30th to August 1st, but as it is a very small body, with power only to recommend to the Triennial Grand Council, and that on definite motions, after due notice to the affiliated National Councils, the Meeting will, we presume, be of a consultative character. After a period, owing to the war, of less initiative than before 1914, and work in Europe which needs to be done, members of the various National Councils of Nurses now in Europe have been invited to attend in an informal capacity. Thus it is hoped several British and American nurses will be able to be present and express opinions on nursing conditions in Europe and elsewhere, but as visitors these ladies have no votes. Interesting expressions of opinion will doubtless be forthcoming, and the Agenda notifies several social events—with the Danish National Council of Nurses as hostess—which will, we know from past experience, be of a most cordial and enjoyable character.

NATIONAL COUNCIL OF TRAINED NURSES.

LETTER FROM HIS MAJESTY THE KING.

In acknowledgment of the Message of Condolence agreed at the recent Meeting of the National Council of Trained Nurses of Great Britain and Ireland, upon the death of Her Royal Highness Princess Christian, a copy of which was forwarded through the Secretary of State for the Home Department to His Majesty the King, the following reply has been received:—

Received Very Graciously.

Home Office,
Whitehall, S.W. 1,
6th July, 1923.

MADAM,—I am directed by the Secretary of State to inform you that the message of condolence of the National Council of Trained Nurses of Great Britain and Ireland upon the death of Her Royal Highness the Princess Christian has been laid before His Majesty, who was pleased to receive it very graciously.

I am,
Madam,
Your obedient Servant,
A. J. EAGLESTON.

To the Hon. Secretary,
The National Council of Trained Nurses
of Great Britain and Ireland,
431, Oxford-street, W. 1.

A Labour of Love.

Letter from Her Highness Princess Helena Victoria and Her Highness Princess Marie Louise.

Miss Isabel Macdonald, the Hon. Secretary of the National Council, has received the following letter:—

78, Pall Mall, S.W. 1,
July 3rd, 1923.

DEAR MISS MACDONALD,—

I am asked by their Highnesses Princess Helena Victoria and Princess Marie Louise to convey to you and to the members of the National Council of Nurses of Great Britain and Ireland, their most sincere thanks for the message of sympathy you have sent them in their great sorrow.

As you yourself, and in fact all those connected with nursing, know so well, one of Her Royal Highness Princess Christian's chief considerations and care in her life work was for the welfare of the members of the Nursing Profession. It was a labour of love to which Her Royal Highness gave unstinting hours of time and thought. The Princesses ask me to express to you their great appreciation of the tribute you pay to Her Royal Highness's work for you all.

Yours truly,
ENID DU CANE,
Lady-in-Waiting.

THE STATE REGISTER "AT HOME."

Early in November, 1887, the first meeting—with Mrs. Bedford Fenwick in the Chair, on her right hand the late Miss Isla Stewart and on her left Miss Catherine Wood—was held at 20, Upper Wimpole Street, London, W., to found a professional Society of Nurses to work for the organization of Trained Nursing through an Act of Parliament, providing for the higher education and State Registration of Nurses.

The history of the movement—and it is a history of a valiant struggle of right against might and wrong—is written in volume after volume of THE BRITISH JOURNAL OF NURSING, and, let us hope, will be studied by all future nurse educators, as it was studied by Lavinia L. Dock, R.N., before she helped to compile Nursing History, from its earliest times.

20, Upper Wimpole Street, has been the scene during past years of many epoch-making events in nursing history, and not the least interesting was that of July 6th last, when pioneers and supporters of nursing organization met together to pay their respects to the State Register "At Home." There it was found, suitably bound in rose morocco and gold, reposing alone in the centre of a table, around which so many nurses from all over the world have taken counsel together. Whatever has been suffered in the past—of reaction, persecution, injustice and wrong—can be largely discounted now, when eye can see the tangible proof of success in the printed word. The State Register of Nurses has come to stay by Act of Parliament, and soon all the pigmies who opposed progressive reform—now unfortunately in power—will have passed away, leaving a great work accomplished, promoted and paid for by the pioneer nurses themselves.

Of these pioneers no one stands more firmly in her vigorous old age than Mrs. Strong; the *doyenne* in Britain of nursing reform, and her presence at the State Register "At Home" was a surprise and a delight to all her colleagues. After tea and chat, at the request of Mrs. Fenwick, Mrs. Strong spoke to the younger generation of nurses present, and her reminiscences of nursing conditions in Scotland fifty years ago, and the wonderful evolution of nursing there in recent years, was historically instructive; and, although modestly told, we all realised what a debt of gratitude the nurses of the world owe to Mrs. Strong for her creative faculties and splendid altruistic characteristics. Mrs. Strong's reminiscences were followed by the most up-to-date report of nursing educational progress in the United States of America,

by Miss Isabel Stewart, Assistant Professor of Nursing at Teachers' College, Columbia University, New York City. Miss Stewart has for many years been associated with Professor M. Adelaide Nutting in her fine educational work for nurses.

Miss Stewart spoke of the early beginnings of the course at Teachers' College in 1900 (first known as the course in Hospital Economics) with a class of two students, fostered by Mrs. Hampton Robb, Miss M. A. Nutting, and other leaders of Nursing in the United States of America; of the interest and help extended to the promoters of the course by Dean Russell, Dean of the University. Of the help the Department of Nursing and Health, under Miss Nutting, who took over its superintendence in 1908, had received from an endowment of some £3,000 given by Mrs. Hartley Jenkins. She told how a nurse could now obtain a degree from Columbia University in a five years' course, the first two years being given to studies in the University, the second two years in a Nurse Training School, and the last in the University. In many instances also nurses in training receive part of their theoretical teaching in connection with a University, although not taking a full University Course leading to a degree.

Miss Stewart spoke with enthusiasm and hope of the latest development, the University School of Nursing at Yale, with Miss A. W. Goodrich, R.N., Sc.D., as its Dean.

In reply to questions she discussed the pros and cons of the vexed question of the registration of Attendants, or "Nursing-Aids," and the attitude of the medical profession in relation to the higher education of nurses.

The party broke up reluctantly with the inspiration of—may we call it?—the benediction of Mrs. Strong, and the urge forward of one of the group of nurse-educationists in the United States of America, where evidently a much higher value is set on general education as a foundation of nursing knowledge than on this side of the Atlantic. A telegram, "*Cordiale Sympathie*," from Dr. Anna Hamilton, Bordeaux, was received with much gratification.

M. B.

PRINCESS MARY'S GIFT TO OXFORD COLLEGES.

Princess Mary, Viscountess Lascelles, has sent £100 towards the Four Women's Colleges in Oxford Appeal Fund. This cheque was received in response to a benefactor's offer of £100 on condition that ninety-nine other women gave a similar sum.

THE DANGER OF "GO-AS-YOU-PLEASE" IN THE TRAINING OF NURSES.

A greater illustration of the urgent need for the compulsory scheme of Prescribed Training in Nursing Education—weakly surrendered by the present General Nursing Council for England and Wales, in response to the objections of the Association of Poor Law Unions—could not be given than the sacrifice of life at the Walthamstow General Hospital, owing to an injection of atropine 100 per cent. stronger than that prescribed, having been administered by a probationer to two patients who had undergone operations, both of whom died.

This probationer stated at the inquest held subsequently that when she looked into the ward cupboard for the bottle containing the solution she could not find it; she therefore went to another cupboard and obtained another bottle, from which she gave both injections. She stated further that she did not know there was any difference in the strength of the drug in these two bottles.

From time to time the public is shocked, and homes are desolated by deaths caused by the administration by trained nurses, or nurses in training, of poisonous drugs, or by such drugs having been placed where patients have access to them, but a Coroner's jury usually returns a verdict of accidental death, and, except by those most closely concerned, the tragedy is soon forgotten.

The points in connection with the present case are (1) that hypodermic injections of atropine were given by a probationer, whereas such a dangerous drug should always be administered by a trained and certificated nurse.

We entirely agree with the Coroner, Dr. Ambrose, in the present case, who, when a verdict was returned that "death was due to an overdose of atropine accidentally administered," expressed the opinion that "some scheme should be devised whereby the duty of administering hypodermic injections should be performed by some responsible person." He might further have usefully pointed out the duty of those responsible for keeping poisonous drugs under lock and key.

But further, probationers in training have now the right given them by Parliament of a "prescribed training," and in the course of training defined by the First General Nursing Council instruction in the Administration of Drugs, and the Technique of hypodermic injections was rightly placed in the first year. The old policy of "Go-as-you-please" was to have been ended, and definite instruction given to probationers. The present General Nursing Council, which has made such instruction optional instead of compulsory, cannot be exonerated if fatalities occur owing to the dangerous ignorance of probationers. It is its duty to ensure that such probationers receive the adequate teaching, which will not only enable them to protect themselves, but to be safe attendants upon the sick public.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

DRAMATIC RECITAL.

On Saturday afternoon, July 14th, Mr. Harold Horton will give a dramatic recital at 194, Queen's Gate, at 3 p.m. All those who possibly can should attend, for it promises to be an unusual treat. One member who was present at the concert when we heard Mr. Horton before has sent a request that he will again recite the exquisite lyrics, while another has written that she hopes that we are to hear once more of the little goblin with his strange green beads. No doubt these requests will be complied with, and we may certainly look forward to an afternoon when our minds will be able to escape for a time from this workaday world with its cares and its labours, now into one of beautiful thoughts most exquisitely expressed, then into some elemental world where dwell the fairies, the goblins, the gnomes, and all the rest, and still again we will live in great historical scenes, and all this through the medium of a fine dramatic gift, a fine sense of the dignity and beauty of our English literature and poetry. And then we shall go back to the tasks of life again, full of the invigoration and refreshment of mind that, in such a subtle, intangible way, flows into the spirit when we give ourselves up to a treat such as that we are to have to-day.

But apart from this, we appreciate very greatly indeed the kindness of Mr. Horton, who is giving the entertainment in order to enable us to found our dramatic society and to help us to ensure that the play in the autumn will be properly staged. The costs in connection with the rehearsals, stage furniture, and the dramatic wardrobe, are necessarily high, and we hope that the members will come in large numbers and bring friends. The charge for admission will be 2s. 4d. and 1s. 3d., inclusive of the entertainment tax.

ANNUAL MEETING

The Annual Meeting of the Association was held at the Club on June 28th. There was a smaller attendance than usual, and, probably because there had passed from us a presence rarely absent from any previous Annual Meeting, no one seemed desirous that the proceedings should be prolonged. Mr. Paterson occupied the chair, and, after the Minutes, read the letters from Their Majesties and Their Highnesses the Princesses Helena Victoria and Marie Louise, acknowledging letters of sym-

pathy from the Council on the death of Her Royal Highness the Princess Christian.

The Report of the Executive Committee dealt with matters which have all been reported in the official organ of the Association as they occurred, so we need not recapitulate them here. The Financial Report was quite satisfactory, showing an excess of income over expenditure in the General Fund amounting to £65 10s. 8d. In the accounts of the Settlement Fund there was also an excess of income over expenditure amounting, in this case, to £166 13s., but the Treasurer reminded those present that the costs of extensive alterations and repairs were to be met in 1923. The Helena Benevolent Fund had a deficit of £19 12s. 5d., and the hope was expressed that, when the Settlement alterations were finished, some special attention would be directed to the Helena Benevolent Fund.

The result of the ballot was announced, and the following declared to be elected Members of the General Council:—

Medical: Dr. Douglas Rice-Oxley, Mr. Berry, Dr. Maxwell Simpson, Dr. Honor Bone, Sir Anderson Critchett, Mr. Carson, Dr. Lang, Dr. Whittick, Dr. King Brown, Sir Halliday Croom.

Matrons and Superintendents of Nurses: Miss Bickerton, Miss Villiers, Miss Ballantyne, Miss Cutler, Miss Hulme, Miss Child, Lady Hermione Blackwood, Miss Charteris, Miss Marsters, Miss Gooding.

Sisters and Nurses: Miss Pearson, Miss Bylett, Mrs. Glover, Miss Goodrich, Miss Bevan, Miss Robertson, Mrs. Temple, Miss Anthony, Miss Holmes, Miss Lewis.

THE MEDICAL HON. SEC. OF THE ROYAL BRITISH NURSES' ASSOCIATION AND THE REGISTRATION CONTROVERSY.

As we go to press we are receiving many telephone messages asking whether we noticed Mr. Paterson's able letter in *The Times* of the 9th inst. with its strong protest against Dr. Chapple's efforts to allow the "half nurses" to flood the State Register. It is no little thing for a busy surgeon to spare time to enter upon a newspaper correspondence in *The Times*, and many members have expressed appreciation of the letter which so adequately sets out their views. The nurses never had a more disinterested friend in the Medical Profession than Mr. Paterson, and they value this

new evidence of his friendship, not merely as strong support in our effort to maintain the standard of Registration and Nursing Education, but also as showing the point of view of an eminent surgeon on Dr. Chapple's proposals.

We know from personal experience how much Mr. Paterson values good nursing, and that he has no use, no excuse, and no tolerance for inefficiency and slackness.

In the name of the nurses we warmly thank our Medical Hon. Secretary for his efforts to protect the trained nurses from competition with the untrained, and the discredit attendant on their ignorance.

CONCERT.

The concert which we have been looking forward to for some time, given on June 20th, proved completely successful. We were indeed most fortunate in securing the help of so many very distinguished artistes. Never shall we forget Miss Phyllis Lett's most beautiful rendering of "The Alleluia" and her other lovely songs. "Annie Laurie," which she gave as an encore, was quite exquisite. Miss Jane Croft's singing was also perfectly delightful, and Mr. Eric Marshall was cheered to the echo. The music of Mr. Cernikoff was in itself a sufficient treat for one afternoon.

Our large double drawing-room was quite packed by a most appreciative audience, and we were specially pleased that everything was so successful, because our late President helped us very considerably with the initial arrangements for this concert, and everyone felt that they wished to carry to a successful close her last piece of work for the Royal British Nurses' Association. We are very deeply indebted to Dr. Frederick Morison and also to Miss Rice who took a very active part in organising the concert.

THE LIBRARY.

Nurses who have books from the library are requested to return them during the current month. The library will be closed as usual during August.

GIFTS.

The Society of Chartered Nurses, flowers; Lady Mitchell, Mrs. Hayes Palmer, Misses Bellamy, Beilby, Collins, Cope, Dunsford, Flood, Fox, Gaffin, Gannon, and A. E. Macdonald, flowers; Miss Anderson, eggs; Anon., indicator for the Hall of the Settlement Home; Dr. Currie, Persian cat; Miss Kelly, tortoise; Miss Macvitie, tealcloth; Mrs. Richardson, string of pearls for dramatic wardrobe.

DONATIONS.

Misses E. E. Jarvis, E. Keen, E. Munson, D. M. Oldham, L. Phillips, A. E. Shephard,

P. F. Watt, 10s.; Mr. and Mrs. Watts, 10s.; Misses Pulley, I. Terry, 5s. each; C. Jordan, 2s. 6d.; G. M. Bird, 1s. 6d.

A NEW BOOK ON PSYCHOLOGY. THE CONQUEST OF FEAR.

One lays down Basil King's book, "The Conquest of Fear," with a feeling of real refreshment akin to that of having drunk deeply from a mountain stream running amid wild and beautiful scenery. A short synopsis, although it is like dipping into the Ocean of Truth with a child's bucket, may induce my fellow-workers to peruse its pages. Many will be gainers thereby, and probably find in it some solution to the enemy of Fear in facing life's problems. The cost of the book is eight shillings and sixpence.

"Fear loses much of its fearfulness when we see it as the summons to put forth new energies."

"It is the axiom in all progress that the more we conquer the more easily we conquer. We form a habit of conquering just the same as any other habit. Victory becomes a state of mind."

"Knowing ourselves superior to anxieties and troubles, we *are* superior."

In the second chapter he defines two words often misunderstood and still oftener misrepresented—Repentance and Salvation. The Greek equivalent of Repentance is *Metanoia*, which means a sober reflective turning of the mind to God by a process of thought, and that process of thought would find Him without the emotional and sentimental element so often associated with the word Repentance. The other word, Salvation, is expressed in Greek by *Soteria*, meaning a safe return. That is all—nothing complicated, nothing highly strung, nothing casuistical. Only a Safe Return. Yet all human experience can be read into that little phrase, with all human liberty to wander—and come back.

One of the arresting features of the book is that the Conquest of Fear is a personal rather than a communal possibility. Indeed, it is the author's personal testimony of his own conquest. The individual can act on his own account. He can set himself free and enjoy the benefits of that freedom without waiting for the race as a whole; and nothing will prove this true but our experience. Demonstration must be personal before we can make anything our own; but the fact remains that the Law of God does work and will work for anyone who calls it to his aid.

The book puts first things first. Listen to this: "Our value to God is our first reckoning. As a Son of God I am from Everlasting to Everlasting; a splendid being with the universe as my home; and, as a Son, expect the best. To expect less is to dwarf my power of receiving! We are only asked to fulfil certain conditions, quite easy to fulfil, to find the stores of the universe laid at the feet of the Sons of God." Trenchant words these. What are the conditions? One can only touch upon the fringe of that part of the book. Make His Kingdom and Righteousness your chief aim—nor limit that Kingdom. Be simple! Be natural! Be spon-

taneous. No need of ours is so large but His all-Ownership can meet it, nor so small that it is insignificant. In order that we may understand the infinitesimal nature of God's care, he reasons: "The very hairs of your head are all numbered." Away then with Fear! "There is a force generated by working consciously with God which we have to go without when we disregard Him." "We dig a gulf between the material and the spiritual which does not exist." Tradition has been built up and double-crossed by Fear. "A revolution in our point of view is needed, first towards God the Owner of the Earth and the fulness thereof, and next towards ourselves. If we are a part of His Self expression He cannot practise futilities through our experience and personality; He having helped me to go as far as I have gone will help me to finish my task before giving me another."

I specially like his chapter on "The Abundance of Life," because there he focuses all his arguments in a succession of constructive thoughts and principles. "The conquest of Fear is largely a question of vitality. Those who have most life are most fearless." And again, "There is a connection between strength of Spirit and strength of limb, the feeble frame is often the result of misapprehension and bred of race-fear." "I am come that they might have life and that they might have it more abundantly." Abundant life must be life healthy, active, and radiant. This vigour and triumph we ought to work into our point of view, so kneading it into our sub-consciousness, that it will be strong in proportion as our sub-conscious is strong; fearless as our sub-conscious is fearless. So that going from strength to strength becomes a matter of course to us. Whatever we ask of to-day or tomorrow I have the ability to perform it well.

The indwelling of the life principle we call God makes no distinction between man and man. It helps the man at the counter as well as him who governs the country. It rushes to the help of all. My success is its success whether I am painting a great masterpiece or sewing on a button. So I, the individual, try to confront each day with the knowledge that I am infused with a guiding animating principle which will not let me drop behind or lose my modest reward so long as I trust to the force which carries me along. By trusting I mean resting quietly without worrying, without being afraid that it will fail me. If I fret I choke up the flow of the life principle through my energies.

The writer concludes: "My small experience in the conquest of Fear can be condensed into these four words: Calmly resting; quiet trust. 'Be still and know that I am God.' The further we advance, the more we perceive of power, the more we are freed from fear. The more we are freed from fear the more exultantly we feel our abundance of life." These are but a few quotations.

I commend the perusal from cover to cover of this wonderful book which this altogether inadequate synopsis introduces to my readers.

A. E. M.

ISABEL MACDONALD,
Secretary to the Corporation.

INTERNATIONAL COURSE OF TRAINING FOR PUBLIC HEALTH NURSES.

The Presentation of Certificates to students completing the International Course of Training for Public Health Nurses of the Class 1922-1923, in connection with the League of Red Cross Societies, took place at Bedford College for Women, University of London, on July 5th. The Chair was taken by Sir Claude Hill (Director-General of the League of Red Cross Societies), and supporting him on the platform were Miss Margaret J. Tuke (Principal of Bedford College); the Spanish Ambassador; the Siamese Ambassador; Sir Hildred Carlile, Bart., C.B.E.; Sir Edward Stewart; Miss Katherine Olmsted (Chief, Division of Nursing, League of Red Cross Societies); Miss Elizabeth Fox (Director, Bureau Public Health Nursing American Red Cross).

In opening the proceedings, Sir Claude Hill explained the niche that the Public Health Course fills in the activities of the Red Cross in time of peace, as one of three things upon which the International Red Cross decided to concentrate.

One great difficulty confronted it. Outside the Anglo-Saxon countries nursing had not begun to attain the weight or respect it has attained in Great Britain and Ireland and in the United States of America. Even bed-side nursing stood on a less revered footing. In the great majority of countries of the world, nursing was on a different footing altogether. They would see why this course, which owed so much to Bedford College and Miss Tuke, was a vital thing.

The difficulty was that, in so many countries, there was no standard of nursing on to which to graft Public Health Nursing. In the United States of America the standard of Public Health Nursing was ahead of that in this country. At the League Headquarters, in Paris, therefore, they had endeavoured to formulate a scheme to give the best possible training to selected individuals.

It was really quite impossible to over-estimate the opportunity of England to help forward this training, with the assistance of Bedford College. The influence of the Course was not restricted to Public Health, but was almost political in its scope. He could assure the pupils that they had an immense opportunity of teaching public health nursing to their compatriots, and England's opportunity lay in the fact that we are a little ahead of other European countries. He desired to convey in a special manner to Bedford College the thanks of the International Red Cross Organisation. He did not believe Miss Tuke knew how much bigger the work was than that which offered from day to day. He hoped the ideals of the Public Health Course might become something larger, and that it might be a centre for expansion throughout the world, the nucleus of the expansion of the great light of Public Health Nursing to dispel the ignorance which accounts for 85 per cent. of the illnesses from which the people suffer.

Sir Claude Hill then invited Sir Hildred Carlile to present certificates to the students of the class.

Sir Hildred Carlile expressed to the students who were to receive certificates as a small acknowledgment of having passed through the International Course the hope and the trust that they would find in their home countries sympathy, help and support in the undertaking to which they had set their hands. It was beautiful work; there was no finer. It was beautiful and lovely to help to lessen suffering and to prevent disease. He regarded it as a privilege to hand certificates to those successful students who had given so abundantly of their lives and hearts and souls. He looked upon them with awe and admiration.

The names of the graduating class were then read by Miss Tuke, each one ascending the platform and receiving her certificate from Sir Hildred Carlile as her name was called.

GRADUATING CLASS, 1922-1923.

FRIEDA SOCHE ..	..	Austria
FRANTISKA SUCHA ..	..	Czecho-Slovakia
GURLI SEGERBERG ..	..	Finland
MARTHE AESCHIMANN ..	..	France
MARIE LABEL ..	..	France
IDA SIMMONS ..	..	Great Britain
GUDNY JONSSON ..	..	Iceland
MILDA KARIN ..	..	Latvia
CATERINE CLARK ..	..	New Zealand
MARIE CERNAT ..	..	Roumania
ANETA BERNESCU ..	..	Roumania
CLARA XAVIER ..	..	Siam
MERCEDES CARRASCO ..	..	Spain
MARIA LUISE MARTINEZ DE AQUIAR Y PEDROSO ..	..	Spain

Special Certificates were awarded to:—

ITTA FRASCARA ..	..	Italy
AUSSIER ROSA RABELLO ..	..	Brazil

on having completed a shortened or special course of studies.

The Chairman then introduced Miss Elizabeth Fox, Director of the Bureau of Public Health Nursing under the American Red Cross, saying that we in England owed a great deal to the development of nursing in the United States of America.

Miss Fox and Miss Olmsted both gave most interesting addresses which are too valuable to condense greatly; we therefore hope to publish them at considerable length next week.

Sir Edward Stewart, in moving a vote of thanks to Sir Hildred Carlile, congratulated the ladies who had earned certificates, on behalf of the British Red Cross Society. It was splendid work which they would carry on in the various countries, instilling the desire to keep well, and teaching people how to do so. In starting the course the League of Red Cross Societies had performed a really humanitarian work.

Miss Tuke expressed the satisfaction of Bedford College in being able to help on the effort to bring together in friendly co-operation nurses from so many countries.

Replying to a vote of thanks to the Chairman

and speakers, Sir Claude Hill said he thought the most appropriate termination to the meeting was to wish, in the heartiest terms all success to the students in the great difficulties with which they would have to contend, and of which they were fully conscious. Miss Olmsted had enlarged on the practical side of their work, and Miss Fox had set before them high ideals. Their's was a magnificent work, and he wished them all possible success in it to whatever they set their hands.

Those present then adjourned for tea hospitably provided, together with excellent music, and many last words were said to and by the group of students since dispersed.

(To be continued.)

APPOINTMENTS.

MATRON.

Warrington Infirmary and Dispensary.—Miss Grace M. Hooper has been appointed Matron. She was trained at Ham Green Hospital and Sanatorium, Bristol, and Bolton Infirmary. She has held the following appointments: Outpatient, X-ray, and Ward Sister, County Hospital, York, Home and Night Sister Royal Berks Hospital, Reading; Assistant Matron, Royal Victoria and West Hants Hospital; Home Sister, General Hospital, Nottingham, and Assistant Matron, Stockport Infirmary.

ASSISTANT MATRON.

Miss H. J. Kempson has resigned the position of Assistant Matron at the Royal Albert Edward Infirmary, Wigan, and Miss Helen Bell, who has been acting as Sister-Tutor and Home Sister since May last, has been appointed as her successor. The appointment of a Sister-Tutor has proved most successful, and, indeed, has become necessary, in view of the examination syllabus drawn up by the General Nursing Council for England and Wales. Arrangements have been made whereby Miss Bell will continue to act as Sister-Tutor.

SISTER-TUTOR.

APPOINTMENTS UNDER THE METROPOLITAN ASYLUMS BOARD.

Eastern Hospital, Homerton Grove, E.9.—Miss Sarah Florence Rossiter has been appointed Sister-Tutor. She was trained at St. Bartholomew's Hospital, London, and was Probationer (Gold Medallist) and Staff Nurse and Sister at the North-Eastern Hospital, Tottenham (M.A.B.), and Ward Sister in Queen Alexandra's Royal Naval Nursing Service.

North-Western Hospital, Lawn Road, Hampstead, N.W.3.—Miss Katherine Winifride Head has been appointed Sister-Tutor. She was trained at Charing Cross Hospital, where she held the position of Casualty Sister and Sister of the Gynaecological Ward, and Theatre Sister at the Grove Hospital, Tooting, S.W.17, and Sister at the Brook Hospital, Shooter's Hill, S.E.18.

South-Western Hospital, Stockwell, S.W.9.—Miss Jessie Catherine Stewart has been appointed Sister-Tutor. She was trained at the Royal Infirmary, Aberdeen, and has been Sister at the Cleveland Street Infirmary, Sister at the South-Western Hospital, Sister, Military Nursing in France and at King's College Hospital, and Home Sister at the South-Western Hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss A. Ayre, A.R.R.C., from the half-pay list, is restored to the establishment (June 8th), with seniority next below Miss M. L. Kaberry, A.R.R.C.

TERRITORIAL ARMY NURSING SERVICE.

Miss C. F. Bayly, A.R.R.C., Matron, 2nd Northern General Hospital, resigns her appointment (June 20th); Miss Musson, R.R.C., Principal Matron, 1st Southern General Hospital, resigns her appointment, and is granted permission to retain her rank and wear the prescribed uniform (June 30th); Miss M. E. Manfield A.R.R.C., Matron, 2nd Eastern General Hospital, resigns her appointment (July 7th); Miss E. M. Newton, R.R.C., Matron, 1st Eastern General Hospital, resigns her appointment (July 7th); Miss J. R. Nicol, A.R.R.C., Matron, 1st Scottish General Hospital, resigns her appointment (July 7th); Miss G. Bulman, R.R.C., to be Matron, 2nd Northern General Hospital (June 20th), vice Miss C. Bayly, resigned; Miss M. E. Williamson to be Matron, 4th Scottish General Hospital (June 21st), vice Miss I. Calder, resigned; Miss C. E. Bailey, to be Principal Matron, 1st Southern General Hospital (July 1st), in succession to Miss Musson, R.R.C., resigned.

RESIGNATION.

In a report to the West Bromwich Guardians the House Committee expressed their regret at having received the resignation of Miss Mold, who has held the office of Superintendent Nurse for the last 27 years, the resignation to take effect from September 30th next. The Committee recommended the Board to forward to Miss Mold an expression of their appreciation of her services, and to pay her a gratuity of £100 in recognition of the additional work she had had to do during the illness and absence from duty of the Medical Superintendent. In moving the adoption of the report, Mr. Jackson said that in the person of Miss Mold the Guardians were losing a very valuable Superintendent Nurse.—Mr. Haynes seconded the resolution and Mr. Wells, in supporting it, remarked that Miss Mold had been a good nurse and a good manager, and there was a great deal of difference in the Infirmary now and what it used to be. Miss Mold had discharged her duties most faithfully, and he thought she deserved the £100 they proposed to vote to her.

Miss C. Twist, Assistant Superintendent Nurse, has been appointed *pro tem* to perform the matron's duties.

At the same meeting the appointment of a Sister-Tutor at a salary of £120 per annum with emoluments was recommended.

A PROFESSIONAL DUTY.

One of the first duties of trained nurses is to endeavour to preserve life, and, in the present disastrous condition which has arisen of a serious outbreak of smallpox, originating in Gloucester, and which, the Ministry of Health state, was not dealt with as soon as it might have been, because of the refusal of the local Medical Officer of Health to admit the presence of smallpox on a large scale in the city. Early in May cases of smallpox occurring at places so far distant as Liverpool and Abertillery were traced to infection received in Gloucester.

It is impossible now to foresee where infection may end, and all possible means should be taken to avert it. It is certain that there is a distinct risk of an outbreak of a serious character, and trained nurses, especially district nurses, and school nurses, should do their utmost to secure the vaccination of infants and the re-vaccination of adults, stated by the Ministry of Health to be "the only practical remedy now that the infection has been introduced."

REGISTERED NURSES' PARLIAMENTARY COUNCIL.

Copies of the Resolution unanimously adopted at the Meeting of above Council on June 23rd, condemning the conduct of women Members of Parliament in absenting themselves when Nursing questions were to be debated in Parliament have been forwarded to Viscountess Astor, M.P., Mrs. Wintringham, M.P., and Mrs. Philipson, M.P. The Resolution reminded them that trained nurses were taxed to pay their salaries, and had therefore a right to expect consideration of legislation touching their professional and economic status, and the protection of the public from exploitation by ignorant untrained women. Councillor Kent, the President of the R.N.P.C., also wrote personal letters to the three absentees during Dr. Chapple's disastrous attack upon our work and status in the House on June 13th. Personally, we have not forgotten the fact that after voting on the Army Estimates in 1922, Viscountess Astor rose from her seat and deliberately walked out of the House when Sir Alfred Mond, then Minister of Health, thrust through Parliament Rule 9A, put forward by the General Nursing Council, to make it possible to pack the forthcoming election with members of the College of Nursing, Ltd. Lady Astor was an American citizen during the Tammany Hall administration in New York, a caucus notorious for jobbery throughout the world, and we could have hoped she would have opposed such tactics when a Member of the British House of Commons. The truth is laywomen know nothing of nursing ethics or professional standards. They prefer the V.A.D. type of nurse which, as Lady Astor once said, "she had to boss during the war." But those who pay the piper call the tune, and these three M.P.s, known in the House as Sobriety, Propriety, and Variety, must study Nursing questions if we are to help pay their salaries and add to their great wealth, for which poorly paid women workers have to make many sacrifices. We fear wealthy women M.P.s are not going to be of any real benefit to the National Health, to judge by their past record. Mrs. Philipson has her reputation to make. Anyway, the Registered Nurses Parliamentary Council will watch their future policy. In this connection it is high time women were elected to Parliament on their own merits, and not as wives of former Members. The limit of this folly has been reached.

WORD FOR THE WEEK.

How happy is he born and taught
That serveth not another's will,
Whose armour is his honest thought,
And simple truth his utmost skill!

This man is freed from servile bands
Of hope to rise or fear to fall;
Lord of himself, though not of lands,
And having nothing, yet hath all.

NATIONAL UNION OF TRAINED NURSES.

38-9, Parliament Street, Whitehall, S.W.1,
July 9th, 1923.

The National Union of Trained Nurses has stood for the principles of self-governance, a high professional standard, the good of the community, and equity for all.

It has never swerved from these ideals.

But the members of the nursing profession who appreciate these aims and are willing to make the necessary sacrifice of energy to carry them through are not sufficient to justify the Union in continuing to act as a representative society, although its financial position would enable it to do so.

For this reason, the Council, whilst firmly believing in the value of the work done by an organisation conducted on these principles, has felt it right to decide on the dissolution of the Union.

(Signed) M. F. RIMMER,
Hon. Organising Secretary.

Many of our readers will share our deep regret at the dissolution of a Society which has done such splendid work and which helped so loyally and so ably in the furtherance of the Bill for the State Registration of Nurses promoted by the Central Committee formed with that object.

The Union owes its excellent organisation to the genius and public spirit of Miss E. L. C. Eden, which, established first as the Nurses' Social Union, developed later into the National Union of Trained Nurses with vigorous local branches, and the policy defined above—a self-governing association of nurses respected alike by the public, by politicians, and by members of the nursing profession.

Then came the establishment of the College of Nursing, Ltd., with its fungus-like growth, directing its attention especially to the branches of the Union, and by social influence and professional patronage disintegrating these branches and detaching their members.

But the Union held gallantly on and has seen State Registration an established fact and the first Register of Nurses published under the authority of the State. It has seen, too, a canker spreading at the roots of the profession and a limited number of the nursing profession in this country unwilling to bow the knee to Baal, and worship the golden image, and has decided on dissolution rather than forswearing its ideals. But its influence will continue, in the permanent impression made on many seekers after truth who will ever hold it in honour and strive to live according to its ideals.

Mr. J. D. Rockefeller has distributed £30,000 among fifteen hospitals and other institutions for the furtherance of the "insulin" treatment of diabetes. A number of London hospitals are now using insulin with satisfactory results.

HOSPITAL WORLD.

The Lady Patricia Ramsay (Princess Patricia) laid the foundation stone of the Islington War Memorial, which takes the form of a new Casualty Department of the Royal Northern Hospital, on Thursday, 12th instant. Tablets bearing the names of the 1,250 men and women who made the supreme sacrifice during the Great War will be placed in the Memorial Archway. The new Casualty Department provides a much-needed improvement of the Hospital, which treats over one hundred casualties a day. £12,000 was raised in the Borough of Islington for the Memorial.

The wedding gift to the Duke of York organised by the Excelsior Philanthropic Society has resulted in sufficient money being collected to endow a ward in the Queen's Hospital for Children, of which his Royal Highness is President. The Duke, whose name the ward will bear, has expressed a desire to receive the cheque personally, and a deputation will visit White Lodge, Richmond Park, on Wednesday, July 18th, to make the presentation.

The Duchess of York has consented to visit the Cheyne Hospital for Children, Cheyne Walk, Chelsea, on the occasion of the inauguration of the new open-air roof ward, on Thursday afternoon, July 19th. The opening ceremony will be performed by the Countess of Cromer.

Guildford and district raised over £20,000 of the £30,000 required for the extension of the Royal Surrey County Hospital in less than a year.

The British Medical Association has purchased the premises in Tavistock Square, Bloomsbury, known as the Theosophical College. It is understood to be the intention of the British Medical Association to enlarge and adapt the building as their headquarters.

A case of typhus fever, "gaol fever," has been notified at the Port of Bristol. This is the first case of typhus to be notified in this country for a long period. The disease is carried by lice, and, so far as is known, in no other manner.

The London County Council Public Health Committee recommends a supplemental vote of £3,500 for co-operation in the new method of treatment for consumption by Professor Dreyer. Willing patients will be selected for experimental treatment.

Mr. J. D. Player, of Nottingham, is to supplement his munificent contributions to local medical and other institutions by erecting and equipping a new wing at the Nottingham Children's Hospital. The cost is estimated at between £30,000 and £40,000. The new wing will double the present hospital accommodation. The Editor of this Journal began her training at this hospital in 1878.

NURSING PROGRESS IN INDIA.

The Nursing Journal for India has made great strides in recent issues, and we are pleased to observe that nurses in India are being urged to realise their professional responsibility. At home and abroad nurses must learn this lesson if they are ever to attain the respect of the public. It is because they are so apathetic that they are so powerless.

Speaking editorially, the *N.J.I.* says:—

"The decision of the General Nursing Council for England and Wales (this provision is laid down in the Nursing Registration Act) that they can accept for reciprocal registration only such of the Colonies and Dependencies as have instituted State Registration for their nurses, has made the subject of registration one of great urgency to British women trained in India, and an All-India Bill for State Registration of nurses is to be laid shortly before the Legislative Assembly at Simla. As, however, the whole policy of the Government is towards decentralisation, it seems uncertain that an All-India Bill will be approved, but rather that each Presidency will be left to deal with the question as it sees fit.

The Bombay Presidency has for some years possessed, in the Bombay Presidency Nursing Association a central body for the registering and control of nurses. All the large nurse training schools in the Presidency are affiliated to it, conforming to its regulations for the engagement of probationers and nurses, and its curriculum of instruction and training. Central examinations are held twice a year in Bombay and Karachi, for which all nurses—European or Indian—trained in affiliated hospitals are obliged to sit.

The weak spot in the Bombay Presidency Nursing Association is that not a single Matron or trained nurse is a member of the central committee.

It is hoped that the Trained Nurses' Association of India, which should represent the opinions of trained nurses in all the Presidencies, will have ready shortly a carefully thought-out scheme for the training and registration of nurses in India, to bring forward when called upon.

The time has come when nurses must help themselves, and this can best be done by joining the Trained Nurses' Association of India and persuading all others they come in contact with to do so, too. An independent Association, including among its members the heads of training schools all over India, and the rank and file of the profession, would be in a position to lay its considered opinions before Governments and Nursing Associations and to obtain respectful consideration for them."

The Nursing Journal of India published a picture of Mrs. Starr, a charming girlish figure, holding a fine native baby.

Mrs. Starr writes:—"I was tremendously glad to be allowed to go after Molly Ellis, and felt I had got the privilege every British woman in

India must have wished she could get! So it is I who am grateful. I hope it is going to make residents and nurses in India realise what a tremendously important institution a *Mission Hospital* can be politically as in other ways, for influence."

A fund to commemorate Mrs. Starr's brave adventure is being raised, and it is hoped to provide a second Sister to help her. She is at present working single-handed except for the assistance of male Indian dressers. Subscriptions should be sent to the Manager, *Civil and Military Gazette*, Lahore, and should be marked for the C.M.S. Hospital, Peshawar Fund.

DAILY VISITING NURSES, DUBLIN.

A most enjoyable social and whist-drive was held by the Daily Visiting Nurses at 1, Pembroke Park, Dublin (kindly lent by Miss Helen Chenevix), on Saturday, June 9th. The musical items were delightful: Miss Florence Marks, one of Dublin's foremost artistes, charmed the company, and put even the dullest in good humour with her original characteristic singing and elocution. Mr. William Smith rendered some beautiful songs, which were all too short. Miss Renie Kelly sang with much feeling, "Two Eyes of Grey" and "Vale." Mr. O'Connor and Mr. Maguire contributed most generously with their cultivated voices in "The Bandolero," "Friend of Mine," and "Until." Mr. Arthur Bonass acted as Master of Ceremonies and distributed the prizes. Mrs. Manning presided as hostess, assisted by the nurses. There were six handsome prizes, including two "booby" prizes.

It was very regrettable that Miss Louie Bennett and Miss Helena Moloney, of the Irish Women Workers' Union, were unable to be present, owing to previous engagements. Mr. Corry, T.D. Kilkenny, was also present.

Refreshments were served upstairs during intervals, and everyone present appeared to enjoy themselves thoroughly. This is only the beginning of a series of entertainments to be given to aid the Daily Visiting Nurses in their new venture. They hope that the next event to be organised will be a tennis tournament and dance out of doors. Their headquarters are at 7 and 8, Eden Quay, Dublin, and their aim is to provide nurses to the public by the hour, or otherwise, to those who do not require the services of a full-time nurse.

COMING EVENTS.

July 19th.—St. Marylebone Hospital, Prize Giving to Probationers. Distribution by the Right Hon. Sir Douglas McGarel Hogg, K.C., M.P. 3 p.m. Tea in the garden.

July 20th.—Meeting General Nursing Council for England and Wales, Ministry of Health, Whitehall, S.W. 2.30 p.m.

July 30th to August 1st.—Meeting Executive Committee, International Council of Nurses, Copenhagen, Denmark.

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.

TRADITIONS OF NOBLE WORKERS TO BE UPHELD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

Dear Madam,—May I be allowed, through the medium of your paper, to thank the members of the Matrons' Council of Great Britain and Ireland for the very great honour they have conferred on me in electing me their President.

As Miss Breay so rightly said at the meeting held on June 28, I have a great deal to live up to in following two such noble workers for our profession as the late Miss Isla Stewart and Miss Heather Bigg. I can only assure my fellow members that my one aim whilst holding office will be to strive for the uplifting and furthering of those traditions which have always been held by the members of the Matrons' Council since its inauguration.

I much regret that absence on leave prevented me from attending the meeting, and thanking my friends in person.

Yours very truly,

KATHLEEN A. SMITH.

London Temperance Hospital.

THE COLLEGE OF NURSING, LTD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

Mrs. Bedford Fenwick, / July 9th, 1923.
20, Upper Wimpole Street, W.1.

DEAR MADAM,—I shall be much obliged if you will kindly insert the enclosed copy of a letter to Dr. Chapple in the next issue of your Journal.

I remain, Yours faithfully,

M. S. RUNDLE, Secretary.

[COPY.]

July 3rd, 1923.

DEAR DR. CHAPPLE,—I beg to acknowledge the receipt of your letter dated the 27th ultimo. You have again evaded the point at issue between us. In your speech, made in the House of Commons, introducing the Petition to the King, you distinctly led the House to understand that your proposals were approved by the College of Nursing, whereas you knew perfectly well that the College was entirely opposed to them. The position of the College was made quite clear to you by the Deputation which attended the House of Commons on the 8th May last. It is useless to say, as you do in your letter, that the Deputation of Registered Nurses belonging to the College, weighed as nothing with you—because they were not there in their individual capacity but as representing the considered opinion of the College of Nursing.

So far as I am concerned the correspondence is now ended.

(Signed) A. STANLEY.

Dr. W. Chapple, M.P.

[It is useless for Sir Arthur Stanley to deny that Dr. Chapple's most disastrous proposals were approved by the College Council in December last, since as recently as March 16th, 1923, they were practically embodied in the official letter from the College sent to the General Nursing Council, and read without one word of dissent by any of its members who packed the Council at that date. This official letter urged 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."

As we emphasised on numerous occasions, this meant, and was intended to make possible, the State registration of V.A.D.s, cottage nurse-midwives, and totally untrained persons, and to place them in competition with thoroughly trained, conscientious nurses by securing for them every privilege secured to professional nurses in the Act—legal status, title, protected uniform, and Badge—for which the majority had refused to qualify.

When, therefore, the treacherous College Council withdrew from this position a few weeks ago, the damage was done. The social influence of the College Chairman, together with the power of the Parliamentary Medical Committee in the House of Commons, have in our opinion, not only broken faith most cruelly with Registered Nurses, but have betrayed the safety of the sick.

We have received too late for insertion this week Dr. Chapple's reply to Sir Arthur Stanley. It will appear, with comments, in our next issue.—ED.]

KERNELS FROM CORRESPONDENCE.

THE IRONY OF IT ALL.

Scottish Nurse writes :—"If Government ordains that all Existing Nurses, including thousands of certificated trained women, are to be placed in the same grade on the General Part of the Register as untrained women who have chosen to nurse the sick, it means that those of us who have worked during the whole of our training career for the State Registration of Nurses (for the protection of the sick) will be the only members of the profession without any status. The irony of it all!

"Why is Dr. Chapple not a little more active and explicit regarding the Veterinary Surgeons' Bill, and the attitude of medical M.P.s towards it? The recent amendment to that Bill was strongly supported by Sir Watson Cheyne, because he considered the horses should have *skilled* attention. Presumably the poor people in the Highlands and elsewhere are of less importance in the eyes of some of our M.P. doctors than the horses."

OUR PRIZE COMPETITION QUESTIONS.

July 21st.—What are the following and what are their effects: (1) Anæsthetic; (2) Hypnotics; (3) Antipyretics; (4) Mydriatics; (5) Narcotics? Give an example of each.

The Midwife.

DANISH METHOD OF DELIVERY.

Great pressure on our space has prevented our printing the conclusion of the address by Miss Rodtness, Matron of Copenhagen Maternity Hospital.* the beginning of which appeared in our issue of May 19th. Miss Rodtness said in conclusion:—

We may now turn our attention to the child. We again cleanse our hands as previously mentioned, however, without using sublimate solution. With the aid of a piece of sterilised jute the blood is squeezed out of the remaining piece of the cord, the binding of the cord is tightened, the navel is washed with spirits, and the child is bathed. For allowing the removal of the vernix the child is inungated with oil and afterwards with soap, which is washed off in the bath. After the child has been carefully dried, the navel is again bathed in spirits and dressed with a dry sterilised bandage. After having been dressed the child is placed in a warm bed.

If the physician cannot be present in due time, the following may be performed by the midwife.

In case of placenta prævia with a strong hæmorrhage, the patient should be taken to a hospital, provided the distance is short.

Eventually the aorta must be compressed during transport. If the distance is long a tamponade of the vagina should be previously performed. In case of placenta prævia with good labour, the patient not being too weak and parturition probably able to proceed in a natural manner, the orificium being three to four centimetres in diameter, the midwife may puncture the waterbag. Should, however, the patient be too weak or the orificium not large enough, a leg may be brought down, while extraction is never performed by the midwife. With premature detachment of the normally implanted placenta the same treatment is applied, only that extraction is performed if the cervix is entirely dilated. Should the midwife, in case of a hæmorrhage, become aware of not being able to give suitable aid by herself alone, she should omit performing any vaginal examination.

Generally, women in pregnancy will consult a midwife some time before delivery. If they have not beforehand consulted a physician, the midwife examines the patient's urine for albumen, and, if necessary, sends her to a physician. In case of eclampsia occurring during parturition, the physician must be called at once or the patient must be taken to a hospital. Should the midwife suspect a case of contracted pelvis, the physician is consulted, and his assistance is solicited if the midwife has been called only after parturition has begun. In such case she should avoid vaginal examination and, should any serious symptoms

set in, the patient should at once be taken to a hospital.

In case of any hæmorrhage during the delivery of the placenta, and the physician not being able to be present in time, the placenta may be expelled by Crede's expression, or eventually removed by hand, and the aorta is, if necessary, compressed until the physician arrives.

Besides administering ergot after delivery of the placenta and the membranes, the midwife may be obliged to give a hot uterine douche and eventually compress the aorta.

You will have noticed that, as far as possible, we avoid vaginal examination. This, as a rule, is performed only when the midwife expects to be able to obtain more definite information by it and this seems necessary, or when she hopes to redress certain pathological conditions.

FATHERCRAFT AND MOTHERCRAFT EXHIBITION.

An interesting exhibition of fathercraft and mothercraft was held at Queenborough during National Baby Week under the auspices of the Child Welfare Committee in that place, the responsibility for the arrangements being mainly in the hands of Miss L. C. Cooper, S.R.N., the Queenborough Health Visitor. The Mayor, Mr. J. S. Bills, who presided at the opening, said that it reflected great credit on the mothers, fathers, children, who had sent articles for competition. The thanks of the Committee were due to all who had given articles, and who had assisted in the preparation of the arrangements for the Exhibition, particularly to Nurse Cooper. He was not an expert in judging the numerous articles made by the mothers, but he had been informed by those who were experts that the whole of the work was well done and a credit to the competitors.

Miss Bills, the Mayoress, who performed the opening ceremony, said that the borough was noted for fine babies, and she was pleased to see so many fine specimens accompanying their mothers that afternoon.

QUESTIONS IN THE HOUSE OF COMMONS.

MIDWIFERY FEES.

On July 4th, Lieut.-Colonel Fremantle asked the Minister of Health if he is aware that Poor-Law midwifery fees have not been revised since 1847; and whether he will take steps to bring them into line with the fees ruling at present for services of a similar nature.

Mr. Chamberlain: It is true that the Order of 1847 has not been revised, but in a number of cases special arrangements between the guardians and their medical officers as regards midwifery fees have already been approved. I will, however, consider the question of the revision of this part of the Order.

* Read at the Hospital, Nursing and Midwifery Conference, London, April 14th, 1923.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,842.

SATURDAY, JULY 21, 1923.

Vol. LXXI

EDITORIAL.

SELF-DETERMINATION.

The most important thing in the world for any group of professional persons is that they shall possess the power, and the will, to manage their own affairs. And, strange though it may seem, the two are by no means synonymous. For the reason that to exercise the power of self-determination—self-government—involves trouble, involves probably collision with vested interests, and, consequently demands courage, self-denial, and fortitude.

On the other hand, to weakly yield to opportunists' demands which originate in self-interest, or in economic pressure on the part of employers, because this is the line of least resistance, is a despicable thing. Nevertheless, human nature seems specially susceptible to such influences, and so in politics, and in that section with which we are specially concerned—Nursing Politics—there arise two opposing forces: the one composed of those animated by the pure spirit of professional patriotism, who are prepared to make any sacrifice to further the general good, to hold in trust that which it has already gained, and, in their generation, to advance it yet further; the other keen upon self-advantage, willing to relinquish at any moment their right and, more important still, the rights of the whole profession, if they can gain some personal advantage, personal triumph. Is it any wonder that these two elements from time to time meet in direct conflict? "All progress is strife to the end," and on the one side we have those who hold that "Eternal vigilance is the price of freedom," and are willing to sacrifice even life itself to preserve

it; on the other, those who with a smile will, as of old, put down thirty pieces of silver, and with subtle and specious argument betray their best friends and sell their profession into bondage; for so small a price are they willing to sell their souls, for some temporary advantage or honour.

If we turn from the human race to the vegetable world, we see the same law holds good. The oak, sturdy, self-dependent, most beautiful of forest trees, in storm as well as in sunshine stands erect, and affords shelter and shade. Grafted on to it, drawing sustenance from it yet giving nothing to it, we find the mistletoe, a true parasite, attractive but ephemeral and unimportant.

Again the parallel holds good. For the oak endures for centuries, the emblem of honourable self-dependence; the mistletoe, ephemeral and useless, serves but to decorate our houses at Christmas, to cause some passing merriment, and is then consigned to the dust-heap.

In the Cathedral at Ghent is a fine pulpit by Delvaux—most of the pulpits of Belgium are exceptionally fine—in oak and marble, representing the Tree of Life. At the foot of the tree is an allegorical representation of Time and Truth in figures nearly life-size. Truth is showing Time the writing on the pages of an open book, and Time is shrinking back from the sight. Over the head of Truth a little Cupid holds a crown.

Let us strive to do our duty fearlessly and honestly. Then when we see the writing in the book we shall not shrink back, and Time will justify those who in their generation contend for the Truth, and endure misrepresentation and persecution rather than be faithless to the principles which they know to be founded upon it.

OUR PRIZE COMPETITION.

WHAT ARE THE FOLLOWING, AND WHAT ARE THEIR EFFECTS:—(1) ANÆSTHETIC; (2) HYPNOTICS; (3) ANTIPYRETICS; (4) MYDRIATICS; (5) NARCOTICS. GIVE AN EXAMPLE OF EACH.

We have pleasure in awarding the prize this week to Miss Mary Ramsey, S.R.N., Cert. Apothecaries' Hall, 64, Enmore Road, South Norwood, S.E.

PRIZE PAPER.

(1) *Anæsthetics* are drugs which produce insensibility to external impressions. They are divided into general and local. *General anæsthetics* (by inhalation) abolish consciousness and reflex action, and so prevent the perception of painful and other stimuli in the sensory centres. *Local anæsthetics* are applied by spray or other application to the part.

Chloroform is a good example of an anæsthetic. It is a colourless, mobile liquid half as heavy again as water, and non-inflammable, unlike ether. It was discovered in 1831, and introduced into medicine in 1847 by Sir James Simpson.

Effects of Chloroform. Stage 1. Great rapidity of thought, but disturbance of judgment and power of control. Giddiness, tingling, and other peculiar sensations are felt. The patient may be emotional, or may sing, shout, or struggle, and then pass off into dreams, with partial loss of sensation. The heart-beat becomes stronger, the pupils dilate.

Stage 2. Complete loss of consciousness, speech becomes unintelligible. May be muscular spasms, also coughing, retching and possibly vomiting. Pupils remain small.

Stage 3. Absolute unconsciousness and complete muscular relaxation, and in this stage operations are performed. Heart's action is weakened, most reflex movements abolished, pupils dilate again.

Stage 4. Breathing becomes shallow, face pallid, heart weak and irregular, pupils widely dilated.

Use of Anæsthetics. To relieve pain of operations, and convulsive diseases. Prolonged and delicate operations can now be performed. An anæsthetic is also occasionally a great aid in the diagnosis of abdominal conditions. They are also used in medical cases to quiet violent spasmodic states.

(2) *Hypnotics* is applied to drugs and any measures which produce sleep. Of the pure hypnotics, which dull the brain without much other effect, chloral hydrate is commonly used.

Effects. When taken internally in moderate doses it produces sound, dreamless, refreshing

sleep, more like natural sleep than that produced by any other drug, except bromides. It is dangerous in large doses, and persons taking it frequently are liable to contract a habit. For sleeplessness with no assignable cause, veronal, trional, or sulphonal, are the best hypnotics, as they are not attended by the risk of starting a habit which is hard to break.

(3) *Antipyretics.* Medicines which control and reduce the temperature in fevers, also applied to other measures such as cold sponging, wet packs, baths.

Effects. The drugs usually given for these purposes are known as "Diaphoretics," and increase the action of the skin, producing sweating. Opium acts powerfully as a diaphoretic, especially when in combination with ipecacuanha, as in Dover's powder, and alcohol has similar properties. Diaphoretics are of great service in many diseases, but in certain circumstances, however, particularly in the form of baths, may be unsafe, especially where there is any affection of the heart or lungs attended with embarrassed respiration.

(4) *Mydriatics.* Drugs which produce dilatation of the pupil. Belladonna and cocaine are well known examples.

Effects. Atropine—the active principle of belladonna is widely used in eye diseases. It is said to be used as a cosmetic to give ladies' eyes a full, lustrous appearance, but in addition to this effect it temporarily impairs vision by paralyzing accommodative power, which is the faculty possessed by the eye of altering its refractive power so that rays of light, whether from a near or distant point, are brought accurately to a focus on the retina.

In eye troubles it is used to dilate the pupil for more thorough examination of the eye interior, or to draw the iris away from wounds and ulcers on the centre of the eye; it also soothes the pain due to light falling on an inflamed eye, and is further used to paralyse the ciliary muscle and so prevent accommodative changes in the lens of the eye while the patient is being tested for spectacles.

(5) *Narcotics* and *Hypnotics* are practically synonymous. For the relief of pain, drugs known as "Anodynes" are used. Hyoscine, chloral hydrate, chloralamide, paraldehyde, sulphonal, cocaine, trional, quinine sulph., and many other useful drugs come under this heading. Head massage, electrical applications, &c., are useful in insomnia.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Phœbe Goddard, S.R.N.; Miss Henrietta Ballard, S.R.N.; Miss P. Thomson.

NURSING ECHOES.

Her Majesty the Queen inspected the Scottish nurses of Queen Victoria's Jubilee Institute for Nurses at Holyrood Palace on the afternoon of July 17th. The inspection took place on the north lawn, about 330 nurses being present, and a very fine body of women they appeared; so beautifully neat and simple, their skilled work evidently of the greatest possible value to the community. They had come from all parts of Scotland, some from as far as Orkney, the Hebrides, Ross-shire, and Inverness-shire, and were drawn up to form three sides of a square, their blue uniforms making a striking contrast in the brilliant sunshine to the gaily-hued dresses of the garden-party guests, who streamed past. Her Majesty, accompanied by the Duchess of York and members of the suite, walked right along the line of nurses, speaking to many of those wearing medals, asking where they worked, and congratulating them on their long service. Long-service badges were thereafter presented by the Queen to the following nurses:—Miss M. M. White, General Superintendent for Scotland; Miss E. A. Garden, Superintendent of the Clydebank Nursing Association; Miss J. Allan, Aberdeen; Miss I. Austin, Bearsden; Miss J. R. Baird, Health Visitor, Middle Ward of Lanarkshire; Miss H. Beekie, Colinton; Miss L. Bennet, Abercorn; Miss S. Buchanan, Clydebank; Miss M. J. Chappelow, Glasgow; Miss S. E. Clarke, Largs; Miss R. G. Law, Berwick-on-Tweed; Miss E. M'Calman, Perth; Miss C. M. Macdonald, Aberdeen; Miss E. Macpherson, Falkirk; Miss T. D. Purvis, Cockpen and Lasswade; Miss M. A. C. Smith, Liberton and Gilmerton; and Miss M. Wallace, Glasgow.

The Countess of Mar and Kellie, chairman of the Council, thanked Her Majesty for having received the Queen's Nurses at Holyrood, and for having so graciously inspected them. Her Majesty, in replying, said it had given her great pleasure to see the Queen's Nurses, as she knew and appreciated the great work which they did throughout Scotland. Her Majesty very graciously invited all the Queen's Nurses present to attend the garden party.

When we think that these highly trained, skilled and devoted women—many of them have come forward to establish the State Register in Scotland—owing to the elimination of "training" as necessary for registration, will now be classed with untrained

persons, it makes one wonder what would happen to the sick poor if our invaluable Queen's Nurses left them to the tender mercies of the ignorant and interested persons who, refusing to make themselves efficient, are greedily pushing forward to nurse the rich for gain. We fear this dangerous competition will discourage hundreds of the type of women we need from entering hospitals for training.

Her Royal Highness Princess Mary Viscountess Lascelles received a most enthusiastic welcome when she visited the Whipp's Cross Hospital at Leytonstone to distribute the medals and certificates to nurses who have undergone three years' instruction in the nurse-training school.

Her Royal Highness, who was accompanied by Viscount Lascelles, K.G., D.S.O., and attended by Miss Dorothy Yorke, was received by the Chairman of the West Ham Board of Guardians, Mr. S. Bulling; among those presented to Her Royal Highness were the Medical Superintendent, Dr. J. C. Muir, and the Matron, Miss Letitia S. Clark, S.R.N., who at once conducted the visitors to "Babyland"—two children's wards.

The Chairman, in inviting the Princess to present the medals and certificates, said that everyone who left that school carried with her the determination to live and work in a way that would be a credit to the training school where she had spent so many happy years in work and study.

Her Royal Highness then presented the medals and prizes to the following recipients:—Agneta Irene Webster (gold medal), Norah Handley (silver medal), Doris Vivian Gray (bronze medal). Certificates: Margaret Anne Caddy, Mary Bennett, Irene Maud Shipman, Christina Emily Bateman, Elizabeth Clarke Anderson, Elsie Mary Pearce, Florence Amy Austin, Emma Lottie Short, Alison Potter Maxwell, Margaret Loder Walden, Doris May Hodgson, Madeline Rosa Hills, Charlotte Temple, Daisy Winifred Trewin, Hannah Ada Hobbs, Marie Stuart Macpherson, Alice Dorothy Buchanan, Victoria Louise James, Ivy Annie Gertrude Appleton, Mary Angus, Winifred Douge, Pauline Alice Gertrude Allt, Winifred Mary Frost, Ethel Josephine Fulcher.

Mr. G. A. Paul, Father of the Board, moved a cordial vote of thanks to the Princess, and Viscount Lascelles, responding on her behalf, said he had been asked by Princess Mary to say that she devoutly hoped that every nurse who had received a certificate that day would rise to the very top of her profession.

Mrs. Murry, Vice-Chairman of the Hospital Committee, when seconding a vote of thanks to the Chairman, said that their nurses were appreciated all over the Union area. Although they might hear complaints about various departments, everyone always said how splendid the nurses were.

Before leaving, Princess Mary took tea on the verandah, and asked the Matron many questions about the work of the hospital, in which she appeared deeply interested.

Princess Louise, Duchess of Argyll, distributed long-service Badges to the Queen's Nurses at the meeting of the Council of Queen Victoria's Jubilee Institute, which was held at 58, Victoria Street, on Wednesday afternoon.

The Mental Hospitals Committee of the London County Council have reported to the Council that they have authorised the printing of a booklet of instructions, prepared by the Medical Superintendents, as to the basic principles of mental nursing, for issue to all probationer nurses on joining the mental hospital service. Congratulations to the Mental Hospitals Committee and L.C.C. Mental Nurses.

Writing on "War Memorials in London," in the *Observer*, Mr. Paul Waterhouse says: "Sir George Frampton's great and conspicuous work which between the National Gallery and St. Martin's Church immortalises the memory of Nurse Cavell can perhaps hardly claim the name of war memorial though it is a memorial of the war. Whether the almost too direct portraiture of the heroine and her uniform, contrasting sharply with the conventionality of the symbolic mass against which she stands, will always satisfy I am not sure. When dirt has toned the allegoric background and left the white marble to its enduring whiteness the effect may be too startling. On the other hand, it may be that this after-effect is the very one at which Sir George has aimed. In any case, the whole work is work of the kind we need. It has courage and enthusiasm. Once in Ireland I asked the way of a policeman, and he answered, 'Turn to the left, your honour, after you have met a statue.' How few statues there are in London that one meets!

"One cannot fail to meet Nurse Cavell; you dare not meet her without a respectful homage. In fact, the sequence of emotions is notice, surprise, salute, and finally a curiosity of the very kind that all sculpture should evoke. This sculptor, one says, has been *thinking*;

let me draw nigh and think with him. It is then and thus that the message of the mystery in the crowning stonework breaks in and sinks in."

The lengthy and somewhat acrimonious correspondence being carried on in the *Palmers Green Gazette*, on the ethics of the Southgate Queen's Nurses' Association, gives cause for reflection. It seems well-to-do people pay 10s. 6d. a year and enjoy the services, when ill, of the Queen's Nurse. There would appear to be no reason against such an assurance against sickness, so long as the well-to-do pay the whole of the cost of the nurse. But do they? That is the principle under discussion. Otherwise these well-to-does are enjoying their nursing below cost price, and other subscribers to the Association make up the deficit. We have no doubt, in the future, our suggestion for a national insurance of all classes against sickness will come into practice, but it must be on a sound actuarial basis, and not bolstered up by any system of charity. "Pay as you go" is our policy.

The Royal Derby and Derbyshire Nursing Association combines district and private nursing, having a staff for work in each branch. The fifty-eighth annual report shows a surplus which will enable the Board of Management to add another £500 to the Nurses' Pension Fund, which now stands at £9,207. Additional land has been purchased in connection with the Queen Mary Nursing Home, providing a suitable site for a future Nurses' Home.

The staff now numbers sixty-eight. Last year there were 448 calls for private nurses, and they had been able to supply 372. At the Nightingale Nursing Home 314 patients were admitted to the private wards, and there had been 361 cases in the maternity wards, of which fifty-eight were private. In the Queen Mary Nursing Home there had been 122 cases.

With regard to district nursing, 61,498 visits had been paid in Derby, and 17,219 in the outlying districts. The Association had now 1,026 babies on the child-welfare books.

At the annual meeting presentations to nurses for long service were made, as follows: Purse of £20 for twenty years' service to Nurse Cooper, and Bibles for seven years' service to Nurses Kingston and Cody.

The Devon Education Committee, at its meeting on June 28th, had under consideration

a request from the County Council to consider the question of co-operation with the Devon Nursing Association, with a view to economy and greater efficiency in the work of nursing in the schools.

Miss Bere said that some years ago the nurses had charge of the schools, and it was an utter failure, the reason being that out of 170 nurses employed in the county only twenty were trained. They could not give the necessary attention to the schools because their time was fully occupied.

Mr. T. Batting dissented, and said that the County Council were very keen that the services of the district nurses should be utilised for nursing in the schools. The 170 nurses were costing the county £3,400 a year, and the twenty health visitors £4,000. The Council thought the number of district nurses should be increased, and of health visitors decreased. He moved that the question be referred to the Medical Sub-Committee for report, and this was eventually agreed.

We hope the Medical Sub-Committee will recommend that the nursing in the schools shall be in charge of registered nurses. It appears incredible that any other persons, whether untrained nurses or health visitors, should be entrusted with this responsible national duty.

The National League of Nursing Education, U.S.A., recently held its Twenty-ninth Annual Convention at Swampscott, Mass. A splendid programme had been prepared.

We wish some educationalist would ship our reactionary G.N.C. across the ocean, so that they might attend such a meeting, which was educative in the highest degree. Let us hope they would return in a chastened frame of mind!

Miss Berjlot Larsson, the President, has sent a cordial invitation from the Norwegian Council of Trained Nurses to a representative of the National Council of Trained Nurses of Great Britain and Ireland to attend a great Scandinavian Congress of Nurses, which will take place in Christiania from August 6th to 10th, as an honoured guest. About 1,000 participants are expected from Denmark, Finland, Norway and Sweden. It would be a delightful opportunity of coming into contact with our colleagues in these countries, and of seeing Norwegian hospitals and institutions.

The Norwegian Council of Trained Nurses is a very democratic body, with whom it would do us all good to come into touch.

THE INTERNATIONAL IDEA.

The essential idea for which the International Council of Nurses stands is self-government of nurses in their associations, with the aim of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit of their members. The International Council of Nurses does not stand for a narrow professionalism, but for that full development of the human being and citizen in every nurse, which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her.

Next year it will be a quarter of a century since the foundation of the International Council of Nurses, and the younger generation of nurses may not all recognise its significance, or be familiar with its history. We realise this on reading an article in *The World's Health* (a monthly review published by the League of Red Cross Societies) by Miss Katherine M. Olmsted, who through membership of the American Nurses' Association is herself a member of the International Council of Nurses.

International Council, Founded in 1899.

We owe our International Council of Nurses, its inspiration, the broadening of the outlook of so many nurses, the professional and social pleasure of its meetings and congresses, and its increasing power of usefulness to nurses all the world over, to the prevision, acute mind, and constant thought for the welfare of the Nursing Profession at large, which has characterised the professional work, and nobility of purpose, of Mrs. Bedford Fenwick for the last forty years.

It was at the Annual Conference of the Matrons' Council of Great Britain and Ireland, held in London on July 1st, 1899, during the Congress of the International Council of Women, when representative nurses were present from the United States of America, South Africa, New Zealand, Holland and elsewhere that Mrs. Bedford Fenwick spoke on the International Idea, and of the strength which can alone be obtained by union. "This union," she said, "has been commenced in this country and in the United States. It remains for the nurses of other lands to follow our example, and unite among themselves; but I venture to contend that the work of nursing is one of humanity all the world over, and it is one, therefore, which appeals to women of every land without distinction of class, or degree, or nationality. If the poet's dream of the brotherhood of man is ever to be fulfilled, surely a sisterhood of nurses is an international idea, and one in which the women of all nations, therefore, could be asked and expected to join. The work in which nurses are engaged in other countries is precisely the same as that in our own. The principles of organisation would be the same in every country, the need for nursing progress is the same for every people, and my suggestion briefly is, therefore, that we should here, and to-day, inaugurate an International Council of Nurses, composed of representatives of the Nursing Councils of every country, a body

which shall in the first place help to build up Nurses' Councils in those countries which do not now possess any nursing organisation at all, which shall afford to those countries the information acquired in England and America in the progress and development of our work, aiding them with our experience, helping them to avoid the difficulties which we have met.

"I beg, therefore, to propose:—

"That steps be taken to organise an International Council of Nurses."

This was seconded from the chair by the late Miss Isla Stewart, then Matron of St. Bartholomew's Hospital, London, and President of the Matrons' Council of Great Britain and Ireland, supported by Miss M. Huxley, the pioneer of higher education for Nurses in Ireland, and carried by acclamation.

The nucleus of a Committee was then formed, and at its meeting on the following day a very representative Committee, representative of nurses in the United Kingdom, the United States, Canada, New Zealand, New South Wales, Victoria, Holland, Cape Colony, and Denmark was formed.

A Draft Constitution was subsequently drawn up and submitted to members of the Provisional Committee unable to be present, and adopted in 1900.

Professional Membership Basic Principle.

From the first membership has been open to any National Council of Nurses, formed of representative societies and institutions of nurses, provided that their constitution be in harmony with the basis of the Constitution of the International Council of Nurses, that is that they are composed of professional nurses. The National Councils, in their turn, gather up the Associations of Graduate Nurses, and thus is formed a strong body of representative nursing opinion wherever nursing is organised, as each National Council has the right to send four delegates to the Triennial Meeting of the Grand Council of the International Council.

Further, the Constitution provides that "in all countries where a National Council of Nurses is not already organised or federated with the International Council, some representative nurse shall be elected by the Executive Committee to represent her country as Hon. Vice-President of that country in the International Council, until such time as a National Council shall be fully organised and eligible for membership in the International Council."

No Rule is laid down as to the extent of the training which nurses must have before their National Councils are eligible for admission to the International. Provided that the National Councils are composed exclusively of Trained Nurses, and their Constitution is in harmony with that of the International Council, each National Council is left perfectly free to decide its own professional and domestic problems.

The provisions in the Constitution of the International Council referred to above will, when

understood, provide an answer to points raised by Miss Olmsted in the course of her article as to the power of the International Council of Nurses to meet the need of many European countries for better nursing, and fuller organisation of nurses recognised since the Great War.

Miss Olmsted writes: "What an immense step forward would be realised if all the knowledge and experience available could be brought to bear upon the creation of a more perfect understanding between nurses of all nations with a view to the development of a more efficient nursing service for the peoples of the world! If a simple and effective organisation could be devised to carry into the remotest corners of every country a word of stimulation to the friends of nursing, and a message of hope and encouragement to the pioneers of the profession, what an increase, not only in numbers but in efficiency, would accrue to our world-wide nursing strength. The services which members of our profession can render in countries which are now for the first time demanding trained nurses need be limited only by their own vision."

She goes on to speak of the International Course in Public Health Nursing organised by the League of Red Cross Societies, which has already trained 48 nurses from thirty-one different countries in its International Course in Public Health Nursing. "Each one of them has the same aim, to build up a better nursing service for the people of her country. Those who have watched this experiment can have no doubt of the need and value of a strong international link between nurses of all countries, irrespective of the present strength of the different national nursing associations, which are naturally weaker in the countries which most need help."

She refers to the increasing number of international organisations which are now assuming responsibility for the development of schools for nursing, and for public health nursing, in various countries, but says, "No machinery exists for combining their different experiences, and co-ordinating their activities. There does exist, however, an International Council of Nurses. . . ."

Here, let it be said, that the machinery for which Miss Olmsted is seeking is ready to hand.

1. It provides opportunities for nurses to meet together from all parts of the world to confer upon questions relating to the welfare of their Patients and their Profession.

2. In cases where a National Council of Nurses is not organised it provides for the appointment of a representative nurse to represent her country as an Hon. Vice-President in the International Council.

3. Although membership of the Council is restricted to trained nurses, and voting power in the Grand Council and at Congresses is naturally limited to those in affiliation with it, the widest opportunities have always been afforded not only to trained nurses to attend as fraternal delegates, but to doctors, and others interested in nursing to participate in these gatherings. At the last Congress, held in Cologne in 1912, the nurses of

23 countries from Europe, Asia, Africa, America and Australasia met in professional Conference and Social intercourse, and no one present then, or at the previous Congresses in London, Paris, Berlin and Buffalo will ever forget their inspiration or doubt the power of the International Council to meet the needs of nurses.

Our first Hon. Secretary, Miss L. L. Dock, to whom the Council owes an immeasurable debt of gratitude, wrote at that time:—

"Our leaders point the way, and each member gives of her experience and knowledge. We learn from one another, and take home fresh material of worth and use. Vigorous natural growth is then seen on all sides; inspiration is contagious, and in spontaneity and freedom is the security that our work as professional women shall not be fettered and trammelled, nor cast in shapes of rigid formalism and of timid subserviency. Immense is the courage and reassurance gained in co-operation. Well was it said by an American patriot in a time of trouble: 'If we do not all hang together we shall all hang separately.' So would it undoubtedly be in our work of building up the science of health nursing; still more in our defence of good standards in sick nursing. Were it not for the links which unite us together, and which enable us to draw upon the fortitude of all, progress would halt or cease altogether.

"It is easy to see why the enemies of women's higher advance seek first of all to keep them isolated from one another, to throw barriers around and between, to choke free union among women. But the day is gone past when that can be successfully done. Having once learned to know one another, and to share aspirations and ideals in work, women will never again consent to give up the joy of co-operation with one another in the furtherance of those ideals."

Since 1912 the International Council has convened no Congress. That arranged to be held in San Francisco in 1915 was prevented by the Great War, and only business meetings were held in Atlanta in 1918 and in Copenhagen in 1922. In 1925 we hope to have the joy once again of one of these great International gatherings in Helsingfors.

Articles inspired by the League of Red Cross Societies are appearing in the public Press in this country which, in my opinion, foreshadow a desire for the absorption of the Professional Nurses' International Organisation by the League of Red Cross Societies, which is not a professional, but a social organisation governed by the laity. Any such attempt to deprive the International Council of Nurses of self-determination would naturally be opposed by those National Councils which realise the danger to independence and self-government which would inevitably result.

As I have shown, the most friendly co-operation is permissible under the constitution of the International Council of Nurses with all International Organisations working for the betterment of the Public Health, such as the League of Red Cross Societies, the International Congress on Tuberculosis, and the International Social Hygiene Con-

ference, which are all doing useful work; but, with Miss Lavinia Dock, I consider that it is entirely through the strength and prestige of professional organisation that our nurses reach the position, dignity, and influence which enables them to be useful in mixed organisations.

Any policy of fusion with lay-controlled organisations would rapidly submerge our great Professional International Council of Nurses and render it useless as the Nurses' voice in the affairs of humanity.

MARGARET BREAY, S.R.N.

(Hon. Treasurer International Council of Nurses.)

GENERAL NURSING COUNCIL FOR SCOTLAND.

At a meeting of the General Nursing Council for Scotland, held at 13, Melville Street, Edinburgh, on July 6th, 1923, the recommendations of the Uniform Committee were considered. It was resolved that subject to the consent of the General Nursing Council for England and Wales, the Uniform to be adopted should be the same as that adopted in England, with the following exceptions:

Buttons to be bone, plain black.

Hat trimming to be navy blue ribbon without any woven badge.

Details in regard to the supply of material, &c., will be published later.

The Council decided to adhere to their previous resolution in regard to the letters to be used to designate a Nurse on the different parts of the Register, namely:—

R.G.N. .. Registered General Nurse.

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.N. .. Registered Fever Nurse.

The Council considered a proposal to adopt the letters proposed to be used in England to designate a Registered General Nurse (S.R.N.), but considered that these were not desirable as a Nurse on any supplementary part of the Register might be equally entitled to style herself a State Registered Nurse.

The following resolutions were adopted in regard to the issue of the Badge:—

(1) That the design previously decided on (a St. Andrew Cross in white on blue enamel with a silver border containing in raised letters the words "Registered General Nurse," "Registered Male Nurse," or as the case may be), be adhered to, with the addition of the word "Scotland" below.

(2) That the offer of Messrs. Brook & Son, Jewellers, 87, George Street, Edinburgh, to supply the Badges in Silver at a price of 4s. 6d. be accepted.

(3) That the Badge be obtainable from the above Firm by a Nurse on receipt of a voucher to be issued by the Registrar to each Registered Nurse.

(4) That on the back of the Badge there should

be engraved the name and registered number of the Nurse.

Badges not yet Available.

We are invited to draw attention to the fact that it will be, in any case, some weeks before the Badge is ready for issue, and that no applications for Badges need be sent to the office of the General Nursing Council for Scotland, or to the jewellers meanwhile.

Term of Grace Expires on July 29th.

We are asked to remind Scottish Nurses that the last date for receiving applications from Existing Nurses expires in Scotland on July 29th.

In reply to a letter from a Scottish Registered Nurse, the Assistant Secretary of the Scottish Board of Health informs her that the English Rule, that is, Rule 9 (1) (g), which was superseded by Dr. Chapple's so-called modification, "was approved by the Scottish Board of Health on May 2nd last. This Rule has not yet been submitted to Parliament, but this will be done at an early date."

This means presumably that the Scottish Register is also to be thrown open to untrained persons, on Dr. Chapple's terms. As the proceedings of the General Nursing Council for Scotland are not open to the Press, the nurses on the Scottish Register will know nothing of it until too late to protest.

REGISTER CLOSED TO EXISTING NURSES IN ENGLAND AND WALES.

On Saturday last, July 14th, the Register was closed, according to the provisions of the Nurses' Registration Act to Existing Nurses, and no applications which are received at the office of the General Nursing Council after that date can be legally considered.

That is the law.

But to judge from a letter shown to us, the law in this particular may be evaded, as it has been in others; and as the Nurses' Registration business is done *in camera* no one will be any the wiser, as at the present rate of registration under the Riddell régime, years may elapse before such applications are dealt with. The Register to contain the names of those registered up to December 31st, 1922, and due in January, 1923, has not yet been published; and, as we hear thousands of V.A.D.s and untrained persons have during the past few weeks simply bombarded headquarters with applications, one can imagine the "meticulous and ridiculous" condition of our registration affairs.

In this connection we regret to hear that Miss Davies, the Registration clerk, has resigned. We are not surprised.

This office has proved a most onerous one, and the work has had to be done under almost impos-

sible conditions. Moreover, whilst Miss Davies, a well-qualified Registered Nurse, after three years' exacting work, is only receiving a salary at the rate of £250 a year, the unprofessional clerk, from University College (recommended by Sir Cooper Perry) has been appointed as Examinations Officer at a commencing salary of £375, rising £400, and it is not astonishing that this job has aroused the deepest indignation throughout the Nursing world and much comment at Headquarters.

The compilation of the Nurses' Register is highly expert professional work. In our advertising columns will be found the terms upon which Registered Nurses may apply for the post of Registration Clerk. The salary remains at £250 per annum. That is £125 less than that given to an unprofessional woman for less responsible work.

NURSES BULLIED IN CAMERA.

Miss M. E. Wiese, R.M.N., an independent member of the General Nursing Council for England and Wales, does not hesitate to express her opinion on its methods in the Press. And very wisely. Honour where honour is due, but when a Statutory Body governs with hoofs down, and bullies nurse members *in camera* who object to its autocratic rule, publicity is the only hope, and we congratulate Miss Wiese in not being over-squeamish in using her pen in protest.

QUESTIONS IN THE HOUSE OF COMMONS.

WALTHAMSTOW HOSPITAL DEATH.

JULY 12TH.

MR. GROVES asked the Minister of Health whether he will inquire into the circumstances attending the death of Mr. Charles P. Keating, who was given an overdose of atropine at the Walthamstow hospital; and whether, as this circumstance has taken the bread-winner from the home, he will take some means of ensuring the future of Mrs. Keating and her seven children, who are all under 14 years of age?

LORD E. PERCY: My right hon. Friend has no jurisdiction to order such an inquiry as the Hon. Member suggests.

REMARKS.

We referred last week to the death from poisoning by atropine, "accidentally administered," of two unfortunate young men by a probationer at Walthamstow General Hospital. Mr. Groves' question to the Minister of Health proves how terrible will be the result to Mrs. Keating and her seven children, left as they are without the support of husband and father.

But Lord Eustace Percy's reply is very significant, and the excuse of "no jurisdiction" is always the reply of the Ministry of Health where

the voluntary hospitals are concerned. How long will a system be tolerated where irresponsible hospital managers continue to have autocratic power over sick persons, as the managers of our voluntary hospitals have? It is high time the sick and the nurses were protected. Because one man is rich and helps to govern a hospital, and another man is poor and accepts charity in sickness in such an institution, that is no reason why the life of the latter should be sacrificed without redress. Probationers in training have a right under the Registration Acts to a "prescribed" system of "training" to fit them for their responsible duties; and it is high time the Ministry of Health ceased to trifle, with this important provision, and to support Sir Wilmot Herringham, Chairman of the General Nursing Council, together with ignorant Poor Law Guardians, in depriving probationers of systematic instruction and training—thus leaving them at the mercy of inefficient and unsafe methods of instruction, and the risk of "accidents" through ignorance, which may result in such tragedies as the deaths at Walthamstow. Who can gauge the mental anguish and the terrible remorse of a young probationer who inflicts such grief and suffering upon widows and orphans as that on Mrs. Keating and her young family. A tender-spirited girl would suffer life-long sorrow for such a preventable death. It is the duty of the Ministry of Health to minimise such risks.

LEAGUE NEWS.

The next meeting of the Royal Northern Hospital Nurses' League will be held in the Board Room of the Hospital, on Saturday, July 28th, at 3 p.m.

We congratulate the members of the Isleworth Nurses' League, in connection with the West Middlesex Hospital, on their admirable *Journal*, just issued, on fine paper, and excellently printed.

Especially is it to be congratulated on the many interesting letters which appear under the heading of "Correspondence," from such varied places as Nantes; Middleburg, U.S.A.; Rhodesia; and Natal; as well as from nurses travelling, or stationed, in Vancouver and India, and on a voyage to Singapore. One correspondent relates her experiences at a Routine Medical School Inspection, how one mother begged that her child might not be examined, and, on being asked why? replied, "Because she is sewed up for the winter."

Here is a dialogue between a doctor and another small child. Doctor: "How old are you, sonnie?" Sonnie: "I'm five." Doctor: "When were you five?" "On my birthday." Doctor: "When was your birthday?" Sonnie: "When I was five."

The Matron (Miss Huggins) and all concerned have every reason to be proud of their *Journal*.

THE RIGHT TO "PRESCRIBED" TRAINING.

We congratulate the Royal Infirmary (Leicester) Nurses' League upon its sound judgment in demanding "prescribed" training as provided in the Nurses' Acts, and hope all other Leagues of Trained Nurses will also take action. It is useless to hope for justice and progress unless the organised nurses themselves take the initiative and make their professional opinions widely known.

NURSING PROGRESS IN ITALY.

A letter appeared in our issue of March 17th last, signed by a number of certificated Sisters at the Policlinico Hospital in Rome, trained in the "Regina Elena" School of Nursing. They took some exception to the report of their School given in a paper on "Nursing Conditions in Italy" read before the Grand Council of the International Council of Nurses at Copenhagen in 1922, and gave some further details of their work and Nurses' Home, and stated that Signorina Maria Valenzano, who read the paper, was not a trained nurse.

This letter has aroused a protest in the *Bollettino*, the official organ of the *Associazione Nazionale Italiana Tra Infermiere*, and we are informed that Signorina Valenzano is a fully trained nurse who has held important nursing positions, and is greatly respected in and outside the profession.

Italy, that is to say, the Italian women themselves, are just beginning to study and seriously organise nursing. Naturally, this great work of founding a profession will take time, and all Schools will not be based on Nightingale standards as we realise them in England to-day. Time must be given to develop, and national idiosyncrasies be permitted scope. Temperament, national habits, religion, all have to be considered in this question of preventive and curative nursing—and we know, now, in England, what a terrible struggle it has been to attain to any efficient standard, and to secure to our probationers just conditions and efficient teaching. Indeed, are we not struggling still against the almost overwhelming power of privilege and reaction?

Italian matrons need not worry so long as they realise that they have an uphill fight before them. We did congratulate the "Associazione" on its courage in passing a resolution asking for State organisation, examination, and a Nursing Diploma after three years' training. This is a fine standard to aim at, and we hope our Italian colleagues will soon attain it.

SYLLABUS OF COURSE FOR SISTER-TUTORS AT LEEDS UNIVERSITY.

This course will be open to fully-trained Nurses who have taken, or are prepared to take, the Diploma in Nursing of the Leeds University. The course will extend over a session (three terms) of thirty-two weeks. The proposed course will be very comprehensive, and will include the following subjects:—General Science; Anatomy, Physiology and Pathology; Theoretical and Practical Teaching; Visits to Maternity and Infant Welfare Centres; Hygiene Excursions; &c., &c.

During the first term there will not be so many lectures to attend in order that the student may have time in which she can prepare for the Diploma in Nursing Examination, which can be taken in December or June, if she has not already taken it.

The fees for this course will be £35, plus £10 10s (ten guineas) for the Diploma in Nursing, Registration and Examination fees, and £3 for the course in Social Economics required for the Diploma in Nursing. This sum will include Students' Union fees.

Fees for residence in the University Halls are from £56 to £65 per Session.

PROPOSED SYLLABUS.

Part 1.—General Elementary Science. The elementary facts of Chemistry, Physics, Zoology, and Botany, in relation to vital phenomena. First and third terms, one half-day per week; second, two half-days per week.

Part 2.—Anatomy, Physiology, Pathology.

Practical work and demonstrations in the second and third terms at hours to be arranged.

Part 3.—Education—Courses of instruction in:—

(a) The History of Education—1 hour per week during session.

(b) Educational Psychology (theory of the work)—1 hour per week during session.

(c) Experimental Education (with practice in laboratory)—1 hour lecture a week; 1½ hours laboratory (experimental psychology laboratory).

(d) Principles of Education—40 hours during session on principles; 20 hours on special method in teaching, cookery, general elementary science.

(e) Practical Teaching—1 half-day per week during session (including demonstration or criticism lesson, and practice in giving lessons, and visits to special Schools and Institutions).

First term, practice not so great owing to Diploma work; more concentration in second and third terms.

OVERHEARD AT A V.A.D. CLUB.

V.A.D. 1: Just like their cheek! Here's a private nurse got a month for wearing "a colourable imitation" of our uniform—buttons, badges and ribbons all complete."

V.A.D. 2: Serve her right. It's coming to something if these creatures are to be confused in the public mind with us.

V.A.D. 1: Just filled in my application for State Registration. Took care to get it in in time.

V.A.D. 2: So have I. Dr. Snobbery says it will save explanations with his private patients if we wear Registered Nurses' Uniform and Badge and write S.R.N. after our names.

The Editor will be pleased to receive dried lavender for distribution to hospitals, if kind people can spare any.

INTERNATIONAL COURSE OF TRAINING FOR PUBLIC HEALTH NURSES.

(Continued from page 27.)

PRESENTATION OF CERTIFICATES AT BEDFORD COLLEGE.

ADDRESS BY MISS ELIZABETH FOX.

Miss Fox, who addressed herself to "My Colleagues in Public Health Nursing," said they could not begin to appreciate how provincial they were until they got outside their own country. She herself had travelled much in America, but she did not begin to understand how provincial she was until she crossed the Atlantic. "Students," she said, "you have much to teach us as we you." There were many varieties of Public Health Nursing. She would speak of that with which she was acquainted—the American concept of the Public Health Nurse; and the education she required. If she spoke with a bias in favour of the system in her own country, it was because she knew it.

The other day, speaking in the House of Commons, Mr. Neville Chamberlain said that considerable progress had been made in public health work, but he said also that there was much still to be done, and that it would be a mistake to slacken effort. What was true in England was true also in the United States of America. It was not reassuring that we should have the high death-rate which we did have. We had, however, made enormous strides in the field of nursing, and we had in our possession knowledge enough to reduce the death-rate considerably and to raise the standard of health provided that knowledge were applied, and not locked in text-books, laboratories, &c., until our knowledge was in the possession of the man in the street, the mother in the home, and the little child. What was needed was an agent to take this knowledge individually to the homes of the people, and in the United States of America they felt they had found her in the Public Health Nurse, The Public Health Nurse as she conceived her to be was the Family Health Nurse, to whom were assigned three tasks:—

1. *Health Education* (Teaching Health).—They had passed out of the first phase—the campaign of instruction in sanitation—of popular education *en masse*. A certain amount of work could be carried on by means of lectures to large groups, but to impress upon people how to live according to the practices of hygiene was a different matter. If she asked each person in that room who was well, grounded in the principles of hygiene how much she practised them she doubted whether any one of them would pass.

It was necessary to have individual workers in homes to bring abstract hygiene within the comprehension of the community and to translate knowledge into practice. The task of the Public Health Nurse was to carry to homes and workshops those things which those living or working there ought to know. It meant everlastingly teaching elementary hygiene and applying the principles taught in a practical way.

2. *To Help in the Prevention of Disease.*—We were a long way from teaching prevention, but the Public Health Nurse had special opportunities in this connection.

The ordinary individual did not realise the early symptoms of disease, the nurse did, and, therefore, could connect the individual with medical treatment. Thus the great fatality of cancer was partly because the early symptoms remained unrecognised. There was an enormous opportunity for the Public Health Nurse to help in cutting down the mortality from this scourge.

3. Then there was the restoration of the sick to health by giving them nursing care. Ninety per cent. of the people were sick in their own homes; a very small percentage could afford private nurses, and the care of such people was largely a question for the Public Health Nurse.

The Public Health Nurse was the family health worker. You could not draw a defining line between a case of sickness in a house and a low grade of health of the other members because, often, they were intimately connected. To handle the family as a whole was a most constructive piece of work.

The nurse who came into the home in a time of sickness and anxiety reached the heart of the family as no one else could. Perhaps she had been in the home six or eight times caring for the baby with pneumonia. She discovered that one of the brothers suffered from tuberculosis, one of the children suffered from some defect of the eyes, and that the family did not know how to feed the youngest child. After gaining the heart of the family it was willing to listen to her advice, because it was given by one who knew what she was talking about, and who had given practical demonstration of her care for its interests.

The nurse of the sick, therefore, should also do the preventive work; and, if it was argued, that she had not time for it, that objection was to be met by giving her a small district.

What should be the preparation of the Public Health Nurse? First she needed a sound education. Some of the best Nursing Schools had quite a number of University Graduates as pupils. Public Health Nurses could not have too much knowledge. There must be a thorough scientific training for the nurses of the future.

The care Public Health nurses are able to give was gained through clinical experience in the wards of hospitals, and the great proportion of Training Schools now had an additional course in Public Health Nursing.

Most of the hospitals gave a three years' course of training; others were about to experiment as to a course including two years in a university, two years in a hospital, and one year in conclusion in the university, which included insight into social questions.

The schools had to meet two kinds of criticism: One, that they were over-educating nurses. This was feared by a certain section of the population and a few doctors. The answer to that was that if you were to be a messenger of health you must

understand the message you had to carry; formulas would not suffice. The second objection was that the spirit of nursing would be lost. The spirit of nursing was dear to nurses. Since the days of Florence Nightingale they had had a glorious tradition, and they were not going to do anything to lower it; but they wanted nurses who were more intelligent and more constructive, and there was no opposition between nursing and knowledge. To nurse meant to nurture, and nurses must give the most skilful and tender care, but they must go far beyond that. They must go to the bedside in the district, and while there must note the things which need correcting.

We must have a service shot through and through with a force of a spiritual nature, that spiritual conception which she had heard so beautifully expressed in words set to lovely music at St. Paul's Cathedral on the previous Sunday.

"To give light to them that sit in darkness and in the shadow of death, and to guide their feet into the way of peace."

Public Health Nursing meant that in England—meant it everywhere.

ADDRESS BY MISS KATHERINE OLMSTED.

Miss Olmsted said that the International Course in Public Health Nursing was designed to meet the needs of different countries:—

1. Those which had good Nurse Training Schools.
2. Those which, when the Training Schools were good, were not interested in Public Health.
3. Those countries in which nursing was not advanced at all.

From 32 different countries they had had nine students of the first group, 22 of the second, and 17 of the third. Miss Olmsted described visits which she had paid to past students in their own countries, and how much they had accomplished even after the short training they had received. She wished she could convey to her audience some of the thrill which went through her at the thought that these students would go back to countries where there was great indifference and great opportunities. Out of 31 nurses graduated before these last 25 were now doing Public Health work and three had returned to Training Schools.

She described a visit to Miss Christopher in Bulgaria and going out with her in a drosky to an orphanage. There was an uproar as the children swarmed round her, and she inquired what it was about. Miss Christopher told her they wanted a story, and she had told them how English boys washed their ears, and had found also this way of carrying home the fact that English boys brushed their hair.

Miss Christopher made a Health Study which was submitted to the Minister of Health, who said it was wonderful, and he did not understand how she could have learnt so much in one year. All the school teachers in Bulgaria were called together, and Miss Christopher would give instruction to them in health matters under the doctors.

In Hungary, 118 health centres had been started; when one of their students returned she was put

in charge of one of them. In six months she had demonstrated her capacity so well that she was put in charge of all of them, and would lecture to all the nurses. It was the aim of her life to start district nursing.

After giving other instances, Miss Olmsted said that there was fraternity in 32 countries between past students. Everyone was anxious to help. Englishwomen had something they must strive for; it offered a pattern of training and her whole life's work from now on would be to develop nursing on English methods. M. B.

APPOINTMENTS.

ASSISTANT MATRON.

Union Infirmary, Birkenhead.—Miss Mary L. Ratcliffe has been appointed Assistant Matron. She was trained at Brownlow Hill Infirmary, Liverpool; and has been Sister-in-Charge of the theatre at Southport General Infirmary.

NIGHT SISTER.

Royal Infirmary, Truro.—Miss Catherine Caveney has been appointed Night Sister. She was trained at the West Norfolk Hospital, King's Lynn; and has been Sister at the Guest Hospital, Dudley; and has also done holiday duty at the Royal Infirmary, Wigan.

HEALTH VISITOR.

Denbighshire County Council.—Miss Mary Williams has been appointed Health Visitor and School Nurse under the Denbighshire County Council. She was trained at the Royal Infirmary, Liverpool.

DISTRICT NURSE.

Perthshire Nursing Federation.—Miss Margaret Caruthers Thompson, Queen's Nurse, has been appointed Nurse under the Perthshire Nursing Federation. She was trained at Townley's Hospital, Bolton, Lancashire, and has been Queen's Nurse at Cragmire, Isle of Mull; and Kiltarlity, Beauly, and Newport, Fife. During the war she worked in Military Hospitals, both in London and Archangel.

BECKETT STREET INFIRMARY, LEEDS.

MEDALS FOR NURSES.

The prizes for the nurses who have been most successful in their final examinations were presented on July 9th, at Beckett Street Infirmary, Leeds, by Mrs. Lascelles. Amongst those present were Canon Lascelles, Mr. W. M. Wilkinson (Chairman of the Leeds Board of Guardians), Dr. Allen (Medical Superintendent), Miss H. Harkin (the Matron), and Miss E. Innes (Matron of the Leeds Infirmary).

In a short address, Canon Lascelles asked why all vagrants turned their steps to Leeds as soon as they felt unwell? It was because the nurses made the place so attractive. He urged those nurses who were now fully qualified never to forget their tremendous influence and responsibility.

In the theory section, Nurses K. O'Dornan and I. Marshall won the gold medals given by Mrs. Percy Leigh; and Nurse A. Fowler won the gold medal given by Mr. W. M. Wilkinson. For practical nursing, Nurses M. Heigold, M. Keating and P. Ingle won the first, second and third prizes respectively. The second year prize was won by Miss M. Scott, and the first year prize by Miss M. Nicholls. The following

nurses gained the Leeds Township Infirmary Nurses' League bronze medal on completion of the three years' course: A. Kelly, A. Dunne, K. Knowles, J. Ramsay, C. Keating, M. Johnson, K. Doyle, G. Robertson, and M. Hyndman.

A SAD EPISODE.

Winifred Neal, a Canadian nurse, pleaded "Guilty" at Folkestone Quarter Sessions on Saturday to attempting to commit suicide by jumping overboard from the Channel steamer *Biarritz*. The prisoner, after her rescue and arrest, told the police superintendent that she left Canada with 6,000 dollars, intending to spend it in seeing the world and then commit suicide. Mrs. E. H. Wood, a Canadian lady, expressed her willingness to take Miss Neal back to her sister in Canada, and the prisoner was bound over.

INSULIN NOW PROCURABLE.

Supplies of insulin, the cure for diabetes discovered by Dr. Banting, of Montreal, are now available to meet all demands, says the *Lancet*.

In consequence of the increase of output the British drug houses which manufacture insulin under licence of the Medical Research Council have reduced the price per dose from 2s. 6d. to 1s. 9d.

THE ROYAL SANITARY INSTITUTE CONGRESS.

The 34th Congress and Health Exhibition of the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1, is to be held at Hull from July 30th to August 4th, under the Presidency of the Right Hon. T. R. Ferens, P.C., J.P., High Steward of Hull.

Up to the present nearly 500 Delegates have been appointed, and many representatives of Public Health bodies are expected. The following Government Departments have appointed Delegates to the Congress:—The Admiralty, the War Office, the Board of Control (England), H.M. Office of Works, the Ministry of Health, and the Scottish Board of Health.

The Royal Sanitary Institute is doing most useful work, and, in addition to the Congress an Exhibition of Apparatus and Appliances relating to Health and of Domestic Use will be held in connection with it in the Wenlock Barracks, Anlaby Road. Excursions and visits to works have also been officially arranged by the Local Committee, and hospitality of various kinds will be provided so that the Congress should be both educative and enjoyable.

INTERNATIONAL SOCIETY OF SURGERY.

The Prince of Wales opened the Sixth Triennial Congress of the International Society of Surgery at the rooms of the Royal Society of Medicine, London, on Tuesday. Five hundred of the world's most famous surgeons, with Sir William Macewen as President, attended. Dr. Banting, the discoverer of insulin, had a great reception.

HOSPITAL WORLD.

So far £62,000 has been received at the Mansion House as the result of the church and chapel collections on Hospital Sunday.

Mr. Basil H. Pain, M.B., the Public Vaccinator, Tonbridge Union, advocates, in *The Times*, that the authorities should allow all qualified medical practitioners to apply for and use the excellent Government calf lymph in their private practices when vaccinating their patients. He believes if this were permitted it would help to stamp out smallpox. A very valuable recommendation.

The annual meeting of the British Medical Association will be held at Portsmouth from July 20th to 28th, under the presidency of Mr. Charles Childe, of Southsea. The representative body meets from July 20th to 24th, to discuss the politics of the medical profession and domestic matters.

Captain Elliott, M.P., Parliamentary Under-Secretary of Health for Scotland, will deliver a popular lecture on "Assimilation—or Food and Health."

Horsham Hospital, with thirty beds, which has been erected at a cost of £15,000, has been opened by Lord Leconfield. The Hospital takes the place of the Cottage Hospital, of twelve beds, erected in 1892.

Cocaine valued at half a million dollars, which had been sent out from Germany for distribution in Canada and the States, has been seized at Halifax, Nova Scotia, on instructions from Scotland Yard.

SPLINTERS FROM THE CROSS.

Little headaches, little heartaches,
Little griefs of every day,
Little trials and vexations,
How they throng around our way!
One great cross, immense and heavy,
So it seems to our weak will,
Might be borne with resignation,
But these many small ones kill.
Yet all life is formed of small things,
Little leaves make up the trees,
Many tiny drops of water,
Blending, make the mighty seas.
So these many little burdens
Pressing on our hearts so hard,
All uniting, form a life's work,
Meriting a grand reward.
Let us not, then, by impatience
Mar the beauty of the whole,
But, for love of Jesus, bear all
In the silence of our soul.
Asking Him for grace sufficient
To sustain us through each loss,
And to treasure each small offering
As a splinter from His Cross.

—From "The Canadian Nurse."

COMING EVENTS.

July 20th.—Meeting General Nursing Council for England and Wales, Ministry of Health, Whitehall, S.W. 2.30 p.m.

July 28th.—Meeting of the Royal Northern Hospital Nurses' League. Board Room of the Hospital. 3 p.m.

July 30th to August 1st.—Meeting Executive Committee, International Council of Nurses, Copenhagen, Denmark.

August 6th to 10th.—Scandinavian Nursing Congress, Christiania.

BOOK OF THE WEEK.

"BEANSTALK"*

There is an abundance of interesting material in Mrs. Henry Dudeney's book, and she well understands the art of story telling, so that those of our readers who enjoy light literature will have their tastes gratified in "Beanstalk." Though relatively we have classed it as light literature, it is by no means to be despised on that account; it abounds in human interest and charming, convincing description of country farming life. Just the book to take away for the holidays.

"Martha" is the unromantic name of the heroine, just twenty when the story opens, the only daughter of well-to-do suburban folk living at West Norwood.

"Martha and her mother were so alike—little, yet sturdy. They expressed in their bodies the healthy thickness of the name Martha. Petite, yet not airy. Mrs. Palliser, therefore, was already a bit squat, and Martha's legs were very plump. They had warm brown hair and warm brown eyes, with a complexion inclining to russet."

Not a very alluring description either, but Martha holds the field all the way.

She had the evening before become engaged to young Randolph, and was waiting for him to call for her and her parents in his new motor-car, and after the picnic luncheon on the Sussex Downs by the sea Randolph was to get papa's consent.

He did. All went well, and Martha had never been so happy in her life. She was so simple and young, so unaware of the many ingredients which go to make up joy and woe.

On the way back from this red-letter afternoon there was a motor accident. Father, mother, and young Randolph were killed, and poor happy little Martha badly injured. This concludes Part I.

Martha's godmother lived in her comfortable country fashion. She lived in a big house, and so gave a lot of work to the village and brought a lot of custom to the little shops.

She was full of kindness, complacence, and bustle. The villagers looked after her high cart, which she drove herself, and grinned.

On the occasion in question she was fussed about Robert Shoosmith's wife, who was on the

* By Mrs. Henry Dudeney. (W. Collins & Son, London.)

verge of her first baby. When it was born, poor ineffective Nellie and the child died, and Robert, who had a passion for fatherhood, considered the baby's death of the greater importance.

Robert lived at Beanstalk—half farm, half manor.

Martha's godmother, who preferred being called Sarah to Dorothy (her proper name), was typical of the old heaven and the old earth; she was the affable exponent of that idle grace which is gone for ever.

Martha, after many preliminaries, recovered her health and mental balance, both of which had been severely shaken, and came to stay with her godmother at The Grange, a house that had a chapter to itself in the guide-books.

Before long she met Robert Shoosmith, and she met him on the Sussex Downs, of which a charming picture is drawn. Poor little bruised Martha, with a heart still aching badly! He took off his cap with a friendly gesture, dignified yet also sheepish—the greeting of a man who welcomes the stranger.

Soon, quite naturally, they were walking along together. He sensed in her a curious sadness. He was sad himself. A lonely man. She also was lonely. They approached a flock of sheep.

"Know how to count sheep?" asked Robert, his face lighting up.

"One, two, three, four."

"Not a bit of it. Onetherum, twotherum, cockerum, quetherum, setherum, shatherum, wine-berry wigtail, tarry diddle den."

"Onetherum." Martha's round face was laughing.

The hedges stirred and twittered.

"Bedtime for birds," he said laughing, and Martha could see his even, white teeth. He lifted his cap, and with a queer mixture of the kingly and clownish, he went away as he had come.

To make a long story short, Martha married him, and despite their social difference they were a passionately loving couple.

The real tragedy of the story comes when Martha learns from the London specialist that as a result of her accident her chance of bearing children is very remote.

Robert's longing for fatherhood wages war with his devoted love for Martha, and she on her side is willing to forgo even her rights as a wife in order that he may have his heart's desire. But Robert, though sadly tempted, is too honourable and fine a man to accept the sacrifice she so desperately offers him.

At last she decides to go away for a period, and returns with the illegitimate child of a village girl which she and Robert agreed to adopt and pass off as their own.

He was a lovely child, and at eighteen months had completely absorbed his foster father and mother, who never admitted even to each other that he was not their own.

"He's getting heavy," said Robert, "but he can't grow too fast for me. I could do with twenty like him."

She and Robert idolatrously watched him carried away, and at the turn of the stairs he looked back, waving his fat hand.

That night the blow fell. The baby's real mother, in spite of her bargain, came to claim him.

Martha concealed successfully the child's disappearance with the same adroitness with which she had managed his advent.

He was taken suddenly ill; she had taken him to London to see a specialist; he had died, and was buried there; and the true facts of the case were still between her and Robert.

After all, the story ends happily, and our readers must discover for themselves the reason that it so does.

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 DEGRADATION OF THE STATE REGISTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

We received the following copy of a letter sent to the Hon. Sir Arthur Stanley by Dr. Chapple, M.P., too late for insertion last week, in which issue Sir Arthur Stanley's letter to Dr. Chapple was published.

Our readers may remember that in previous letters which passed between these gentlemen they arranged together in December last to degrade the General Part of the Nurses' Register, and break faith with the nurses who had registered under the then existing Statutory Rules, by providing a new Rule to admit untrained women to all the privileges which trained nurses had worked and paid for, in their demand for the protection through State Registration, of the public, from exploitation by ignorant untrained women, and of trained nurses who had conscientiously qualified themselves for their very responsible duties.

LETTER FROM DR. CHAPPLE TO SIR ARTHUR STANLEY.

House of Commons Library,
July 9th, 1923.

DEAR SIR ARTHUR STANLEY,—I thought I made it clear in my reply to you that I took your views and your letter to the G.N.C. to be the official attitude of the College Council on the question of existing nurses, and I was at some pains to justify my quotation from that letter. I had nothing whatever before me to indicate that you had changed your personal attitude, nor that your Council had changed its own, merely because the G.N.C. had turned the College down. I was at equal pains to show that all the nurses on the deputations took a wrong and selfish view, quite contrary to the one you yourself had made

known to me, and which the official letter revealed. I had intended to refer to this inconsistency in my speech in the House of Commons, and had notes on the point, but a colleague near me while I was speaking in the small hours of the morning, whispered that ten members would have to leave if the debate were prolonged, so I rapidly drew to a close, and was thus forced to leave the deputation's views unrecorded. If they think that I did them an injustice in not referring to their views as I had intended, I hasten to assure them that they need have no regrets.

Yours very sincerely,
W. A. CHAPPLE.

[We have exposed the venality and futility of the present majority of the G.N.C. and we need not further labour this point. For months, at the instigation of the College of Nursing, Ltd., they trifled with the contract Parliament had made with the nurses registered under the Statutory Rules approved by it—and finally drafted Rule 9 (1) (g), providing for the admission of Gamps up to 1930—an absurd and artificial restriction. Either *bona-fide* nurses had a right to register—or not. We maintain they could claim no such right, as the Nurses' Act specially grants the General Nursing Council discretion and directs it to satisfy itself as to the adequate knowledge and experience of the nursing of the sick, of persons placed on the Register. This responsibility the first Council realised and provided for, but the new Council packed by the College under the now notorious Rule 9 (a) and with a doctor as Chairman of the Registration Committee, in attempting to gratify the College Council, fell between two stools—as presumably it did not know of the ignoble compact made between the Chairman of the College and Dr. Chapple, M.P.]

Anyway, the prestige of the Chairman and members of the G.N.C. has entirely evaporated, and it has earned the well deserved contempt of the indignant nurses, whose rights and privileges it is too feeble to maintain.

But the statement in Dr. Chapple's letter to which we take the strongest exception is his untrue assertion that "all the nurses on the deputations (to the Parliamentary Medical Committee at the House of Commons) took a wrong and selfish view."

The deputations who placed their views concerning *their own professional affairs* before the Parliamentary Medical Committee (who were legislating for them without consultation), were the Royal British Nurses' Association, the Registered Nurses' Parliamentary Council, the Professional Union of Trained Nurses, and the College Council. The G.N.C., instead of maintaining its dignity as the Statutory Governing Body of the Nursing Profession, placed itself in the invidious position of defending its decisions before a private Committee of Medical M.P.s in the House—who have no jurisdiction over it whatever.

We placed our views before the Committee as a member of the Registered Nurses' Parliamentary Council, and the Memorandum handed in ap-

peared in our issue of May 19th. Not one line of that Memorandum supports Dr. Chapple's attack upon the integrity of the Registered Nurses. It is one long, well argued plea for the well-being and safety of the sick—by safeguarding them as far as possible from the dangerous ministrations of ignorant exploitation—safeguards of which Dr. Chapple and his supporters have deprived the sick public in their hour of need. To accuse the high-minded and altruistic women who have worked for years—and paid at least £30,000 out of their own meagre incomes for this purpose—of "wrong and selfish views" is an astounding perversion of the truth upon the part of Dr. Chapple, who, in our opinion, owes an abject apology to the leaders of the State Registration movement, whom he has so meanly attacked in his correspondence with Sir Arthur Stanley. Had he repeated such an unwarrantable statement in the House of Commons, trained nurses, to whom the public owes so much, would, let us hope, have found a champion to discredit so cruel a libel. —ED.]

TO CORRESPONDENTS.

NEVER RESIGN.

We have received a number of letters from certificated sisters and nurses this week intimating that they have withdrawn, or intend to withdraw, their names from the State Register. In the first flood of their natural indignation at the attack made upon their professional status by the Chairman of the College of Nursing, Ltd., and Parliamentary Medical Committee, and the miserable part played by their futile Governing Body—the General Nursing Council—we are not surprised; but we repeat once more the advice of the great Beaconsfield—"Never Resign." Of course, trained nurses will hesitate to wear the "protected" (what a farcical description) uniform and badge, fearing association with dangerously ignorant V.A.D.s and other exploiters of professional status; but, whilst deeply sympathising with the righteous indignation of honourable, well-qualified nurses, we say look ahead. Don't leave the care of the unfortunate sick to these greedy, irresponsible women. Refuse to work on equal terms with them. The attitude of Dr. Chapple and the Parliamentary Medical Committee in the House of Commons towards loyal and efficient nurses has strained the loyalty of the latter to breaking point, and will need some consideration by medical authorities, other than medical politicians, to heal the breach. Again we advise "Never Resign."—ED.]

OUR PRIZE COMPETITION QUESTIONS.

July 28th.—What do you know of psoriasis, the constitutional and local treatment usually prescribed, and the nursing care?

August 4th.—What are the duties of a District Nurse, attending a case of illness, towards the other members of the family?

The Midwife.

THE TERM OF TRAINING FOR CERTIFIED MIDWIVES.

Time was, and not so many years ago either, when three months was held to be a sufficient period in which to teach a woman with no previous experience as a nurse, that which it behoved her to know as a midwife theoretically, and practically, before she started an independent practice and assumed responsibility for the delivery of women in child-birth, and the care of mother and child for ten days after delivery. It is appalling, but true.

A certificated nurse with three years' training to her credit found this three months all too short. The untrained woman did not hesitate to accept quite happily responsibility which she very dimly realized.

The raising of the term of training to six months was a step in the right direction, and now the Central Midwives' Board is, we are glad to say, considering extending the period to twelve months; in our opinion the shortest period in which a satisfactory training can be given, when we consider that it should include not only the care of mother and child in the neo-natal period but also a knowledge of ante-natal work, the importance of which is becoming increasingly realised—of mothercraft, and of infant welfare work.

QUEEN CHARLOTTE'S HOSPITAL.

The Annual Report of the Midwifery Training School of Queen Charlotte's Hospital, Marylebone Road, London, N.W., for the year ending December 31st, 1922, states that the work of the Midwifery Training School has been well maintained; there was an increase in the number of Pupil Midwives, and of the 150 candidates who took the Central Midwives Board Examination only six failed to pass, the percentage of failures thus being 4 per cent. only, whereas in the whole of Great Britain the percentage of failures was 23.

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 entries for the years 1921 and 1922 were as follows:—

	1921	1922
Midwives (7 months' course)	.. 27	—
“ (6 “ “)	.. 61	96
“ (5 “ “)	.. 17	—
“ (4 “ “)	.. 46	71
	— 151	— 167
Monthly Nurses (6 months' course)	2	—
“ “ (5 “ “)	10	3
“ “ (4 “ “)	1	2
	— 13	— 5

THE MOTHERCRAFT TRAINING SOCIETY.

The Report of the Mothercraft Training Society (Babies of the Empire), 29, Trebovir Road, Earl's Court, London, S.W.5, for the year ending March 31st, 1923, shows that the good work done there continues to be appreciated both by the pupils and the public, who subsequently benefit by the knowledge they have gained at the Home. We note that the Report records the indebtedness of the Society to Mrs. Robert Cooke for her most generous annual gift of four Scholarships to fully-trained nurses. As a rule little interest is taken in helping those who help themselves, and conscientiously qualified as far as possible to serve the public, and we are very glad to see this evidence of appreciation of the trained nurse. We read:—

“ Each of these scholarships gives free training for four months, and besides giving the benefit of much increased knowledge to the Nurse, it also gives the hospital the chance of sending out into the world other enthusiastic teachers of its methods. The following extract from a letter will show the appreciation of a mother for the increased knowledge gained by a fully-trained nurse during her short course:—

“ ‘ The maternity nurse came to me after her four months' course at your Hospital, and I should like to say how much I benefited by her increased knowledge.

“ ‘ I was not (considered) able to nurse my previous baby, but had we both known then as much as we do now I could easily have done so.

“ ‘ All my babies have been good and healthy, but John is by far the best, and this I attribute solely to the absolutely perfect start given him by Nurse — for the two months she was with me.’

“ The Cornwall Hostel, at Kennington, is now under the direction of our Hon. Medical Director, Dr. R. C. Jewesbury, and several of our old students are on the staff there, and we look forward to the time when there will be many such Hostels working on Dr. Truby-King lines.”

MOTHERCRAFT TRAINING.

The Mothercraft training is as follows:—

1. Fully-qualified Nurses: Three months' course,
2. Certified Midwives: Four—six months' course.
3. Previously untrained women and girls: One year's course.
4. Young mothers, expectant mothers and girls about to marry, for whom simple, short and practical courses in Mothercraft, accompanied by demonstrations, are arranged at regular intervals.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,843.

SATURDAY, JULY 28, 1923.

Vol. LXXI

EDITORIAL.

THE NURSE'S VOICE AND MANNER OF SPEECH.

There is no excellence without great labour.

So writes Dr. E. F. Bartholomew, Ph.D., L.H.D., in the current issue of the *American Journal of Nursing*. "Few people realise," he thinks, "the importance of a good speaking voice in the equipment of a successful private nurse. Every other qualification is subjected to the strictest scrutiny, but, strangely enough, the voice is not thought to have any place in her training. The fact, however, is that a soft, gentle, sweet and melodious voice is a most valuable asset in the nurse's equipment for service in the sick chamber. We should not forget that the nurse has to do with persons whose nerves are morbidly sensitive as the result of disease, pain and suffering. Many a physician, who is an expert in his particular line, has failed to achieve the highest success in his calling simply because of his slovenly and unfortunate manner of speech. This is something in the physician or attendant that patients, as a rule, do not like to talk about, and yet they feel it keenly, and it plays an important rôle in the healing art." Dr. Bartholomew tells of a young nurse who entered upon her calling with every prospect of a brilliant career, but who was discharged from two cases successively. Upon inquiry as to the reason, the physicians in charge of the respective cases answered in almost identical words: "Why, that voice of hers is enough to drive any patient crazy."

So comforting a thing is a voice that is "ever soft, gentle and low," that it is worth while taking considerable pains to attain it. The speaking voice, of course, varies greatly in different individuals: to some Nature has been kind, and given a voice that is full of charm.

Who that heard the late Lady Henry Somerset hold an audience enthralled did not realise how much of her enchantment was due not only to her eloquence and the force of her arguments, but to the wonderful quality of her voice—tender, sympathetic, beautifully modulated, a fine instrument, entirely under her control; by means of which she held great audiences spellbound.

It is given to few to possess so fine and beautiful a voice, yet much can be done by training to improve a less perfect one, and it is well worth while to make the effort to do so. Dr. Bartholomew writes truly: "If anywhere there is a place where beauty, the melody, and soft, sweet tones of which our English language should be heard, surely that place is in the sick-room; and if anyone needs to be master of those tones, that person is the nurse who is called to minister at the altar of human welfare." Words should be "properly uttered, properly voiced, pronounced, intoned, accented, and enunciated," and the possessor of a voice which carries these charms will find the power of persuasiveness increased tenfold. We could mention several nurses on whom Nature has conferred the great gift of a speaking voice of such rare quality that it is an immense asset in their work.

We agree that nurses during their training would do well to secure lessons in voice-production and elocution, and the present shorter hours on duty permit nurses now in training to make their own arrangements for such lessons. They will find that in administrative posts, and, if they take the part they should in promoting their professional organisations, public speaking will inevitably be demanded of them; and, if they desire to speak well, let them remember that in this, as in all else, "there is no excellence without great labour."

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF PSORIASIS, THE CONSTITUTIONAL LOCAL TREATMENT USUALLY PRESCRIBED AND THE NURSING CARE?

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

PRIZE PAPER.

Psoriasis is one of the more chronic skin diseases, and one of the most disheartening to nurse and patient, as, when one part tends to recover, another will break down on another limb. It very much resembles scurf or eczema, and usually appears from childhood, and is frequently hereditary.

It commences with an inflammatory condition of the dermis, the papillæ become noticeably vesicular, and the changes in the cuticle produce raised, rough, reddened areas, which become covered with fine, silvery scales, resembling snake's skin as it is shed.

It usually attacks the elbows and the front of the knees, but may spread all over the body, even to the face.

It is sometimes associated with rheumatism and gout, or may occur at a special time or season of the year; or it may appear when the patient is generally run down, and thus act as a warning; but however much it is treated, it is very intractable to cure, and may appear for apparently no reason and reappear at intervals.

Constitutional Treatment.—If any other disease is associated with the skin affection, it must be first treated. Gout and rheumatism both require their specific drugs—colchicum for gout and soda salicylate for rheumatism. Diet must be light and meat restricted or forbidden entirely, and starchy foods replaced by fruit and vegetables as much as possible. Plenty of fresh air is essential, but warmth must be the principal treatment of rheumatic subjects.

Local Treatment.—*Arsenic and thyroid* extract, given internally, have given the best results to the affected skin, but their dosage usually has to be increased, and a complete cure is not sure.

Ointments, especially of tar preparation—as they destroy the low vegetable organisms of the skin—have proved beneficial, especially chrysarobin. Baths of alkaline substance may relieve some patients. Blistering has been used; but if blistering acids are used, the area around must be carefully smeared with vaseline or ointment to prevent burning of other parts. The parts should be protected from

irritation of clothes, &c., by applying a dressing to same.

Nursing Treatment.—Rest in bed may be necessary owing to the presence of constitutional disease or to extensive space of skin affected.

Diet.—Nourishing, easily digested, and with plenty of fresh fruit and vegetables, and a minimum of meat, if given, and plenty of fluids.

Warmth.—If rheumatism is present, place patient between blankets, give hot-water bottles (well protected), and clothe in flannel; but do not apply heat near affected skin areas, or the affected skin will become very irritable, and patient may endeavour to relieve same by rubbing and breaking down deeper tissue

Great care must be taken to prevent staining of patients and bed-linen, especially if tar preparations are used. Jaconet should be laid over the dressing applied, not bandaged on, or heat will be increased. If affected limbs are on a pillow, a jaconet pillow slip and a cradle to relieve weight of bed-clothing will minimise the danger.

If much of the body is affected, muslin gowns or pyjamas next the skin are best, and, if made of cheap butter muslin, can be burnt after removal.

The bowels should be kept freely open by saline aperients, and calomel at regular intervals may be beneficial.

HONOURABLE MENTION.

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

QUESTION FOR NEXT WEEK.

What are the duties of a District Nurse attending a case of illness, toward the other members of the family?



"CHAMBER OF HORRORS" FOR NURSES.

The destruction of valuable hospital equipment through careless handling is a source of great concern to the average hospital superintendent. One superintendent of nurses, says the *Modern Hospital*, has a "chamber of horrors" which the students in the training school are invited to inspect occasionally. It contains such articles as rubber catheters burnt during sterilisation; record syringes with piston impacted, the serum having been allowed to dry; patients' clothing badly creased through careless folding; stained linen after boiling in laundry; clinical thermometers broken in a single week; a scrub brush which was responsible for obstruction of a sewer, &c. The visual method is more impressive than theoretical instruction.

NURSING ECHOES.

An interesting ceremony took place at the Council Meeting of Queen Victoria's Jubilee Institute for Nurses on Wednesday, July 18th, when H.R.H. Princess Louise, Duchess of Argyll, presented Long-Service Badges to three Queen's Nurses who had earned this badge by twenty-one years' loyal work in connection with the Institute. Owing to the distance and the difficulty of leaving the districts, some of those who were entitled to badges were unable to be present, but it was a great pleasure to the Council to welcome Miss Ellinor Smith, who is the Institute's Superintendent in Wales; Miss Florence Bell, County Superintendent for Devonshire; and Miss Elizabeth Peacock, who is Queen's Nurse at Liscard and New Brighton. Her Royal Highness, in presenting the badges, spoke to each of the recipients about the work she was doing, and congratulated them upon their long and faithful service.

It is satisfactory to learn from the Report submitted to the Council by the Executive Committee that the work is progressing satisfactorily. Twelve Nursing Associations have been affiliated since the last meeting, and the names of seventy-eight nurses have been added to the Roll of Queen's Nurses. The reports received on the various districts from the Inspectors show that the general standard of the work is very high. The chief difficulty is in regard to finances. By strenuous efforts a sufficient amount has been raised to carry on the work till the end of 1923, and the Council is now engaged in trying to evolve some means of placing the financial position on a more permanent basis.

One of the principal purposes of the visit of the Duke and Duchess of York to Liverpool this week is to lay the foundation-stone of the Nurses' Home at the Royal Infirmary, where their welcome is assured.

It is interesting to note in the last Annual Report a reference to the Nurses' Homes in Ashton Street, which were the outcome of the late Mr. William Rathbone's desire to get nurses who would nurse the suffering poor in their own homes. He found one, but could not succeed in getting others. He consulted Miss Florence Nightingale, who suggested that instead of applying to London for trained nurses Liverpool had better form a school to train nurses in its own hospitals. The Royal Infirmary had no facilities then for training. Mr. William Rathbone was asked to become a member of the Infirmary Committee, and he,

finding that the greatest difficulty in starting a training-school was that the Infirmary could not accommodate either the nurses or probationers, undertook to build a School and Home, of which Liverpool has reaped the benefit for the last sixty years.

At the Annual Meeting, when moving the adoption of the Report, the President, Dr. Thomas H. Bickerton, said, "Salaries and Wages show an increase, due to the raising of the salaries of the Nursing Staff." In my opinion, we are getting good value for this increased expenditure. What is the use of an Infirmary with every up-to-date appliance and equipment without efficient and sufficient nurses. In the year 1844, before Florence Nightingale had begun to make her wonderful presence felt, there were in the Infirmary only eleven nurses (with five assistants employed in scouring) to attend upon an average of 210 to 230 patients. Patients requiring attendance at night were often entrusted to the care of two convalescents—induced to give their services by the allowance of an extra supper. Sometimes it was necessary—from the want of nurses—to get friends of the patients to remain with them during the night. To put two patients into one bed was not unknown!

Matters had not greatly altered or improved by 1862—the year in which the Nurses belonging to the Infirmary were given over to the Nurses' Training School—but the number had increased to 20, with the five helps as before. The then salaries varied from nine pounds to sixteen guineas per annum. One extra special surgical nurse received £25, which was obviously too much for her as she left in a few months for "want of steadiness." The Physician before alluded to, says that the nurses of his day (1849—50) were a "very scratch lot," and the "want of steadiness" was apparently contagious, for it accounted for the dismissal of a good many. These were the days of the "Sairey Gamp" type of nurse and Florence Nightingale's assertion "that nursing was a work for gentlewomen fell like a bomb upon the people of England."

From the nurses of the past to those of the present, what an advance! Yet they are being trained to still greater efficiency. We have our Nursing Staff; and they are worthy of the best we can do for their comfort, health and happiness. I am sure all will agree that we have a splendid case to present to the public in our appeal for the necessary funds for the building of the New Nurses' Home.

The facts that the Nurses' Bazaar was so successful in spite of all the drawbacks that the Clerk of the Weather could furnish, and that the Ladies' Linen League is increasing in membership and service, are only fresh examples of the happening of "just what one would expect!" The ladies always do seem to carry things through in the most remarkable and efficient manner. Especially if they have a good leader—as they had in Miss Cummins. The Linen League speaks for itself.

On Thursday, July 19th, the Duchess of York visited the Cheyne Hospital for Children, Chelsea, where an open-air roof ward for sun treatment was opened by the Countess of Cromer. Her Royal Highness went through the wards and greatly delighted the children by speaking sympathetically with them.

The determination on the part of persons of influence in the Red Cross organization to thrust shoals of V.A.D.s upon the State Register of Nurses was apparent within a few months of the opening of the Register, and its degradation was foreshadowed both in the recommendation of Dr. Goodall and the Registration Committee to the General Nursing Council in December last, and in the letter of the Council of the College of Nursing, Ltd., dated December 29th, addressed to that body,

At the annual general meeting of the South London Hospital for Women, South Side, Clapham Common, Miss Clemence Dane, the novelist and playwright, sounded a warning note. She said she could not tell them anything about the work of the hospital, but she could tell them about its influence amongst women, and more especially amongst the women of the future. Woman—the most important creature in the whole Universe—had, during the last few years, had an enormous change in her position in the civilised world. She had assumed an equality with man without having the physical strength of man to maintain her position. A woman worked on nerves and spirit, and failed because she did not know how to economise her energies. She believed that unless something was done woman would "smash." It was such institutions as the South London Hospital which were helping to prevent that.

It takes a considerable time to "smash" members of our Profession, but of late we note many colleagues who are attempting to perform their public duty to their Profession as

well as their arduous routine duty, are heading towards "smash." It is often a choice between conscience and physical capacity.

The Executive Committee of the Cornwall County Nursing Association in their annual report make the following statement:—"Each year we hope that the supply of trustworthy, efficient nurses will equal the demand made by our District Nursing Associations, but during the last twelve months we have experienced more than the usual difficulties in filling our vacancies. We realise that until a much larger sum is available for salaries, which might induce more highly qualified women of wide education and experience to take up the work, the only solution of the difficulty is our old policy of training as district nurses an adequate number of our own Cornish women, who understand and appreciate our people, our habits, and our country hills and vales."

The Executive Committee present this as the principal difficulty which has faced the work of the association during the year. The cost of maintaining the District Associations was £18,531, and total receipts, including County Council and Government grants, amounted to £18,903.

A house at Weybridge has been taken by the Red Cross for nurses who served in the war who are incapacitated from work.

THE INTERNATIONAL COUNCIL OF NURSES.

Miss Margaret Breay, the Hon. Treasurer of the International Council of Nurses, whose wise financial control has kept expenditure well within income for so many years, has left for Copenhagen to attend the meeting of the Executive Committee of the International Council. The Agenda includes a three-days' Conference, but no one who is not a member of the Executive Committee can preside or take part in its proceedings. This, no doubt, will be made clear to ladies attending for Conference purposes.

Miss H. L. Pearse, one of the four delegates for Great Britain and Ireland on the Grand Council of the International, accompanied Miss Breay, and as both ladies have been intimately connected with the wonderfully successful growth of the International Council of Nurses, their experience and opinions will be of great value now that we have lost the guiding genius of Miss Lavinia L. Dock.

PRIZE-GIVING AT ST. MARYLEBONE HOSPITAL.

On Friday, July 19th, the Right Hon. Sir Douglas McGarel Hogg, K.C., M.P., presented the Gold Medal and prizes to the successful probationers, and gave an address to the nursing staff. The Mayor of Marylebone, Mr. Morris (Chairman of the Board), and Captain Dean, returned thanks. On the platform were Lady McGarel Hogg, Miss Broadbent (Chairman of the Hospital Visiting Committee), Mrs. Shirley, Mrs. Piggott, Dr. Charles Porter, Medical Officer of Health for Marylebone, Dr. Adeline Roberts, Mr. M. C. Walshe, J.P., the Matron and the Medical Superintendent.

The nursing staff invited their friends and a large number of old Marylebonians, trained during the last 35 years, came from different parts of England for the occasion, many of the married ones bringing their children.

Unfortunately, the tea prepared in the garden had to be brought in quickly at 3 o'clock by a staff of porters and maids and re-arranged in the board room, front hall and corridor by the Assistant Matrons while prize-giving was going on. Possibly it was hardly noticeable to anyone but the Matron, whose anxiety was rather great during the distribution of the prizes, but soon found all was well in the capable hands of Miss Balls and Miss Gosly. They only remarked that they never remembered such a short prize-giving before, in spite of its lasting about 50 minutes.

The nursing staff ended up the day with a dance and some of the old nurses and friends were able to stay to the finish.

PRIZE-WINNERS.

THE GOLD MEDAL, presented by the Board to the best all-round nurse of the year, was won by NURSE PLACE.

OCTOBER, 1922.

NURSE PLACE also gained the First Prize in Practical Nursing, presented by the Matron, the Prize for the best Essay, on "Economy as Applied to Hospital Nursing and Administration," the First Prize in Medical Nursing presented by Dr. Hope Gosse, and the First Prize in Surgical Nursing presented by the Hospital Visiting Committee.

NURSE PLACE and NURSE ANDREWS won the First Prize (a tie) in Anatomy and Physiology, presented by the Medical Superintendent.

THE FIRST PRIZE FOR BANDAGING, presented by Dr. Elliott Browne, was won by NURSE PAGE.

FIRST PRIZE FOR THE BEST SET OF CHARTS, with clinical records, presented by the Medical Superintendent, NURSE ANDREWS.

JUNIOR NURSES' PRIZE IN PRACTICAL NURSING, presented by the Matron, NURSE MCINTYRE.

CERTIFICATES OF SPECIAL MERIT.

Nurse Andrews, Nurse Crowter, Nurse A. Smith.

APRIL, 1923.

NURSE M. H. THOMAS carried off the First Prize in Anatomy and Physiology, the First Prize in Medical Nursing, the First Prize in Surgical Nursing, and the First Prize in Practical Nursing.

FIRST PRIZE FOR BANDAGING: NURSE DAVIES.
SECOND PRIZE (presented by the Matron): NURSE WRAMPLING.

JUNIOR PRACTICAL NURSING PRIZE, 1st year nurses (presented by the Matron): NURSE BESSERT.

CERTIFICATES OF SPECIAL MERIT.

Nurse Martin, Nurse Bishop, Nurse Mees, Nurse Wilkin, Nurse E. Watkin Davies.

LEAGUE NEWS.

VICTORIA AND BOURNEMOUTH NURSES' LEAGUE.

Miss Christina Forrest, founder of the above League, writes in the current issue of its *News* :—

"I think you may like to hear that I have been able to go away once more; not for anything very exciting, but still 'away.'

"This is the very quietest and most 'country' place you can imagine, set down on the English side of the Welsh mountains which are like the sea—a never ending change of scene—and I think almost as fascinating to watch.

"If I can fix it up I think I am going to Malvern, which is 18 miles from here, with another of my sisters before coming back to Bournemouth.

"With my best wishes to the League, and hopes that I may welcome you once more to meet our dear Mrs. Balstone when she returns."

REUNION OF BETHNAL GREEN HOSPITAL NURSES' LEAGUE.

A most enjoyable Reunion of the members of the Nurses' League of above hospital took place on July 4th.

Many nurses trained in 1903, and since, attended to renew old hospital friendships.

A service was held in the hospital Chapel, and an address given by Canon Dodds, Matron's brother. The text chosen was, "A merry heart is a good medicine" (Proverbs xvii, 22).

A delicious tea was served in the garden in most glorious weather.

After tea a beautiful platinum, sapphire and diamond pendant was presented to Miss Dodds to commemorate the occasion of her twentieth anniversary as Matron.

The presentation was made on behalf of past and present nurses by Sister Vernon, who has been twenty years Sister at the hospital.

The Nurses' Dramatic Society gave a variety entertainment, including a short sketch, which was greatly appreciated by all.

After supper there was dancing in the Nurses' Recreation Room until 10 o'clock, when the singing of the National Anthem brought to a close one of the happiest days in the memory of the hospital.

Matron received many telegrams and letters of congratulation from former nurses—some abroad and others at home who were unavoidably absent—which have afforded her much pleasure and to which she hopes to reply individually.

M. A. C.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

MESSAGE OF SYMPATHY TO THE ROYAL BRITISH NURSES' ASSOCIATION.

SOUTH AFRICAN TRAINED NURSES' ASSOCIATION.

We have received the following letter from the South African Trained Nurses' Association, and we value very deeply this most kind expression of sympathy from the Sister Association. On behalf of our own Members, we ask the members of the South African Trained Nurses' Association to accept our thanks for their kind thought for us in our sorrow. Their message is the more pleasing to us because the Princess so often expressed her interest in the nurses of South Africa and spoke of their extraordinary kindness to her in many ways when she visited that Dominion, which was so very dear to the heart of Her late Royal Highness.

South African Trained Nurses' Association,
Court Chambers,
Grahamstown, S. Africa.
16th June, 1923.

The Secretary,

The Royal British Nurses' Association.

DEAR MADAM,—At the last monthly meeting of the above I was instructed, on behalf of the Members, to offer you our most respectful and sincere condolences on the death of Her Royal Highness the Princess Christian.

We realise how great a loss you have sustained by the death of Her Royal Highness, who was so closely associated with your Association and the Nursing Profession in general.

Yours faithfully,

(Signed) C. GERRARD,
Hon. Secretary.

THE OFFICIAL ORGAN.

The Official Organ of the Association will not be issued during August as there are likely to be no meetings or gatherings of any kind until the Autumn, and, also, the Secretary has been ordered complete rest for a month. We shall return to our Club and its pleasant amenities with renewed pleasure after a short interval.

THE AUSTRALIAN BRANCH.

Lady Bridges, Patroness of the Australian Branch, presided over a very representative gathering at the Twenty-second Annual Meeting. Dr. Steele Scott, in welcoming her to the Chair, spoke of the splendid work which her husband had done as a soldier, and hoped that her ladyship's stay in the State would be a long and a very happy one. Dr. Scott eulogised the work of the nurses, and said that the past six months had proved a particularly heavy season for those who worked for the Association.

In replying, Lady Bridges said that she greatly appreciated the work done by the Royal British Nurses' Association in the State. The Princess Christian had spoken to her very often of the Association when she was living in England, and she hoped that much would yet be done in the State to encourage the nurses, whose work was of such immense value.

The following were elected Members of the Committee: Dr. Steele-Scott (Chairman), Dr. Corbin, Dr. Duguid, Dr. Helen Mayo, Dr. Russell, Mrs. Lindsay, R.R.C., Miss Harrald, Miss Ingleby, Mrs. Priest, Mrs. Doyle, Miss Morris, and Miss Menhennett, R.R.C.

A long list of members were congratulated upon their new appointments, while the calls upon the private staff had been so numerous that three hundred and fifty-two had to be refused. Congratulations were also tendered to the following nurses who had married during the year:—Misses Dunsmore, Jones, Osborne, Pearson, Perrin, Shearer, Thomas and Treasure.

The deaths of Miss Jessie McRae and Miss Minnie Sargeant were recorded with deep regret.

Mrs. E. C. W. Martin, the Hon. Treasurer of the Australian Branch, was elected as Lady Consul for Adelaide, Miss Graham, the former Lady Consul, having resigned on her departure for England. Warm appreciation was expressed of the work of Miss Graham, and satisfaction that Mrs. Martin had agreed to take her place.

After the meeting the guests were entertained to tea, and then made a tour of the delightful Home.

One of our members, who has just returned from a visit to Adelaide, has told us how very nice the Home is, and she was greatly gratified by the kindness and courtesy she met with there.

MEETING OF THE GENERAL COUNCIL.

A Meeting of the General Council was held on Monday, 23rd instant. The Report from the Executive Committee to the Council dealt with the various activities of the Association during the previous quarter, and more especially with the steps taken in connection with the action of the Parliamentary Medical Committee in the House of Commons, in order to widen the power of access to the State Register, thereby establishing a grave injustice to the public in granting to women, inadequately trained, a State Certificate of efficiency.

It was moved by Miss Drakard, seconded by Miss Bramwell, and carried, that a letter be sent to the Chairman of the General Nursing Council expressing the hope that the Council would exercise the powers accorded to it under the provisions of the Act and admit to the Register only those whom they are satisfied "have adequate knowledge and experience of the nursing of the sick."

A letter was received from the National Union of Trained Nurses notifying the Council of the decision of the Union to dissolve on July 31st. It was moved by Miss Cattell, seconded by Miss Swaby Smith, and carried unanimously, that, in the letter forwarded to the Hon. Secretary expressing the Council's regret on learning of the decision to dissolve the Union, there should also be placed on record the appreciation of the Members of the Council of the Royal British Nurses' Association of the splendid services which the Union had rendered towards the furtherance of a healthy organisation of the Profession, of the altruism which has characterised the policy and work of its leaders, and the high ideals of comradeship and mutual help which the Royal British Nurses' Association has experienced in all its connections with the National Union of Trained Nurses.

MR. HORTON'S RECITAL.

"A perfectly heavenly afternoon" was the verdict of a member of the audience after Mr. Horton's Recital at the Club, on Saturday, July 14th. We agree, for Mr. Horton possesses a gift that lifts the consciousness of his audience right into the very atmosphere of the scene which his language portrays. First were we transported to the land of Hiawatha, to the sad days when his country was held in the grip of the cold and cruel winter, when to his wigwam there came the two guests who "waited not to be invited, did not parley at the doorway," the terrible, unwelcome guests of famine and fever, those spectres who gazed hollow-eyed and fearsome into the lovely face of Laughing Water. Then, exquisitely reminiscent from out of a background of anguish, we had a glimpse of the days when Minnehaha journeyed through the forests with her husband, journeyed far from the land of the Dacotahs to the land of Hiawatha. Then the song of birds in thickets, the glistening of the streamlets, the fragrance of the air and the voice and laughter of Minnehaha sank out of our consciousness again and we shuddered as we watched her trembling, freezing, burning under the looks of the two unwelcome guests in the wigwam in that cold and cruel winter. Heavy hearted, we followed Hiawatha through his anguish, and with him said farewell to the lovely Laughing Water.

After Hiawatha we had a version of "Simple Simon and the Pieman," first in the style of Charles Dickens, and then after the manner of the "Immortal Will." Then the tragic story of Bingo fairly convulsed the audience, peal after peal of laughter followed each new vicissitude of the unfortunate autobiographer whose fate became so entangled with that of the luckless quadruped. One of the most delightful parts of the whole entertainment was "The Garland of Lyrics." There were lyrics grave and gay, lyrics of common, everyday life, and lyrics that came from the worlds of the goblins, the gnomes, from the pretty worlds of the fairies. Each had a beauty of its own, each some lesson to give, each some new feeling to inspire, for Mr. Horton has a wonderful power to enter into the spirit of each writer, and his Recital is one that will live long in the memory of those who were present. It was a marvellous re-introduction to the great writers of our own and other days, one suggestive of a rich abundance of literary treasures for the discovery and enjoyment of which we find, alas! so little opportunity in these busy, hurrying days. All the more grateful are we for an afternoon on which we had some thing of their beauty brought before the eyes of our souls through the medium of that exquisite means of interpretation—a fine dramatic gift cultivated to the highest degree of perfection, characterised by an appreciation of the dignity and beauty of our English language, while the interplay of humour and merriment served to make the whole programme one complete pleasure.

Mrs. Bedford Fenwick moved a vote of thanks to Mr. Horton, and said that certainly the afternoon's entertainment should indeed prove an impulse and inspiration for the new Dramatic Society. Miss Parsons, in seconding the motion, said that she never lost an opportunity to be present on occasions such as this; she had had considerable difficulty in attending that afternoon, and it had indeed been worth the effort, for it was one of the most delightful recitals she had ever enjoyed.

GREATER LONDON—OVERHEARD AT THE CLUB:

Official (to new page, just imported from a country village): "Go to the other office along the hall, and inquire whether they have plenty of half-penny stamps. If they have, ask them to give you a good supply for these envelopes; if not, ask for a pound, and go to the post office for more."

Page (smiling and breathless, half an hour later): "Madam, I have been to the post office, and they say they have plenty of stamps and could manage a pound's worth. Shall I go for them?"

GIFTS.

Miss Bell, Miss Bishop, Miss Liddiatt, Miss McCash, Miss A. E. Macdonald, flowers; Master Wormald, flowers and duck.

ISABEL MACDONALD,
Secretary to the Corporation.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Thirty-Eighth Meeting of the General Nursing Council for England and Wales was held at the Ministry of Health, Whitehall, S.W., on July 20th, 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.

I.—Minutes of the last Meeting.

The Minutes of the last Meeting (June 15th, 1923) were confirmed.

II.—Correspondence.

The Correspondence included the following letters :—

DR. CHAPPLE'S MODIFICATION OF RULE 9 (1) (g).

(1) Letter from the Hon. Secretary, Association of Hospital Matrons, dated June 22nd, 1923, enclosing copy of Resolution passed by the Executive Committee of that Association on June 21st, 1923, as follows :—

"That we, the Executive Committee of the Association of Hospital Matrons, view with alarm the grave results which we believe will accrue as a result of the action taken by Dr. Chapple in bringing his 'Motion' before the House of Commons, on June 14th, 1923, and which cannot fail to depreciate the value of the State Register.

"The Association appreciates fully the position of the older Nurses, whose status was, however, safeguarded by the Rule drawn up by the General Nursing Council and signed as approved by the Minister of Health."

(2) Letter from the Secretary, Poor Law Matrons' Association, dated June 26th, 1923, as follows :—

Whipps Cross Hospital,
Leytonstone, E.11.4
June 26th, 1923.

Dear Sir,—At the Executive Committee of the above Association I was instructed to write to you and convey the very great regret of the Association of the action of Dr. Chapple, M.P., in bringing forward the proposals of The Medical Parliamentary Committee, as opposed to the recommendations of the General Nursing Council.

Believe me,

Yours faithfully,

(Signed) LETITIA S. CLARK,
Hon. Secretary.

Sir Wilmot Herringham, K.C.M.G., C.B.,
Chairman of the General Nursing Council.

(3) Letter from the Secretary, The College of Nursing, Limited, dated June 29th, 1923, enclosing copy of Resolution passed by the Members of the College at their Annual Meeting at Cardiff, on June 28th, 1923, as follows :—

"That the members of the College of Nursing, Limited, assembled at Cardiff, on the occasion of their Annual Meeting and Conference, on June 28th, 1923, most deeply regret that the House of Commons, on Wednesday, June 13th, decided to petition His Majesty to supersede the Statutory duty of the General Nursing Council, to satisfy itself that a candidate for

State Registration possesses adequate knowledge and experience of the Nursing of the sick, by accepting in place of such investigation a bare certificate, signed by a Registered Nurse, and two medical men, even though subject to a special enquiry."

(4) Letter from the Chairman of the Yorkshire Centre of the College of Nursing, dated July 3rd, 1923, enclosing copy of a Resolution passed by the Members of the Bradford Branch of the Yorkshire Centre of the College of Nursing, as follows :—

"That the Bradford Affiliated Branch of the Yorkshire Centre of the College of Nursing do strongly protest against the modifications in Rule 9 of the Nurses' Registration Act, brought forward by Dr. Chapple.

"They feel very keenly that any further widening of the door of admission to the Register for Existing Nurses would not only be a great breach of faith to the nurses who have already registered, and would defeat the object for which the G.N.C. have worked so hard—to raise the status of the trained nurse."

5.—GENERAL NURSING COUNCIL FOR SCOTLAND.
Re REGISTERED UNIFORM.

A letter from the Registrar of the General Nursing Council for Scotland stating that at the meeting of that Council held on July 6th he was instructed to inquire whether the General Nursing Council for England and Wales would be prepared to allow the Scottish Council to adopt the same uniform as that adopted in England with the exception that the buttons should be bone, plain black, and the hat trimming navy blue ribbon without any woven badge.

On the motion of Mr. Donaldson, seconded by Miss Cox Davies, the letter was referred to the Uniform Committee for report.

6.—RESOLUTION FROM THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

The Chairman read the following Resolution, sent by Councillor Beatrice Kent, President of the Registered Nurses' Parliamentary Council, on its behalf :—

Resolution carried unanimously at a Meeting of the Registered Nurses' Parliamentary Council, held at 431, Oxford Street, W., July 17th 1923 :

"The Registered Nurses' Parliamentary Council strongly protests against the degradation of the General Part of the Register, upon the initiative of the Chairman and Council of the College of Nursing, Ltd. (see official letter from the Secretary of the College on its behalf, dated December 29th, 1922, incorporated in the Report of the Registration Committee presented to the General Nursing Council on March 16th, 1923, which was approved, without comment or protest, by the Members of the Council of the College of Nursing, Ltd., on the General Nursing Council), and by the submission to the Minister of Health, and to Parliament, of Rule 9 (1) (g) under which untrained persons could claim admission to the Register, if in practice before 1900, an action which made it possible for Dr. Chapple, M.P., to move, and carry, a modification of this Rule, opening the General Part of the Register to every untrained person in practice up to 1916, upon the recommendation of doctors and nurses, thereby depriving the General Nursing Council of the discretion bestowed

upon it by Parliament in the Nurses' Registration Act, 1919, of satisfying itself that the nurses admitted to the Register as in attendance upon the sick before November 1st, 1919, must produce evidence that they are engaged in practice 'under conditions which appear to the Council to be satisfactory for the purposes of this provision,' and that they 'have adequate knowledge and experience of the nursing of the sick.'

"In the opinion of the Registered Nurses' Parliamentary Council, had the Chairman and General Nursing Council been alive to the interests of the Registered Nurses and the public, they would, at once, have refused to submit to the interference of the College of Nursing, Ltd., with its affairs, and it strongly condemns the policy of the Council in permitting this Limited Company to dictate to it with regard to its Statutory duties.

"In the opinion of the Registered Nurses' Parliamentary Council the present General Nursing Council has proved itself totally incapable of circumventing the ignoble policy of the Chairman and Council of the College of Nursing, Ltd., and of protecting the interests of the Registered Nurses who placed their names upon the General Part of the Register under the Statutory Rules (1921), and with whom, in its opinion, a gross breach of faith has been made possible by the incompetence of the General Nursing Council for England and Wales.

"The inevitable result of the new Order-in-Council will be to place the sick at the mercy of incompetent Nurses, guaranteed by the General Nursing Council as having 'adequate knowledge and experience of the nursing of the sick,' thus placing the sick public in a most dangerous and defenceless position.

"The Registered Nurses' Parliamentary Council desires further to enter its strong protest against the depreciation of Nursing Education by the refusal of the General Nursing Council to guarantee to probationers in training a compulsory scheme of education, and in recognizing, as Training Schools, institutions which are not compelled to guarantee any system or standard of teaching whatever.

"In the opinion of this Council the authorisation of an Advisory Syllabus by the General Nursing Council is a mere subterfuge under which the Council shirks a most important duty imposed upon it by Parliament, and the Registered Nurses' Parliamentary Council calls upon the General Nursing Council for England and Wales to again invite the Minister of Health, at the earliest opportunity, to sign the Syllabus of Training in General Nursing, framed after so much consideration by the First General Nursing Council for England and Wales."

Question by Miss Cox Davies.

MISS COX DAVIES here asked leave to ask a question on a subject on which she desired information, in reference to a correspondence over the signature of Miss Maude MacCallum, which appeared in THE BRITISH JOURNAL OF NURSING of July 7th. Was it true that the Council's Registrar wrote a letter in the terms printed in THE BRITISH JOURNAL OF NURSING of that date?

THE CHAIRMAN said the answer was in the negative. He would state what actually occurred. The Registration Committee at its meeting on May 25th had before it for consideration what instructions should be given in regard to the closing of the Register to Existing Nurses, and formed an opinion.

Some days later an official letter was received

from the Registrar of the College of Nursing, asking what was the latest date on which applications from Existing Nurses would be accepted. This letter was sent down to the Registration Clerk, the reply taken down in shorthand, typed, and subsequently laid on his (the Chairman's) desk. When it went back the letter was copied, and conveyed directly, or indirectly, to Miss MacCallum. The letter she received was published in THE BRITISH JOURNAL OF NURSING of July 7th, under the heading "Preferential Treatment for College Members. Totally Illegal." If he had received that letter he would probably have been as indignant as Miss MacCallum.

But the fact was that the Registration Clerk, returning after lunch, examined afresh the draft and being dissatisfied with it, did not send it.

The Clerk who sent the copy of the Draft which reached Miss MacCallum omitted the word "not" (which appeared both in the shorthand note and in the typed copy), so that the letter read "A form issued, say this month, would be accepted if it were returned to this Office, say in twelve months' time," whereas the original sentence ran, "A form issued would *not* be accepted," &c. He was glad to say no blame was attached to the Registration Clerk. He was sorry that Miss MacCallum and THE BRITISH JOURNAL OF NURSING should have been so very badly hoaxed.

DR. BEDFORD PIERCE thought it was extraordinary that the letter should have been sent to outside people, and MISS SEYMOUR YAPP spoke in the same sense.

THE CHAIRMAN said that they might take it for granted that information would always get out, and what the Council had to see was that nothing was done in the office which it was ashamed of getting out.

Interviewing Officer.

The Chairman asked the Council's leave to continue the appointment of the Interviewing Officer until its next meeting. This would require the sanction of the Minister of Health, but if the Council agreed to the proposition he would obtain that.

III.—REPORTS OF COMMITTEE.

I.—Report of the Finance Committee.

In the absence of the Chairman of the Committee, SIR JENNER VERRALL, the Report was presented by MR. R. DONALDSON, who moved that it be received.

I. The Report stated that the Committee had met once.

II. Recommendation 1.

That the Bills and Claims submitted for payment be approved.

III. Recommendation 2.

That the sum of £810 for salaries and £700 for stamps be allowed to carry on until the second week of September.

IV. REPORTED—That the Committee approved the investment of £8,000, and requested the

Chairman to carry this out with the advice of the Bank.

Recommendation 3.

That this action be approved.

V. REPORTED—That the Committee raises no objection to Recommendations 20 and 21 of the General Purposes Committee.

VI. CONSIDERED—Recommendation 22 of the General Purposes Committee.

Recommendation 4.

That Recommendation 22 of the General Purposes Committee be deferred until the September Meeting.

(As this was an Amendment, its consideration was deferred until the Report of the General Purposes Committee was presented.)

VII. CONSIDERED—Recommendation 23 of the General Purposes Committee, and approved of same, subject to the insertion of the date, August 7th, for delivery of applications, and the words "the duties to commence on September 12th."

VIII and IX REPORTED—The Committee raised no objection to Recommendation 24 of the General Purposes Committee, and Recommendation 31 of the Uniform Committee.

X. AMENDMENT — The Finance Committee passed the following Amendment to Recommendation 32 (2) (3) of the Uniform Committee:—

"That the publication of the booklet be approved, and that its gratuitous issue be also approved, provided that the cost be covered by the obtaining of sufficient advertisements; and that the obtaining of the advertisements be put in the hands of an agent."

MR. DONALDSON moved that the Report be approved with the exception of Items VI and X, which were in the nature of amendments, and would, therefore, come up for discussion when the Report of the General Purposes Committee was considered.

THE CHAIRMAN mentioned that Item IV would be reported when the transaction was finished.

The Report was then approved.

2.—Report of the Registration Committee,

I. REPORTED—That the Committee has met four times—on June 22nd, June 29th, July 6th and July 13th.

II. CONSIDERED—The following letter, dated June 8th, 1923, from the Ministry of Health on the subject of the Rule for reciprocal registration with Scotland and Northern Ireland.

Ref. 190183-21.]

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

June 8th, 1923.

Madam,—I am directed by the Minister of Health to refer to your letter of the 15th May, forwarding for approval a Rule for the reciprocal registration of nurses registered in Scotland and Ireland. I am to state that the Minister would be glad to be informed whether the proposed Rule has been agreed with the authorities in Scotland and Northern Ireland. I am also to enquire whether the Rule is intended to apply to existing, intermediate, and future nurses, and whether

a further Rule will be submitted to deal with fever nurses.

In addition, I am to explain that the proviso to the Rule as drafted is open to objection that it purports to put a duty upon the Scottish and Irish Registrars, and the Minister is advised that it is not within the power of the English Council to make a Rule to this effect. It is suggested, therefore, that one of two alternatives might be adopted, either—

(a) to amend the Rule so as to provide that Registration shall not take effect until the Registrar receives a complete copy of the original entry in the Register of the county of origin; or,

(b) to add after the words, "on production of a certificate," the following—

"and of a complete copy of the original entry in such Register."

The Minister would be glad if the Council would indicate which of these alternatives they would prefer to adopt.

I am, Madam,

Your obedient Servant,

The Registrar, (Signed) L. G. BROCK.
General Nursing Council.

The rule referred to was approved by the Council at its meeting on April 20th last, and was forwarded in due course to the Minister for his approval.

It read as follows:

"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 of this Council, 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."

In the letter which was referred to the Committee by the Council at its meeting on June 15th, the Ministry ask whether the proposed Rule has been agreed with the authorities in Scotland and Northern Ireland, whether it is intended to apply to existing, intermediate, and future nurses, and whether a further rule will be submitted to deal with Fever Nurses. The answer to each of the first two questions is "Yes." The answer to the third question is that a further rule will be submitted as soon as an agreement has been arrived at between the General Nursing Council for England and Wales and for Scotland on the question of the length of training necessary for admission to the Supplementary Part of the Register for Fever Nurses.

Recommendation 5.

"That a letter in the sense of this report be sent to the Ministry of Health."

The Ministry further point out a legal objection to the proviso to the rule as submitted by the Council and suggest that it may be removed by the adoption of one of two alternatives. The Committee is of opinion that the second alternative is the best.

Recommendation 6.

That the Ministry be informed that the Council prefers the second of the alternatives, and that the Rule be redrafted as follows:—

“ 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 of this Council, and paying the prescribed fee, and on production of a certificate issued by the Registrar of the Council on whose Register the said person is registered, to the effect that her name has been entered and is included in such Register, and of a complete copy of that entry, 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 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.”

III.—Issue of Duplicate Certificate for Registration.

Recommendation 7.

“ That in accordance with Rule 14, a Certificate (marked “duplicate”) of her registration on the General Part of the Register be issued to Miss Frances Maude Cammidge on payment by her of a fee of 10s.”

IV.—Applications for Registration.

The following statements have been forwarded to the Minister of Health:—

Applications received:

During the week ending June 9th, 1923	..	1,141
“ “ “ “ “ 16th “	..	1,219
“ “ “ “ “ 23rd “	..	1,328
“ “ “ “ “ 30th “	..	1,582
“ “ “ “ “ July 7th “	..	2,243

V.—Registration to July 7th, 1923.

Applications received 36,106

Applications:

Approved by the Council to June 15th	..	21,065
For approval at meeting on July 20th	..	3,237
Ineligible to meeting on June 15th	..	947
Ineligible, to be brought before meeting on		
July 20th	..	31
Withdrawn	..	85
Incomplete	..	10,741
		<hr/>
		36,106

General Register	..	2,893
Male “	..	14
Mental “	..	185
Sick Children’s Register	44	
Fever Register	..	101
		<hr/>
		3,237

(DR. GOODALL here stated that the applications during the week ending July 14th were 4,345, some of which were duplicates. Thus the Registrar is in arrears with 15,086 applications.)

VI. (To be taken *in camera*).

Lists of 3,237 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 8

“ That the 3,237 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 9.

“ 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.”

Discussion.

MISS COX-DAVIES enquired how many had applied under the Chapple Amendment.

DR. GOODALL said it was impossible to say accurately, but less than 3,000 altogether.

MISS SEYMOUR YAPP asked whether they were eligible to come on the Register.

THE CHAIRMAN replied: “ As the law is at present, yes.”

Supplementary Report of Registration Committee.

In view of the statement made by the Chairman of the Council at the Council Meeting on June 15th (see para. 369 of the Minutes), the Committee decided to take the advice of the Council’s solicitor as to whether Counsel’s opinion should be obtained on the position created by the action of the House of Commons.

The Committee have since been informed that on July 7th, H.M. the King, by the advice of the Privy Council was pleased to order that the amendment to the Rules made by the General Nursing Council and approved by the Minister of Health should be modified in accordance with the terms of the Address presented to His Majesty by the House of Commons.

The Committee present the following report on the situation created by the alteration of the Rules.

One of the principal objects, if not the principal object, of the Nurses’ Registration Act, 1919, was the protection of the public from the danger of the unskilled and inexperienced woman who styled herself a trained nurse. The existence of large numbers of these women was well known to those who knew the nursing profession from the inside. The sole justification many of them had for calling themselves trained nurses was the fact that they had spent a few months or at the most a year or two in a hospital where little (if any) systematic training was given, the experience to be gained was limited or special, and an incomplete knowledge of nurses’ work was picked up. Further, it is certain that quite a large number who laid claims to the title of nurse had had absolutely no hospital training or experience at all.

When the General Nursing Council proceeded to frame the rules for admission of existing nurses to the Register they had chiefly in mind their duty to the public, and amongst the most important of the

rules laid down for admission to the General Part of the Register was one which required at least one year's technical training in a general hospital or Poor Law Infirmary. This rule was approved by the Minister of Health on July 14th, 1921, and was very shortly after that date sanctioned by the Houses of Parliament. It is noteworthy that not the slightest objection was raised at the time. In framing the rule the Council believed that they would by its aid compile a register, as they were required to do by the Act, which could with safety to the sick be consulted by the public and the medical profession. The Council believed that they were right in their interpretation of the spirit of the Act, not only by consideration of the words of the Act but by contrasting them with the phrase used in the Midwives' Act, which dealt with existing Midwives. They were strengthened in their view by the fact that while the Midwives' Act made registration compulsory the Nurses' Act did not. The recent decision, however, of the House of Commons has altered the whole aspect of registration so far as the safety of the public is concerned. The discretion hitherto exercised by a Council, the members of which are responsible to their constituents or to certain Government Departments, has now been transferred to a number of medical practitioners and nurses who are responsible to no one but themselves; and the public will have little or no guarantee that the nurses whose names appear on the Register as "Existing" Nurses are properly qualified to nurse the sick.

The Council further desire to draw attention to the effect which the House of Commons' rule will have on the Act, as by the new rule there is nothing whatever to prevent certain medical practitioners and nurses from recommending for registration on the General Part of the Register nurses who have been employed almost entirely in the nursing of sick children, mentally afflicted persons and fever patients, and as it would appear that the Council can hardly refuse to register such persons recommended in accordance with the rule, it becomes a question whether the Supplementary Parts of the Register dealing with these special nurses, two of which Parts were instituted by the Act, are not rendered useless. The House of Commons' Rule also renders much more difficult the arrangement of reciprocal registration with the Colonies and British Dominions beyond the seas, several of which have passed a Nurses' Registration Act whereby the registration of nurses is limited (even as regards existing nurses) to those who have been trained.

Lastly, the Council are of the opinion that some consideration should have been shown to those nurses, many thousands in number, who have already registered under the present rules and that it should not have been left till the eleventh hour to alter so completely the character of the Register.

Discussion.

DR. GOODALL said the Supplementary Report was a statement of the position created by Dr.

Chapple's amendment. The effect was to nullify the Supplementary Registers, and to nullify the Act as far as the Existing Nurses were concerned.

In reply to a question from the HON. MRS. EUSTACE HILLS, the CHAIRMAN said he had hinted at the last meeting that, in his humble opinion, the Amendment had gone beyond what was permissible. It modified the Act by taking away the discretion given to the General Nursing Council under the provisions. He did not profess to know what the law would be, but had asked for a legal opinion. If that opinion was that the Council could contest the modification with any chance of success then it would have to consider what steps should be taken. But their legal adviser was unwilling to advise them to take the risk until he knew more of the position.

VI.—Report of the Uniform Committee.

In the absence of Miss Villiers (Chairman of the Uniform Committee), the Report was presented by Miss Cox-Davies.

I. REPORTED that the Committee had met twice, on June 25th and July 4th.

II. REPORTED that estimates for the supply of the uniform material, buttons and braid had been received from several firms in answer to the advertisements inserted in the trade journals.

Recommendation 25.

That it be left to the nurses to obtain the material from any firm they choose, provided the uniform is made up according to the registered designs, and the specified material (weight and colour) used.

III. Recommendation 26.

That any firm or tailor must apply for permission from the Council to make the uniform, as the registered designs are the property of the Council.

IV. Recommendation 27.

That the following estimate of Mr. Boyd Cooper, 4, George Street, Hanover Square, be accepted for the supply of the registered buttons and braid:—

Buttons, British manufacture: 22 line, 4s. gross, or 5d. dozen; 36 line, 7s. gross, or 8d. dozen; 45 line, 10s. 3d. gross, or 11d. dozen.

Braid, British manufacture, 102s. per gross yards, or 9d. per yard.

V. Recommendation 28.

That the following estimate of Messrs. George Kenning & Son, 1-4, Little Britain, E.C. 1, be accepted for the supply of woven hat bands and woven badges:

Woven hat-band, 18s. 6d. per dozen; woven badge, 21s. per gross.

VI. Recommendation 29.

That the following estimate of Messrs. Henry Heath, Ltd., 105-109, Oxford Street, W., be accepted for the supply of velour hats and straw hats: First quality velour hat, 26s. 6d.; second quality velour hat, 18s. 6d.; first quality straw hat, 26s. 6d.; second quality straw hat, 21s. (Hat band to cost 1s. 6d. extra in each case.)

VII. Recommendation 30.

That the hat-bands and woven badges be issued from the Council office.

VIII. Recommendation 31.

That the sum of £4 4s. be paid to Mr. Boyd Cooper for the copyright of the designs submitted by him for

the State Uniform—consisting of coat, coat and skirt, coat frock, cape and buttons.

IX. Recommendation 32.

(1) That a booklet be issued by the Council, containing: (a) particulars of the State uniform, with illustrations; (b) general instructions as to the wearing of the uniform; (c) where it can be obtained; (d) information respecting the registered badge. (2) That the booklet be issued free of cost. (3) That firms be invited to advertise in the booklet and so defray the cost of printing. (4) That the booklet in draft form be submitted to the solicitor for advice.

After some discussion, in which it was pointed out that the publication of the booklet, which was necessary, would be contingent on obtaining sufficient advertisements to cover expenses, it was resolved on the proposition of Miss Musson, seconded by Rev. G. B. Cronshaw, that the booklet should be sold at a sufficient cost to cover printing and postage. Items (2) and (3) of Recommendation 32 were accordingly deleted. Mr. Donaldson thought it exceedingly wrong to make a charge, and Miss Seymour Yapp said nurses were not absolute beggars.

The Report, as amended, was adopted.

We hope to print the Reports of the Education and Examination, General Purposes, and Mental Nursing Committees next week.

(To be concluded.)

WHO DICTATED THE DOCUMENT ?

No one who studies the statement made by Sir Wilmot Herringham, Chairman of the General Nursing Council for England and Wales, at the recent Council Meeting on how the correspondence of the G.N.C. is conducted, can fail to realise the terrible lack of discipline and organisation with which our affairs are conducted at Headquarters.

Have we, or have we not, a highly-paid head official, the Registrar in charge, who the Rules provide "shall also act as Secretary" to the Council? Apparently not, to judge from the Chairman's report. By him the Council is informed, in reply to a leading question from Miss Cox-Davies, on a communication from Miss MacCallum, published in this journal, that a letter from the College of Nursing, Ltd., as to the last date for the registration of Existing Nurses—and to which there could be but one reply, as provided in the Act, was not replied to by the Registrar at all, but was sent down to the Registration Clerk, and the typed reply laid on the Chairman's desk. Presumably he approved it (but did not say if he dictated it), but "when it went back" it was copied, and the Registration Clerk, having returned from lunch, being dissatisfied with the draft—did not send it! What extraordinary relations appear to pertain between the Chairman and the official staff of the G.N.C. The Council was not informed if the College of Nursing, Ltd., received any reply to its letter of enquiry, and, if so, what that reply was!

The truth is that the Chairman did not the whole tale unfold. We learn that the Registration Com-

mittee decided in its omnipotence to extend the two years' term of grace for the acceptance of applications from certain Existing Nurses. This decision was, of course, quite illegal; and the now mysterious document drafted, typed, and approved, was certainly made ready for the benefit of College members. We are now informed this document has vanished. We are not surprised. In this connection many enquiries were addressed to the Registrar, and, as published in this journal on July 7th, the replies were of a varied character. One alone was in order—that addressed to the Professional Union of Trained Nurses that no applications could be considered which were not received at the office by July 14th, 1923. As that is the law, the Registration Committee is greatly to blame for attempting to go behind the Act. The truth is the now notorious letter was found to be illegal and was stopped.

We have received for publication from Miss Rundle, Secretary to the College of Nursing, Ltd., a copy of a letter sent by her to Miss Riddell, Registrar, G.N.C., but, as she has not complied with our request for a copy of the letter to which the one sent purports to be an answer, we see no reason to publish half the correspondence.

Miss Riddell also writes to say that the letter quoted by Miss Maude MacCallum in this journal was not sent from the G.N.C. Office. Who stopped it?

No one denies that "preferential terms" were contemplated after July 14th for College members, and our publication of the original document has, let us hope, prevented the Chairman of the G.N.C. and the Registration Committee perpetrating another "hoax" upon our unfortunate profession, which has the misfortune to be governed by them.

We have further details on this mysterious affair. We shall publish them next week.

INTERNATIONAL AMENITIES.

The President of the National Council of Nurses of Great Britain and Ireland has received the following charming letter of thanks for greetings recently sent by our Council to the National Federation of Belgian Nurses.

MADAME LA PRESIDENTE,—Les membres de la Fédération Nationale des Infirmières Belges sont très sensibles à l'aimable accueil que leurs aînées leur ont fait dans leur Conseil International.

Elles remercient le National Council of Trained Nurses of Great Britain and Ireland des félicitations qu'il a bien voulu leur adresser à la suite de son Assemblée Générale.

Nombreuses sont celles qui parmi nous ont vu leurs sœurs anglaises au chevet de leurs blessés et de leurs malades. Elles sont heureuses de pouvoir leur exprimer toute leur reconnaissance en même temps que leur joie de travailler à leurs côtés pour le plus grand bien de leur profession.

C'est avec grand intérêt qu'elles lisent le BRITISH JOURNAL OF NURSING que vous voulez bien leur

envoyer en échange de la Revue de l'Infirmière et qu'elles suivent tout ce qui se rapporte au mouvement du "Nursing" en Angleterre.

Veuillez recevoir, Madame la Présidente, l'expression de nos sentiments distingués.

Pour la Fédération Nationale des Infirmières,
La Secrétaire,

L. D'URSEL.

Fédération Nationale des Infirmières Belges.
Bruxelles.

QUESTIONS IN THE HOUSE OF COMMONS.

NURSES (REGISTRATION).

On Thursday, July 19th, DR. CHAPPLE asked the Minister of Health whether he can state the number of nurses who have applied for Registration under the Nurses' Registration Act, 1919, up to July 14th, 1923; and whether existing nurses will be eligible for registration if otherwise qualified, should their applications be received within a period of two years from the date on which the recent Order came into operation?

THE PARLIAMENTARY SECRETARY TO THE MINISTRY OF HEALTH (LORD EUSTACE PERCY): I am informed that up to July 14th, 40,436 applications had been received. After this date, the Council have no power to admit applications for registration as an existing nurse; and the reply to the second part of the question is, therefore, in the negative.

The following question was down in the name of Dr. Chapple for answer on Wednesday, July 25th:—

To ask the Minister of Health whether he has taken the advice of the Law Officers of the Crown upon the power of the General Nursing Council to exclude from the Register existing nurses who, being otherwise qualified, make application for admission within two years from the date on which the rule, made on July 7th, came into operation.

The answer is not published as we go to press.

TRAINING OF NURSES IN COTTAGE HOSPITALS.

During the meeting of the British Medical Association at Portsmouth last week, Dr. J. McGregor Robertson (Glasgow) objected to a clause in the Council's report which expressed the view that the training of nurses in cottage hospitals not recognised as training schools by the General Nursing Council should be allowed to count, in some proportion, towards the specified three years' training which was necessary before the nurses could register. Dr. E. J. Toye (Barnstaple) referred to the matter as one of life and death to cottage hospitals. Directly nurses found out that

their training there did not count towards obtaining a certificate, they would resign and the cottage hospitals would be faced with a dilemma.

Why not solve it by staffing them with Registered Nurses? The patients would greatly benefit, and that should be the first aim of the medical profession.

APPOINTMENTS.

MATRON.

Royal Infirmary, Bristol.—Miss E. E. P. MacManus has been appointed Matron. She was trained at Guy's Hospital, London, 1908–1911. She did private nursing in Cairo in 1912, during which time she acted as Holiday Sister at the Government Hospital. She has also been Sister at the King's Lynn Hospital; Sister at Guy's Hospital; and Night Sister in the Preliminary Training School; Sister in France, Q.A.I.M.N.S.R., 1915–1918; Assistant Matron, Guy's Hospital; and has recently been Assistant to Dr. H. Chann, Nutrition Experiment for Medical Research Council, 1923. She is a Certified Midwife; and holds the Health Visitor's Certificate, Royal Sanitary Institute.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Mary I. Burgess is appointed to New Malden; Miss Mary J. Dillon, to Manchester (Ardwick); Miss Lenora Grenfell, to Berkhamsted; Miss Margaret M. Picken, to Hebburn; Miss Louisa Wane, to Thornton and Cleveleys.

PRESENTATION.

A silver tea tray, with nest of tables, and card table have been presented to Miss Campbell, late Matron of Victoria Infirmary, Glasgow, by her past nurses on the occasion of her wedding, which took place in Edinburgh, on July 18th. Miss Campbell greatly appreciates the gift, and desires to thank all those who subscribed.

THE PASSING BELL.

We record with great regret the death of Miss Georgina Scott, at "Stagsden," West Cliff Road, Bournemouth. Miss Scott was trained as a Nightingale probationer at St. Thomas's Hospital, where she was a contemporary and friend of the late Miss Isla Stewart. She was subsequently appointed Matron of the Sussex County Hospital, a position she held from 1885–1896.

One who knew her well writes: "I became a nurse entirely owing to her inspiration, which took me to St. Thomas's, and her great aim in life always was to perfect the nursing of the sick. Undoubtedly those who had the blessing of being nursed by her could testify that she had great power of inspiring confidence towards life and hope.

"I have met no one in the nursing world of whom it could more truly be said that she had the healing touch.

"I have always held her as my dear friend and teacher of nursing, and Mrs. Bedford Fenwick as my great teacher of professional organisation."

Miss Scott had a fortnight's severe illness and two bad attacks of angina pectoris; but her friends and pupils will be glad to know that the last days were peaceful and free from pain.

COLLEGE OF NURSING AND THE RECOGNITION OF ITS REGISTER.

ONE REGISTER FOR NURSES.

We quote the following paragraph from the local Press:—

A meeting of the Irish Board, College of Nursing, which meets alternately in Dublin and Belfast, was held in the Board Room of the Royal Victoria Hospital, Belfast, on Saturday, Sir Andrew Horne presiding. Amongst other members present were Professor Sir James Craig, Sir John Moore, Sir E. Coey Bigger, Dr. A. Trimble, Dr. Mann, Miss Michie, and Miss Musson, Matron of the Royal Victoria Hospital.

Amongst other matters of outstanding importance to the nursing profession was the report of the representative who attended the Council meeting of the College in London, and the following notice of motion, submitted by Dr. Trimble, was discussed:—"To raise the question of the best means of joining several nurses' registers into the one nursing register for Great Britain and Ireland, with a Central Advisory Council." It was unanimously agreed that, in the interests of nurses qualifying in the various hospitals throughout the kingdom, the present system of having five registers for the different Governmental areas, with five separate fees on each registration, was a distinct hardship to nurses passing from one area to another, and, as a first step in the removal of this hardship, it was unanimously resolved that an effort should be made to amalgamate the nursing registers of Northern and Southern Ireland. To accomplish this purpose it was agreed to approach the Ministers concerned in the Northern and Southern areas respectively.

In our opinion the degradation of the State Register in England and Wales, is the sinister attempt upon the part of the nurses' employers grouped in the College of Nursing, Ltd., to have its rival Register recognised, when this voluntary publication should have ceased at once when Parliament passed the Nurses' Registration Acts in 1919, providing for Statutory Nursing Councils to compile the State Registers of Nurses. We presume the College Register is the fifth referred to—there are four State Registers—since which time Southern Ireland has been constituted a Free State, and the College of Nursing Company has no more right to interfere with its political autonomy in connection with its nursing legislation than it has to attempt to include the British Dominions Overseas under a Central Advisory Council composed, of course, of College autocrats.

We advise Irish Nurses to keep an eye on the influential hospital governors and titled medical men in this connection. The degradation of the English Register through the initiative of the College of Nursing, Ltd., should be a lesson of

how "trained" nurses will be treated by Jekyll and Hyde control, which, apparently, is out to secure recognition of untrained Red Cross V.A.D.s on an equality with highly trained certificated women. Anyway, for the past month their applications have been pouring in through the Office in London, and our futile General Nursing Council have no option as to placing them on the General Part of our Register, and according to them all the privileges we trained nurses have earned by strenuous training, and skilled service to the sick, by work for the uplift of nursing, and by having paid for the whole registration reform.

BEQUEST TO A NURSE.

Lord Latymer, a partner in Coutts & Co., has left an annuity of £1,000 per annum to Nurse Mary Granger, to whom he expressed himself as "under a deep debt of gratitude," with the use of his town flat and effects for life. In the event of her surviving the period of the lease, then the annuity is to be increased to £1,500.

SALE OF WORK AT ST. JAMES' HOSPITAL.

On Wednesday, August 1st, the Nursing Staff of St. James' Hospital, Balham, are having a Garden Fête and Sale of Work in aid of the Memorial Window in the Hospital Chapel. The Sale will be opened at 2 p.m. by Sir Norton Griffiths, K.C.B., D.S.O., M.P. There will be tea, ices, competitions and concerts. The Matron and Nurses hope that all former members of the nursing staff will come.

THE VIROL MODEL FACTORY.

A charming party was given to Trained Nurses and Health Visitors by Virol, Ltd., at the Virol Model Factory, Hanger Lane, Ealing, on Friday, 20th inst., when they were conducted over the wonderful factory and saw the organisation by which Virol is prepared for public use in the most ideal surroundings by remarkably healthy-looking workers.

In the bottling room were stacked together 29,000 bottles, which were tested, and any with the slightest flaw thrown out. In the filling room just the right number came gliding along at the right intervals to be filled from automatic taps which stopped at the right instant to allow their lids to drop on before there is the slightest chance of a germ effecting an entrance, after which they are packed in boxes.

The delightful music of the band of the Royal Air Force added to the pleasure of the occasion, and the lovely decorations of the tea-tables, at which the daintiest of teas was served, with wonderful masses of pink carnations were a thing of beauty to be remembered.

LETTERS TO THE EDITOR.

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

NOT A WRONG AND SELFISH VIEW.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is with considerable indignation we have read in THE BRITISH JOURNAL OF NURSING Dr. Chapple's letter to Sir Arthur Stanley in which he says:—

"I was at equal pains to show that all the nurses on the deputations took a wrong and selfish view . . ."

May I state on behalf of this Union, that the first and most important point we brought before the Medical Committee of the House of Commons was the grave danger to the sick of stamping untrained women with the hall-mark of the State.

We only hope that it will not need many more instances of the sacrifice of life that may occur through placing in the hands of untrained women responsible duties, to make Dr. Chapple realise what a very great injury he has done to the sick amongst the community, and the danger that is liable to arise through unqualified women assuming the work and position of the qualified.

Yours faithfully,

MAUDE MACCALLUM,
Hon. Secretary,

Professional Union of Trained Nurses.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—As I had the honour of introducing one of the deputations of nurses to the Parliamentary Medical Committee, may I enter a strong protest against the assertion of Dr. W. A. Chapple that "all the nurses on the deputations took a wrong and selfish view." Whether the views of the nurses were right or wrong is a matter of opinion, and equally with Dr. Chapple I am entitled to hold the opinion that they were right. That they were selfish is certainly untrue. The speakers from the Royal British Nurses' Association confined themselves almost entirely to the importance of safeguarding the sick public and to the impropriety of giving to women inadequately trained a State Certificate of competency. Incidentally, mention was made of the breach of faith with regard to those who had already registered believing in the sanctity of an Act of Parliament.

May I point out that although this rule is now law, all is not yet lost. A clause in the new rule provides 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." Without this clause the rule would have been *ultra vires*, and could not have been approved by the King in Council, for clearly it preserves the discretion

conferred on the General Nursing Council under the Act. The Council have it still in their power to protect and safeguard the interests of the public and to prevent the State Register being flooded with the names of those who have no claim whatever to be enrolled among the members of the most gentle profession.

I am,

Yours very truly,

HERBERT J. PATERSON.

9, Upper Wimpole Street, W. 1.

KERNELS FROM CORRESPONDENCE.

THE VOTE COVERS ALL.

Miss Elise McCrea.—"Dr. Chapple is a Scottish M.P. Why did he not make provision in his modification of Rule 9 (1) (g) for degrading the Scottish Nurses' Register, instead of attacking the very moderate standard of the English Register? I think English and Welsh nurses have a very real grievance against him in this particular, as they cannot vote against him at the next election—as we Scottish nurses most certainly shall do if he tampers with our standard, already a dangerously low one."

THE GAGGED PRESS.

Councillor Beatrice Kent writes:—"Twice within a few days I sent a letter to the Press, commonly—but most erroneously—called the 'Free Press.' In both cases my letters were courteous in tone and of urgent importance. In both cases they were returned to me with scant courtesy. We should do well to follow the example of America, where there is a Free Press and where they treat their women with greater courtesy than they do in this country, where women are of no account. The women Members of Parliament would earn the gratitude of their sex if they would introduce a Bill which would give facilities to the public to express their views through the Press."

[There has never been greater proof of the danger to professional workers of the "Sup Press." Trained Nurses have been denied access to the publicity which the Jew-governed daily Press professes is free, for years. What working women are suffering to-day the whole nation will suffer to-morrow if Jew control continues.—ED.]

OUR PRIZE COMPETITION QUESTIONS.

August 4th.—What are the duties of a District Nurse attending a case of illness, towards the other members of the family?

August 11th.—What nursing measures other than drugs may be used (a) to quieten a restless or delirious patient and to induce sleep, (b) to check vomiting, (c) to induce the skin to act.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,844

SATURDAY, AUGUST 4, 1923.

Vol. LXXI

EDITORIAL.

MAKE A BONFIRE OF BAUBLES.

Parliament has now risen, and will not be sitting again until November 13th, a respite for bureaucracy it will thoroughly enjoy. Glancing back at the work of the past Session, the Nursing Profession in England and Wales has much to deplore, as it has for the time being lost nearly everything worth having—granted or made possible through the Nurses' Registration Act. Rule 9 (A) cut at the root of just professional equality by handing over to a powerful Company of employers—the College of Nursing, Ltd.—the privilege of sharing the discretion of compiling the State Register with the General Nursing Council, to which Body the duty had been deputed by Parliament. This notoriously unjust Rule—illegally thrust through Parliament by a Minister of alien origin, insolently contemptuous of the psychology of self-respecting British nurses—made it possible to pack the electorate of the General Nursing Council, and crush out self-determination, the sinister policy of the College Council, composed as it is almost entirely of rich and powerful hospital managers, titled medical practitioners, and matrons under their control. Returned to power through the College Caucus, the new G.N.C. at once succumbed to a medical dictatorship, of a peculiarly uncouth type, and proceeded to deprive future Nurses of their right to "prescribed" training, the Syllabus of which was most carefully framed by its predecessor; leaving as heretofore absolute power over their education and lives in the hands of irresponsible persons, whose financial interests are not invariably coincident with nursing efficiency.

Not satisfied with crushing out the aspirations of the promoters of State Registration—in so far as professional independence and "prescribed" training are concerned—the policy of pandering to the powerful employer has resulted, through the ignoble compact made between the Hon. Sir Arthur Stanley (Chairman, and supported by the Council of the College) and the facile Dr. Chapple, M.P.,

in knocking the bottom out of State Registration, for the time being, by rushing through Parliament a few weeks before the termination of the period of grace, a new Rule making it possible for persons to claim to be placed on the General Part of the Register without any training at all! And this in 1923, thirty years after certification after three years' systematic training has been the acknowledged standard of efficiency in all the leading Nurse Training Schools! Thus Rule 9 (1) (g) plunges Nursing away back into the Gamp stage of ignorance and demoralisation.

Then we have evidence at Headquarters of the inevitable chaos, lack of discipline and loyalty, which inevitably results from the dominating personal interference of men with women's work. It is useless for men to approve bureaucratic power for a paid official, in the hope of suppressing the rank and file of the Nursing Profession. To permit acts of impertinent autocracy—even where the nurse members of the Council are concerned—and imagine that a rag of discipline can survive so far as their own personal power and reputation is concerned, is hopeless. Any such supposition, the result of excessive sex vanity, is a delusion, and is blown to smithereens by the recent *exposé* in this Journal of the now notorious "elusive document" flouting the Act, and the explosion which resulted in the G.N.C. Office.

But if the medical dictatorship in the G.N.C. Office has proved a despicable failure, how about the sapient policy of the highly decorated College Matrons who inaugurated it? In our opinion these women have sold our birthright for pettifogging personal aggrandisement. Self-determination, self-government, educational and economic rights, and the consequent prestige in the community of the whole profession is the heavy price paid, and the bargain has resulted in sapping the fine altruistic spirit by which our noble profession was formerly inspired. If a bonfire could be made of all mean and spiritless baubles, and promotion be secured for merit and not by favour, there might be some hope for the purity and integrity

of our Profession in the future. As it is, there is little hope for the evolution and humanising of Nursing so long as materialism is the essence of its creed.

OUR PRIZE COMPETITION.

WHAT ARE THE DUTIES OF A DISTRICT NURSE ATTENDING A CASE OF ILLNESS, TOWARDS THE OTHER MEMBERS OF THE FAMILY?

We have pleasure in awarding the prize this week to Miss M. Ramsey, S.R.N., Enmore Road, South Norwood.

A district nurse must avoid above everything being dictatorial and standoffish in her dealings with the relatives of patients. She will accomplish her work most thoroughly, and obtain the respect of those among whom she works by recognising in them her brothers and sisters who are entitled to her help and advice. She will endeavour to instil into the minds of the near relatives the elementary principles of ventilation, the importance of cleanliness, and the strict observance of the orders for the administration of medicine, and for the general attendance on the invalid.

The nurse can instruct how to keep the homes healthy and improved by: (a) Example; by methodical working during her visits, clearing up everything when she has finished, emptying slops, burning rubbish, and ventilating room. (b) Teaching the value of fresh air, soap and water, regular habits in regard to meals, sleep, and recreation; advising best methods of cleaning, such as damp dusting and sweeping, economical shopping, and food values. (c) Putting them into touch with such authorities as can assist them to have structural and sanitary defects remedied, such as windows that will not open, blocked drains, leaky taps, &c. To carry this out the nurse must first establish friendly relations with the patient's family, so that their confidence is gained, and then give her advice with tact and without showing a critical spirit. A hint dropped here and there will be more effectual than much talking.

If it should be necessary to find out if the patient is insured, ask questions carefully and with a sympathetic manner. Allow the family to talk freely; they will often give the required information during conversation. Should the relatives be unwilling to divulge the necessary information, they will often change their attitude if it is explained that it is merely to safeguard them from being charged a fee they cannot afford, or from paying at all if their approved society is one of those who will pay for the nursing of their members.

The district nurse must never forget, as she goes her daily round, that her personality will count for much. A kindly smile and a cheery word are a great power all over the world. The district nurse can do much by what she is, what she does, and what she says. Unconsciously, she will exercise an influence in the patient's home of which she will not be aware, and her word will have great weight. In her work she can show to mothers and relatives many of the simple remedies and preventive measures that will prevent serious illness. She will teach the necessity of temperance in all things, and advise what should be done in the early stages of illness. With regard to the men, she can do a great deal in talking to them about the health not only of their families, but also of the community, and awaken them to a sense of their responsibility as citizens.

During her visits she will notice others in the family who are sickly, and can refer them to the proper sources for treatment.

A district nurse needs much tact and patience in dealing with relatives of a sick patient. She must remember that in the homes of the people she is their guest, and she must treat them accordingly, while at the same time she must maintain sufficient authority for the carrying out of treatment. Every home presents many social problems, and which play such an important part in recovery or otherwise. A sense of humour is a great asset.

Any alterations *re* furniture or arrangement of sick room, suggestions for cleaning same, need to be made with the greatest care and tact, otherwise the family may be offended and object.

The nurse should keep before her what the ideal should be, and aim at its attainment by doing a little at a time.

Miss M. G. Bielby writes: "The most valuable side of a District Nurse's service to the individual and the State should be her preventive work. We are told that 85 per cent. of illness is due to ignorance. At least 50 per cent. of this, we may safely infer, might be prevented by timely health teaching on the part of the District Nurse to the families of her patients."

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. G. Bielby, Miss May Thompson, and Miss Ellen Harris.

QUESTION FOR NEXT WEEK.

What nursing measures other than drugs may be used (a) to quieten a restless or delirious patient and to induce sleep; (b) to check vomiting; (c) to induce the skin to act?

NURSING ECHOES.

As we go to press, the Prince of Wales is paying a visit to Nottingham, where he is to open the fine new Nurses' Home, erected by public subscription, in connection with the General Hospital, and fulfil a number of other public duties.

His Royal Highness, during his visit to Notts, will be the guest of the Duke and Duchess of Portland at Welbeck Abbey, and will thus pass through some of the most exquisite sylvan scenery in England.

The members of the Nurses' Organisations of which THE BRITISH JOURNAL OF NURSING is the official organ will, now that Parliament has adjourned, wish to make public acknowledgment of their sincere appreciation of the generous manner in which Major R. W. Barnett, M.P., has supported their interests, and consequently the interests of the public, in the House of Commons during the past Session.

First, he has given freely of his valuable time, and has always been accessible to us inside and outside the House. We have to thank him for his careful scrutiny of new Rules framed by the General Nursing Council—which have been laid on the table of the House—and the effective action taken by him, on more than one occasion, in support of our professional rights. First, he secured that the Schedule (Constitution of Council) should be reconsidered by the General Nursing Council, as amended by the Registered Nurses' Parliamentary Council, and again submitted to the Minister of Health and Parliament within twelve months, so as to make it more democratic. Quite recently Major Barnett gave notice of a Motion which would have prevented the wholesale degradation and disorganisation of the Register by either Rule 9 (1) (g) or Dr. Chapple's modification, had not the latter been down first on the Order Paper and made a Party question by the Labour and Liberal Parties. Anyway, we owe it to his knowledge of the Nurses' Act and the Statutory Rules that the effect of the Chapple Rule will not be as disastrous as it might have been. Apparently it was the determination of the Parliamentary Medical Committee to give effect to the new Rule for two years, instead of from the original date agreed to July 14th, 1923, and every effort has been employed by these medical distributors of nursing favours to induce the Minister of Health to interpret the Nurses' Act in this sense.

Major Barnett, however, took every means to prove, and successfully, that any such extension for the registration of "Existing Nurses" (nurses without hospital training) would be contrary to the provisions of the Nurses' Act.

THE BRITISH JOURNAL OF NURSING, in the name of its readers (for the public as well as trained nurses are in his debt), offers warm thanks to Major Barnett for his national services, and wishes him a very happy holiday.

The bequest of Mr. John Howard of Brighton to trained nurses—preferably those who have worked in that town—has materialised, and twelve charming little houses have been built on the selected site at Kemp Town within sight of Roedean. It was originally hoped to build twenty-four, but the cost was too great. We learn there will be great competition for these residences, which will be furnished, but who the fortunate twelve nurses will be has not yet been announced. We do not quite know how nurses are to live on the very small income they may possess even with the additional few shillings a week the bequest provides.

We have to thank some kind anonymous friend for a gift of most sweet lavender. It is greatly appreciated.

The Swimming Festival in aid of the Prince of Wales General Hospital was held at Tottenham Municipal Baths on July 26th. Nurses from St. Bartholomew's, Guy's, University College, Middlesex, and the Prince of Wales Hospitals took part, and competed for "The Holmes Vase," which was again won by Guy's Hospital Nurses. No doubt the lovely swimming bath the nurses so greatly enjoy at this hospital accounts for their proficiency.

At the Annual Court of Governors of the East Suffolk and Ipswich Hospital, which is a highly efficient institution, Mr. J. D. Cobbold, who had provided at the Hospital a hard tennis court for the use of the nurses, expressed his gratification to learn that the facility for tennis during the nurses' leisure had been of such advantage. He proceeded to draw attention to the fund which had been formed to provide the nurses with additional money when they went for holidays. Some of the nurses had to travel long distances, he said, and it was rather hard on them to pay from their small salaries the heavy train fares involved. Some years ago he started a fund

to help them in this matter, and found that last year £60 was granted to help nurses with their travelling expenses. He hoped that this fund would be gradually increased, and that it would become of greater use and benefit to a hard-worked section of the community who gave up their time to nursing, and who, until recent years, had been insufficiently paid. In conclusion, Mr. Cobbold mentioned that the Hospital was losing a valued servant in Sister Collet, who was leaving the institution after 25 years' service.

There was a time when one might wade through columns of hospital reports and never see the nurses mentioned. Now our work is recognised as indispensable, and rightly so.

Brighton and Hove recently held a Flag Day for Queen's Nurses, and the day's efforts resulted in the grand total of £468. 6s. 6d., a very satisfactory result when one realises the many calls on the public. Queen's Nurses last year paid 81,127 visits to the sick poor, in their own homes, in Brighton and Hove. Visitors sometimes resent being asked for contributions at seaside places, but they forget that the standard of health in holiday towns is maintained by efficient sanitary, and intelligent nursing supervision.

THE INTERNATIONAL COUNCIL OF NURSES.

Miss Breay and Miss Pearse arrived safely at Copenhagen after a terrible tossing in the North Sea. Miss Reimann met them at the station and they spent an interesting time at the Bispebjerg Hospital, where they were entertained by Miss Munck to dinner to meet other national representatives. The table was decorated with the flags of Denmark, Finland, Great Britain, and the United States of America, on little flagstuffs with silver ends. Pink roses composed the floral decoration.

The first Meeting of the Executive Committee of the International Council of Nurses was held on Sunday morning.

The Nursing Conference opened on Monday morning at the Kommune Hospital, and extended over Tuesday and Wednesday, social functions enlivening the leisure hours. Copenhagen is a lovely city, and the Trained Nurses of Denmark are splendidly organised on a thoroughly self-governing basis; their position is therefore dignified and secure, and commands the respect and confidence of the community.

ROYAL VISIT TO LIVERPOOL ROYAL INFIRMARY.

NURSES' RED LETTER DAY.

Tuesday, July 24th, was another red-letter day in the annals of the Liverpool Royal Infirmary Nursing Staff, for on that day Their Royal Highnesses the Duke and Duchess of York visited the hospital to lay the Corner Stone of the long-looked-forward-to, and very much needed, new Nurses' Home.

Their Royal Highnesses arrived at the Hospital at about 2.30 p.m., and in the Main Entrance Hall the President (T. H. Bickerton, Esq., Ch.M.) presented to them various members of the Committee, Honorary Medical Staff, the Secretary, and Matron (Miss E. M. Cummins, R.R.C.), who handed to the Duchess, on behalf of the Nursing Staff, a very delightful early-Victorian posy, the colours of which blended perfectly with her dress of beige brocaded marocain.

A Guard of Honour of Sisters and Nurses lined the corridors to the spacious Out-patients' Department, where the larger part of the programme was carried through. The platform, decorated with Dorothy Perkins rambler roses, and bay trees, and the green-and-white glazed tiles of what is probably the finest Out-patients' Hall of the day, together with the judicious addition of bunting, combined to present a most pleasing spectacle. Here again, the fact that it was "Nurses' Day" was emphasised by their presence all around the Hall.

The Lord Mayor welcomed Their Royal Highnesses on behalf of the citizens of Liverpool, and the President addressed the assembly, pointing out the need of a new Nurses' Home.

The Duchess then received purses on behalf of the Building Fund, and the total amount contained in these was £2,040. The purses were of uniform size and design, artistically worked out in parma coloured suède, with the initial letter "A" (Albert) in gold on the one side, and the badge of the Infirmary in gold on the other side, and they were afterwards returned to the donors as souvenirs of the occasion. In all, 52 purses were presented, and included one from the "Old Royalties," one from the "Royal Infirmary Nurses," presented by Nurse Gwynne, and containing £40, and one from the "Royal Infirmary Sisters" (£58 11s. 3d.), presented by Sister Garner, A.R.R.C.

As a personal memento the Duchess graciously accepted from Sister Garner, on behalf of the Nursing Staff, a purse similar to those already handed in, with the exception that the gold letter "E" (Elizabeth) was substituted for "A."

It is pleasing to record the ready willingness and enthusiasm of old patients to contribute to the purses collected by the Sisters and Nurses.

After a vote of thanks had been passed, on the proposition of the Treasurer, seconded by the Chairman of the General Committee, in which the former called attention to the success of the Nurses' Bazaar held a year ago, which resulted in £3,000 being

handed over to the Building Fund, H.R.H. the Duke of York made a very cordial reply, and paid a tribute to Liverpool's pioneer work in nursing, and expressed his admiration and personal gratitude to the noble nursing profession.

Following an inspection of the new Gynæcological Theatres—on the way to which all patients who were able to be moved were enabled in the corridors to get a close view of Their Royal Highnesses, and the ex-servicemen patients, wearing their war decorations, lined up near the entrance of the Theatres—the Royal Party proceeded to the site of the Corner Stone. On this platform a further detachment of Nurses awaited the arrival of the party, and a pleasing incident here was the presentation of a bouquet of carnations to the Matron by Sister Thomas, on behalf of the Nursing Staff.

The following were placed in the Corner Stone for the interest of "those who come after":—

- Copy of *The Times*;
- A Liverpool Newspaper;
- An Annual Report of the Hospital;
- A Souvenir Booklet of the Stone-laying Ceremony;
- A list of the names of the Nursing Staff as it was constituted on July 24th;
- One of each of the current coins of the day.

We have before us the beautiful printed "Souvenir" of the visit of Their Royal Highnesses the Duke and Duchess of York. This booklet contains a perspective view and plans of the building of the new Nurses' Home when completed, which will comprise six floors, to accommodate the Matron, two Home Sisters, nineteen Sisters, one hundred and nineteen nurses, and eleven maids, with room for extension.

The approximate cost of the whole building is estimated to be £100,000, and is to be built in instalments. The cost of an average floor will be about £20,000, a typical nurses' room with fixed furniture would be about £250; and it is suggested that donors might desire to give a round sum to enable a set of nurses' rooms to be built, or a wing or a floor completed, and to have the donor's family name permanently associated with such definite portion of the new Home. The exterior plan as presented of the whole building is exceedingly handsome and harmonious, and should add greatly to the dignity of the Royal Infirmary, the comfort and educational advantages of the nursing staff, and, in consequence, of the well-being and happiness of the patients.

With provision for a "prescribed" system of training granted by Parliament in the Nurses' Registration Act, and only awaiting a more enlightened General Nursing Council, composed of a younger generation of medical practitioners, and free representatives of the Nursing Profession, to have it put into effect, and thus secure for probationers in training their statutory rights in this connection, the new Nurses' Home at the Royal Infirmary, Liverpool, should attract an abundant supply of refined and intelligent girls to study Nursing and make it their lives' work. No career is more satisfying to girls of noble nature.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

(Continued from page 61.)

3. Report of the Education and Examination Committee.

MISS LLOYD STILL, Chairman of the Committee, moved that the Report be received.

I. REPORTED—That the Committee has met three times—June 19th, 26th, and July 10th, 1923.

II. CONSIDERED—Letter from the Ministry of Health, dated June 12th, 1923 (*see Minutes of Council, June 15th, 1923*), referred to Committee).

In accordance with the request of the Ministry the Committee submit the Syllabus of Subjects for Examination for Fever Nurses. The Committee has also examined the Syllabus of Subjects for Mental Nurses and those nursing Mental Defectives, forwarded to them by the Chairman of the Mental Nursing Committee.

Recommendation 10.

"That the Syllabus of Subjects for Examination for Fever Nurses be approved and forwarded to the Minister of Health for his signature."

Recommendation 11.

"That the Syllabus of Training in Fever Nursing approved at the Council Meeting on March 16th, 1923, be issued on the authority of the Council."

Recommendation 12.

"That the Syllabus of Subjects for Examination for Mental Nurses and those nursing Mental Defectives be approved and forwarded to the Minister of Health for his signature."

(Consideration deferred.)

Recommendation 13.

"That the Syllabus of Training for Mental Nurses and those nursing Mental Defectives approved at the Council Meeting on April 20th, 1923, be issued on the authority of the Council."

(Consideration deferred.)

III. CONSIDERED—Further list of General Hospitals and Poor Law Hospitals whose authorities have replied to inquiries instituted by the Council.

Recommendation 14.

"That the following Hospitals be recognised as Complete Training Schools:—

- General—Royal Hospital, Salford.
- Royal Hospital, Richmond, Surrey.
- St. John's Hospital, Lewisham.

Recommendation 15.

"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—
 - Eccles and Patricroft Hospital (in affiliation with Royal Hospital, Salford).
 - Victoria Hospital, Accrington (in affiliation with Royal Hospital, Salford).
 - Rochford Union Infirmary (in affiliation with Hackney Union Infirmary).
- Under Section I. (3) (ii) of the Scheme of Training.—
 - Wingfield Orthopædic Hospital, Headington (in affiliation with Radcliffe Infirmary, Oxford).
 - Birmingham & Midland Hospital for Women (in affiliation with Lincoln County Hospital).

IV. **CONSIDERED**—Further list of Sick Children's Hospitals whose authorities have replied to inquiries instituted by the Council.

Recommendation 16.

"That the following hospital be recognised as a Training School for Sick Children's Nurses:—

Evelina Hospital for Children, Southwark."

V.—*Recommendation 17.*

"That the following hospital be recognised as a Complete Training School for Male Nurses:—

Hackney Union Infirmary."

Discussion.

MISS SEYMOUR YAPP deprecated probationers being accepted at Poor Law Infirmaries for surgical work. Hackney Union and Rochford Infirmary (*Recommendation 15*) Poor Law Infirmaries required what surgical work they had for their own probationers. She knew of no Infirmary which could take outside pupils and not do injustice to its own probationers.

DR. GOODALL said a very large amount of surgical work was done at Hackney Infirmary. He had lived near it for 24 years and knew it well.

MISS YAPP said she would take back her remarks as applying to London Infirmaries.

MISS ALSOP agreed with Miss Yapp, but said that at Kensington they managed to take probationers from small Infirmaries by dropping a few of their own.

MISS MUSSON said the Infirmaries had to satisfy the Education Committee of their ability to provide the necessary material.

THE CHAIRMAN inquired whether there was not a difficulty in combining voluntary and Poor Law training; and MISS LLOYD STILL answered in the affirmative.

The Report was approved.

4. Report of the Mental Nursing Committee.

DR. BEDFORD PIERCE, Chairman of the Committee, moved that its Report be received.

No meeting of the Committee has been held. The Chairman will move:—

Recommendation 18.

"That the Syllabus of Subjects for Examination for Mental Nurses and those nursing Mental Defectives be approved and forwarded to the Minister of Health for his signature."

Recommendation 19.

"That the Syllabus of Training for Mental Nurses and those nursing Mental Defectives approved at the Council Meeting on April 20th, 1923, be issued on the authority of the Council."

DR. BEDFORD PIERCE said that, with the assistance of the Chairman, he had altered the original form of *Recommendation 18* by omitting the words "and training."

Discussion.

MISS WIESE expressed regret that the Syllabus of Training in General Nursing had been scrapped.

THE CHAIRMAN said it was issued under the authority of the Council.

MISS WIESE said that the nurses would have to pay two and three guineas fees, and only by their failing in the State examination would it be known that there was something wrong in the training they received.

DR. GOODALL said that institutions could not be forced to give training if they did not wish to do so. It was up to those who advised women on the subject to recommend them to institutions where the training was good.

DR. BEDFORD PIERCE said arrangements were provisional to recognise hospitals of a certain size at present. After 1925 the arrangements would be stricter.

MISS WIESE said there were heaps of medical superintendents who were not interested in good training for nurses.

THE CHAIRMAN inquired whether Miss Wiese had joined in recommending unsatisfactory places for recognition.

MISS WIESE said that training under the L.C.C. and M.A.B. was good, but she knew places where it was not.

MISS SEYMOUR YAPP inquired whether all Training Schools in Mental Nursing trained for the examination of the Medico-Psychological Association.

She received an answer in the negative.

MISS COX-DAVIES said that one of the objects of the State examination was that it should be known by the result of the examination whether probationers were being properly trained.

DR. BEDFORD PIERCE said another matter would require a rule. Every nurse presenting herself for examination would have to supply evidence of having been trained in certain ways. This would carry on the work of the Medico-Psychological Association.

The Report was approved.

5. Report of the General Purposes Committee.

I. **REPORTED**—That the Committee has met twice—on June 26th and July 9th, 1923.

II. **REPORTED**—That owing to the increase in the number of interviews it has been found necessary to add an assistant to the Interviewing Officer until after the period of grace. Miss Esther Evans was appointed at a salary of £3 10s. weekly from June 27th, 1923.

To meet the pressure of work (number of applications from July 2nd to 7th=2,243) four additional clerks have also been engaged—two for the Registration Department and two for the Accountant's Department (two at £2 weekly and two at £1 10s. weekly).

Recommendation 20.

"That this action be approved."

III. **REPORTED**—That the following extra equipment has been purchased:—

1 Plinth stand for Accountant's Room, at 18s. 6d.

6 Bentwood Chairs, at 7s. 9d. each.

1 Pigeon-hole cupboard for Registration Room, at £8 17s. 6d.

Recommendation 21.

"That this action be approved and that sanction be given for the purchase of the following:—

Another Pigeon-hole cupboard for Registration Clerk's Office, at £8 17s. 6d.

Two Card Index Cabinets for Accountant's Room, at a cost of £4 17s. 6d. each.

Shelves for the Accountant's Room.

IV. REPORTED—That Miss Davies, Registration Clerk, has submitted her resignation to date from October 13th, 1923, as she has had an offer to go to South Africa for six months.

Recommendation 22.

"That on the occasion of Miss Davies' leaving, a bonus be paid to her representing approximately the additional sum that would have accrued to her had the vote for increased salary been sanctioned by the Ministry."

V.—*Recommendation 23.*

"That the following advertisement for a Registration Clerk be inserted in the Nursing papers:—The General Nursing Council invites application for the post of Registration Clerk. Candidates must be Registered Nurses holding a Certificate of at least three years' training from a Nurse Training School. They must produce evidence of Secretarial and Clerical experience. Duties to commence on September 12th. Salary £250 per annum inclusive. Age not to exceed 45. Applications, with three recent copies of testimonials, to be sent to The Registrar, General Nursing Council for England and Wales, 12, York Gate, Regent's Park, London, N.W.1, before August 7th, 1923. Envelopes to be marked 'Registration Clerk.'"

VI.—*Recommendation 24.*

"That in view of the necessity for making provision for the continuity of the work of this Department, the General Purposes Committee be empowered to make the appointment in order that the successful candidate may take up her duties at an early date."

Discussion.

On Recommendation 23, MISS DU SAUTOY expressed the opinion that the salary of £250 offered was insufficient. The position was most important. The Registration Clerk had 20 clerks under her. She must be a Trained Nurse, and she must have had administrative experience. Thus she must have a second professional qualification. Her salary, when the cost of living had been taken into account, would be under £100 per annum. The Council had given the appointment of Examinations Officer, at a salary of £375 a year, to a lady with one qualification only.

MISS SEYMOUR YAPP supported Miss du Sautoy's view. She thought £250 not nearly a large enough salary to offer this lady. To offer such a person about £90 a year was not fitting to the dignity of the Council. The salary offered should be £350.

DR. GOODALL said it was quite true that the Registration Clerk had 20 clerks under her, but he hoped the number would be reduced. When once the examinations were instituted the position would be nothing like as important as at present.

MISS E. SMITH inquired whether an intelligent nurse could not fill the post satisfactorily without being required to have a second qualification.

MISS DU SAUTOY, seconded by MISS SEYMOUR YAPP, moved that the salary offered should be £350.

MR. STRATTON considered that men as well as women should be eligible for the post, and that it should be open to Registered Male Nurses as well as Registered Nurses.

MISS COX DAVIES inquired whether MR. STRATTON was of opinion that Registered Male Nurses were sufficiently conversant with the certificates of the general hospitals.

The Amendment to raise the salary to £350 was lost.

THE CHAIRMAN pointed out that the Minister had said he would not sanction an increase of salary until after September 30th. Last March the Council had wished to raise Miss Davies' salary to £300. The Minister would not sanction it, but pointed out what might be done in the way of giving a bonus.

REV. G. B. CRONSHAW said it was evident that it was outside the competence of the Council to raise Miss Davies' salary.

THE CHAIRMAN said there was the question of bonus, but that need not be gone into now.

On Recommendation 24 MR. DONALDSON moved that the appointment should be for twelve months. This was seconded by MISS SPARSHOTT.

The Report as amended was approved.

We shall pick out the points in the Business transacted by the G.N.C. Meeting for nurses to note and remember in next week's issue.

THE ELUSIVE DOCUMENT.

ILLEGAL CONDUCT OF REGISTRATION BUSINESS STILL CONTINUES.

Miss Maude MacCallum, Hon. Secretary of the Professional Union of Trained Nurses, forwards to us for publication the following statement, and copy of correspondence with the Minister of Health:—

The Registrar of the General Nursing Council for England and Wales has repudiated the letter to the Registrar of the College of Nursing, Ltd., published in THE BRITISH JOURNAL OF NURSING of July 7th.

Unfortunately, her word does not carry the weight it should. Some members of the Finance Committee of the late G.N.C. must remember the occasion when information was asked regarding another letter sent from the G.N.C. offices, proclaiming preferential terms to College Members. Miss Riddell denied that any such letter had been sent. Ultimately, however, she was obliged to acknowledge and produce it. The Chairman of the G.N.C. being interrogated, stated that the Registrar alone was responsible for this document.

It is useless to deny that there has been communication between the G.N.C. and the College on the subject, as the letter in question, which is officially acknowledged to have been drafted in the G.N.C. office, begins, "In reply to your letter of the 26th instant, you are quite correct in thinking that applications issued before July 14th will be accepted as in time for registration for existing nurses, even although the completed application does not reach this office until after the closing date July 14th."

Letters have reached me proving that the G.N.C. has been sending information on the same lines to individuals. I quote—

(a) "Will you fill this form in and return same to this office. The application will date from the day of issue of the form."

(b) "In reply to your letter, I herewith enclose the form of application. The application commences from the *issue* of the form from this office."

(c) "It has been decided that forms of application *issued* up to and including the 14th July will be in order."

After the bombshell exploded, these ladies were hastily informed that "your application for Registration must be in this office by July 14th."

With all due respect to the Chairman of the G.N.C., it is not "Miss MacCallum and the B.J.N." that are being hoaxed, but Sir Wilmot Herringham, who must perforce believe whatever is told him by his staff, and they appear to be able to lead him gently up and down the garden path whenever the exigencies of the case demand it.

In a communication received from the Minister of Health, the following occurs: "The Minister has been in communication with the General Nursing Council on the subject and he is informed that in dealing with an official enquiry by the Registrar of the College of Nursing a draft letter was prepared in the office of the General Nursing Council, but was not approved by the Council and therefore not sent."

Who gave the Minister this information? Surely Sir Wilmot Herringham must be aware that at this time the matter had never been before the Council.

As Chairman he gives his version. The letter published was laid in draft on a desk. The Registration clerk, "returning after lunch, examined afresh the draft, and being dissatisfied with it, did not send it."

If the Minister states the "draft was not approved by the Council and therefore not sent," and the Chairman says the "Registration clerk returning after lunch examined afresh the draft and being dissatisfied with it did not send it," only one conclusion can be drawn, *i.e.*, the junior office staff on occasions can represent the Council.

Re LETTER FROM GENERAL NURSING COUNCIL TO THE COLLEGE OF NURSING, LTD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The explanations with regard to the letter I forwarded to THE BRITISH JOURNAL OF NURSING, on the 7th inst., seem to be as varied as the replies of the Registrar to the different people who applied to know the last day on which an application form could be received for Registration. I wrote to the Minister of Health, enclosing him some of those letters, and I have received the following. He replies that the letter I stated was sent was prepared in the office of the General Nursing Council, but was not approved by the Council, and, therefore, not sent. I have been informed that this matter had *never been brought before the Council up to the time of my publishing that letter*, so that it would seem that the Minister of Health has not been given correct information by the General Nursing Council.

MAUDE MACCALLUM.

LETTER FROM THE MINISTER OF HEALTH.

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

July 13th, 1923.

MADAM,—I am directed by the Minister of Health to refer to your letter of the 4th inst. with which you enclose a copy of a reply alleged to have been sent by the General Nursing Council to an enquiry made by the Registrar of the College of Nursing, regarding the latest date for the receipt of applications for registration.

The Minister has been in communication with the General Nursing Council on the subject, and he is informed that, in dealing with an official enquiry by the Registrar of the College of Nursing, a draft letter was prepared in the office of the General Nursing Council, but was not approved by the Council, and, therefore, not sent.

The wording of the enclosure to your letter follows the wording of the rejected draft, with the exception of the omission of the important word "not" between the words "would" and "be accepted," in the ninth line, which, of course, completely alters the sense of that paragraph

I am, Madam,

Your obedient Servant,
(Signed) L. G. BROCK.

Miss Maude MacCallum,
Professional Union of Trained Nurses.

[What about the first paragraph of letter?—
M. MacC.]

MORE ELUSIVE DOCUMENTS.

As we reported last week we have received for publication the copy of a letter sent by Miss M. S. Rundle, the Secretary of the College of Nursing, Ltd., to Miss Riddell, the Registrar of the G.N.C., in reply to one received from her on the burning question of the "elusive document." We asked for a copy of Miss Riddell's letter, as no doubt it would throw light on the question, befogged by Sir Wilmot Herringham at the recent meeting of the G.N.C.

Miss Rundle now informs us that she has "no authority to send a copy of the letter written to me by the Registrar of the General Nursing Council."

Why does she not obtain such authority? We wonder!

Anyway, we publish both or neither.

A PUBLIC DANGER.

We learn that the Privy Council was far from unanimous in agreeing to Dr. Chapple's "modification" of Rule 9 (1) (g).

The *Morning Post* published an illuminating article on Dr. Chapple's new Rules—the only London daily, by the by, that appears to realise that skilled nursing is a national asset. The article concludes: "It was intended to confer

a hall-mark of training, and the public should now realise that the letters S.R.N. (State Registered Nurse) for some years to come, at any rate, will imply no guarantee of that nature."

The *Daily Mail*, which has for years maintained a very ignorant and prejudiced attitude towards Nursing organisation, published a very inaccurate and misleading par on the Nurses' Register on Tuesday.

QUESTIONS IN THE HOUSE OF COMMONS.

JULY 25TH.

NURSES' REGISTRATION.

DR. CHAPPLE asked the Minister of Health whether he has taken the advice of the Law Officers of the Crown upon the power of the General Nursing Council to exclude from the register existing nurses who, being otherwise qualified, make application for admission within two years from the date on which the rule made on July 7th came into operation?

MR. CHAMBERLAIN: No, Sir.

JULY 30TH.

NURSES' REGISTRATION.

DR. CHAPPLE asked the Minister of Health whether he is aware that, under Section 3 (2) (c) of the Nurses Registration Act, 1919, rules are to be made enabling persons who have been *bona fide* engaged in practice as nurses under certain conditions to be admitted to the register, providing application is made within a period of two years after the date on which a rule first comes into operation, and that a rule first came into operation on July 7th, 1923; can he now say whether persons to whom this rule applies may, if otherwise qualified, be admitted to the register; and whether he has satisfied himself that the General Nursing Council is correctly interpreting the Act and the new rule?

MR. CHAMBERLAIN: The hon. Member has not quoted the Act correctly. The wording of the Section in question is "the date on which the rules to be made under the provisions of this paragraph first come into operation," and I am advised that the effect of the provision is to allow a period of two years from the date when the first body of rules came into operation. This date was July 14th, 1921, and the two years period having now expired, the General Nursing Council have no power to admit further applications for registration as existing nurses.

MAJOR BARNETT: Hear, hear!

REMARKS.

This reply will, in some measure, relieve trained nurses already registered. Dr. Chapple's tricky attempt to permit untrained nurses to be placed on the General Part of the Register for another two years has happily failed—thanks largely to the activity of Major Barnett in instructing the ignorant on Nursing Legislation, including quite a number of medical M.P.s!

"ALL AND SUNDRY!"

(With Consternation.)

*Walk up! Walk up! the levelled path;
No hindrance blocks the way,
The road is watered, smooth and clear,
For all to come to-day!*

* * * *

Which Solomon of current date
Caused Rule 9 (a) to be?
She's qualified for honours' list—
Give her the C.B.E.!

Thus we have seasoned veterans,
Who fought and won the war,
And anything in raw recruits
Exactly on a par!

Tis said, so stands the law to-day
That Ministers *pro tem.*,
Must wait till wild menageries
Dictate their terms to them!

Wherefore we find the Nation's Health,
Despite an urgent "S.O.S.,"
Providing its custodian
A game of pitch and toss!

Not so his wise Progenitor
Aforetime played the game,
And made the screws of Brummagem,
The nucleus of fame.

One never saw *his* clever schemes
Of commonsense bereft,
(Nor found his priceless orchid gems
To unskilled fingers left).

Oh! William Schwenck, the pity is
You're missing from the race,
Nought but the quill Gilbertian
Is equal to the case.

C. B. M.

GENERAL NURSING COUNCIL FOR IRELAND.

A meeting of the General Nursing Council was held on the 19th inst. at 33, St. Stephen's Green, Dublin. This was the first meeting of the Council held since the issue of the General Nursing Council Order, 1923:—

There were present: Sir Edward Coey Bigger, M.D. (in the chair); Sir Arthur Chance, F.R.C.S.I.; Sir William Taylor, C.B., F.R.C.S.I.; Dr. P. T. O'Sullivan; Miss O'Flynn, R.G.N.; Miss Reeves, R.G.N.; Miss Michie, R.G.N.; Miss Walsh, R.G.N.; and Mrs. Blunden, R.G.N. Mr. W. O'B. Reidy (Registrar) was in attendance.

The Chairman made a statement in which he referred to the Order under which the meeting was held, and spoke generally of the work done by the Council. He had pleasure in stating that, up to date, 2,289 nurses of all classes had been registered.

The Council have already made rules:—

(a) for regulating the formation, maintenance and publication of the Register.

(b) for regulating the conditions of admission to the Register.

(c) for the removal and restoration of nurses to the Register.

(d) for regulating the summoning of meetings of the Council.

(e) for enabling the Council to constitute Committees, for authorising the delegation to Committees of powers of the Council, and for regulating the proceeding of Committees.

(f) for the recognition of Hospitals as training schools for nurses and for the issue of a syllabus for each Class of nurse.

(g) for the admission of nurses registered outside the Irish Free State.

Hospitals desirous of being recognised as training schools for nurses will be required to apply to the Council for recognition as such, and nurses trained at Hospitals not recognised by the Council will not be permitted to sit for the Examinations held by the Council.

At an early date an advertisement will be inserted in the Press informing hospitals concerned where and when they should apply for recognition.

Consequent upon an amendment to an existing Rule made by the Council, those Nurses who completed their training before the 1st November, 1919, may now apply for registration up to and on August 31st, 1923.

The Council will shortly publish their regulations as to the Uniform and Badge for Registered Nurses.

JOINT NURSING AND MIDWIVES COUNCIL,
NORTHERN IRELAND.

Notice is hereby given that the Office will be closed from August 4th till August 27th for holidays.

M. C. POOLE, Registrar.

118, Great Victoria Street,
Belfast.

HOSPITAL WORLD.

The Prince of Wales will preside at a festival dinner in aid of the British Home and Hospital for Incurables (Streatham), which is to take place at the Savoy Hotel on November 27th. A lady has promised £1,000 to name a bed, expressing the hope that four others will do the same, so that a room may be named after the Prince of Wales.

The Lord Mayor of London, Lord Athlone, and Mr. J. Topham Richardson are making an appeal for £35,000 for the erection of an isolation ward and a nurses' home at the Royal Waterloo Hospital for Children and Women, Waterloo Bridge Road, in memory of the Duchess of Albany. Towards this amount £4,000 has been promised anonymously on condition that £4,000 is raised from other sources within the next three months.

The British Medical Association's Annual Meeting at Portsmouth, was remarkable for the high standard of professional papers presented and the interesting discussions.

APPOINTMENTS.

MATRON.

Benenden National Hospital.—Miss Elizabeth A. Richards, A.R.R.C., has been appointed Matron. She was trained at the Middlesex Hospital, and has been Sister at the Royal Hospital for Incurables, Putney, at King George Military Hospital, S.E., Assistant Matron and Housekeeper at Mount Vernon Hospital, Northwood, Sister at the Palace Hotel Sanatorium, Montana, Switzerland, and Holiday Sister at the City of London Hospital for Diseases of the Chest.

Queen Charlotte's Hospital, Marylebone, W.—Miss Edith G. Dare has been appointed Matron. She was trained at Newport and County Hospital, Monmouthshire, and has been Sister of the women's ward. She has also been Ward Sister of the labour ward, and Sister and Assistant Matron at Queen Charlotte's Hospital. Miss Dare was on active service with Queen Alexandra's Imperial Military Nursing Service.

Edinburgh Maternity Hospice.—Miss Amy M. Forsyth has been appointed Matron. She was trained at Edinburgh Royal Infirmary, and has since been Ward Sister and Assistant Night Superintendent at the Royal Infirmary. Miss Forsyth holds the Certificate of the Central Midwives' Board.

ASSISTANT MATRON.

Manchester, Ancoats Hospital.—Miss A. Gerrard has been appointed Assistant Matron. She was trained at the Royal Infirmary, Sheffield, and has since been Sister at the Children's Hospital, Bradford, Ward Sister and Night Sister at the Royal Infirmary, Sheffield. Miss Gerrard has had experience of private nursing and of military nursing at home and abroad during the war, being attached to the Third Northern General Hospital.

Southwark Union Infirmary.—Miss Lucy Johnson has been appointed Third Assistant Matron. She was trained at Bagthorpe Infirmary, Nottingham, and has been Superintendent Nurse at Hunslet Infirmary, Midwifery Sister at Sculcoates Infirmary, Night Superintendent Nurse at Chesterfield Infirmary, Maternity and Home Sister at Fyde Infirmary, and District Nurse at Nottingham.

SCHOOL NURSE.

County Borough of Bournemouth Education Committee.—Miss M. Jones has been appointed School Nurse. She was trained at the Royal Sussex County Hospital, Brighton, and the East London Hospital for Children, Shadwell, E., and has held the appointment of District and School Nurse, Goodwick, Pembrokeshire.

PRIZES AND CERTIFICATES.

In recognition of the efficient and devoted work which is at all times performed by the nurses of the Kent and Canterbury Hospital, a large company assembled in the Hospital grounds on July 17th, when prizes and certificates were presented by Viscountess Milner.

After kind and appreciative speeches of the work of the Matron, Miss Purchas, and the nursing staff by several members of the medical staff, Viscountess Milner presented the prizes and awards as follows:—

First prize in Theory and Practice of Nursing: Nurse Maguire.

First prize in General Surgery: Nurse Dray and Nurse Chandler.

First prize in Medicine: Nurse Dray.

Certificates of Efficiency on completion of three years' training: Nurses Edwards, Styan and Fish.

THE UNWRITTEN LAW. PERVERSIVE DISCIPLINE.

In the widely-reported case of an inquest on a poor suffering child held at the Downs Hospital for Children, Banstead, on Wednesday, July 25th, when allegations of cruelty were made against the medical woman in charge of the case by two nurses, the public get a glimpse into hospital methods so far as the unwritten law of what might be termed perversive discipline is concerned. The case was dealt with at the meeting of the Metropolitan Asylums Board on July 28th, and the Sub-Committee of the Children's Committee, in the course of a long report, announced that, since the inquest Dr. Alix Jeanne Churchill, the woman doctor in question, had resigned her appointment and is no longer on the hospital staff.

Nurses' Evidence at the Inquest.

Two nurses gave evidence at the inquest that they were present in the dressing-room during the dressing of the child's ear on July 12th, that the child had slipped from the doctor's knee on to the floor, that the doctor had pulled her up by her hair and ear, that this was repeated more than once, and that when the dressing was finished the doctor kicked the child four or five times, and sprinkled the hair, which had come out of the child's head, on her face.

The two nurses stated that they were kneeling by the child, one supporting the child's body as she was raised, and the other holding her hands.

The nurses further stated that they had reported the occurrence to the nurse temporarily in charge of the block during the absence of the sister on leave, first when the nurses were off duty the same evening, and again when they were on duty the next morning, but no further report was made by any one of the three, and nothing further happened until rumours reached the Matron on July 23rd.

Sub-Committee's Report.

The following report (abridged) of the Sub-Committee of the Children's Committee was circulated:—

"Patient M. M. Bullock.—The medical superintendent has reported that a patient named Marguerita May Bullock, aged 5½, who was admitted on April 9th, 1923, suffering from middle ear disease, was operated on in the hospital on June 19th, and died from meningitis on July 21st.

"The patient, he states, had previously undergone two operations in London some two or three years ago, and one when she was previously an inmate at The Downs Hospital.

"On July 23rd, the day before that fixed for the funeral, the medical superintendent was informed by the Matron that she had heard that nurses were stating that Dr. Churchill, assistant medical officer, had ill-treated the patient on July 12th.

"The funeral was postponed, and all the information in the medical superintendent's possession was at once communicated to the coroner, who held an inquiry into the death of the patient on July 25th.

"Dr. Churchill was legally represented, and the proceedings were watched on behalf of the Board by the Clerk to the Board.

"The nurse temporarily in charge of the block gave evidence that the reports were made to her, but that she did not take them to the matron or medical superintendent, as, after talking with one of the nurses making the report to her, they both felt that they could not report a superior officer.

"Dr. Churchill gave evidence entirely denying the allegations.

"The police surgeon of the district who had been deputed by the Coroner to conduct a post-mortem examination, gave evidence that death was due to septic meningitis, that there were no marks of violence on the body or evidence of bruises, and the jury returned a verdict of 'Death from natural causes.'

The Coroner pointed out discrepancies in the statements of the nurses.

"Apart from this," the report continues, "it appears to us very unlikely if the treatment occurred as described in detail by the nurses at the inquest, that, feeling as they say they felt, they would have been content for the matter to have remained unnoticed, and for the patient to have remained in the same hands for the following nine days.

No Written Law.

"With regard to the question of the nurses reporting the alleged occurrence, which was referred to by the Coroner and the jury as a matter for the hospital authorities, there is, of course, no regulation in the hospital or in the Board's service, and no teaching of nurses which would in any way lead them to suppose for a moment that they should not take steps to see that a report of such occurrences, as those they allege they witnessed, should at once reach the head of the institution, even though superior officers were affected.

Nurses Reprimanded.

"While it is very satisfactory that the allegations did reach the medical superintendent in time to permit of a full inquiry before the burial of the child, yet this did not happen through the direct agency of any one of the three nurses whose duty it was to report the case.

"We greatly regret their failure in this respect, and we have had the nurses before us and severely reprimanded them; in the case of the senior nurse for her failure to pass on the report she received to the matron or medical superintendent; and in the case of the other two for the part which they took in influencing their senior not to pass on the report and for taking no steps themselves to ensure that a proper report was made; and we have instructed the medical superintendent that the senior of the three nurses is not again to be placed even temporarily in charge of a hospital block without the express sanction of the Committee."

Discussion followed, and we agree with members of the Board that it is to be regretted that Dr. Churchill resigned before an inquiry could be held, both for her own sake and that of the nurses.

In our opinion the whole matter—especially so far as the public is concerned—is left in a very unsatisfactory condition, and we hope further action will be taken by the Board.

Perversive Discipline.

The statement made in the Report "that there is no regulation in the hospital or in the Board's service, and no teaching of nurses which would in any way lead them to suppose, for a moment, that they should not take steps to see that occurrences as those they allege they witnessed should at once reach the head of the institution, even though superior officers were affected," is, we have no doubt, quite true. But the rigid discipline which pertains in many public institutions makes nurses very timorous of reporting superior officers. Whether a fact or not, there is an unwritten impression amongst them that such action does not invariably result in appreciation from the higher officials or tend to promotion, and there is a tendency to "save their own skins" by maintaining a discreet silence where abuses are concerned.

THE MANY USES OF LEMONS.

BY MRS. WESTAWAY.

One sad feature of the war was the cutting short of the supply of citrus fruits. We have many valuable fruits of our own, but none of the same dietetic value as those belonging to the citrus family, of which the chief examples are oranges, lemons, limes, and grape fruit.

A good supply of oranges during the winter season is of great benefit to the health, but they are not at their best during the hot weather when they would be so greatly appreciated. Fortunately, lemons then abound, and as they are useful in so many ways, particularly in the sick room, it is a pity not to take advantage of the present abundance at low cost.

Lemons have long been held in esteem, and mention is made by classical writers of their use as an antidote against poison. The same idea prevails among the Italians at the present time, for they regard lemon-juice as a specific against malaria, which is so prevalent in the marshy district of the Campagna.

Certain it is that an ordinary cold can be cut short by drinking hot lemonade just before getting into bed, but in this case the action of the lemon-juice as a germicide is assisted by the action of the hot water in setting open the pores of the skin.

As a germicide, it is claimed for lemon-juice that the addition of a tablespoonful of it to a tumbler of doubtful water renders it safe. This may be so, but whenever the purity of water is doubted, a real safeguard is boiling it.

When lemon-juice is mixed with equal quantities of honey and whisky it is a pleasant remedy for sore throat, and even without the whisky it is of service.

Other medicinal properties of lemons are the power of purifying and cooling the blood, and of

toning and regulating the liver. For this service they are more effectual than the much-advertised patent liver remedies. As every nurse knows, the clogging of the liver and bowel may be the beginning of serious trouble, yet this may be averted by the simple remedy of a tablespoonful of lemon-juice with a pinch of salt taken at bed-time.

In olden days, before the introduction of the cold-storage of food, and before the use of steam speeded up sea travel, scurvy was a sad scourge both in the Navy and the Merchant Service. It was Captain Cook who made the discovery that a daily dose of lemon-juice was a preventive of this disease, and a law was passed compelling the masters of all vessels setting forth on long voyages not only to carry adequate supplies of lemon-juice, but to see that it was properly administered. This treatment made scurvy of such rare appearance that few Naval surgeons of to-day have ever seen a case. Sad to relate, it became very virulent in the early days of the occupation of Mesopotamia, and from the same cause as in the old days of the Navy, i.e., an insufficient supply of fresh food, and a superabundance of salted and dried food.

In the kitchen lemons have many uses which are duly set forth in the pages of a cookery book, but which must be kept out of the present article through lack of space. Considering the great value of lemons as a food as well as an agreeable flavourer, every encouragement should be given for their frequent use in cookery.

Lemon-juice is an excellent substitute for vinegar, and is safer for invalids, since vinegar is allowed by law to be adulterated with a small percentage of sulphuric acid, and often the legal amount is exceeded. Thus when serving salad to a convalescent, it is best to use lemon-juice in making the dressing, and also when serving sardines or any other oily fish, lemon-juice is preferable to vinegar.

The cleansing powers of lemon-juice are well known. The cut surface of half a lemon rubbed over stained hands not only removes the stains, but makes the skin soft and white. Similarly, a mixture of equal quantities of lemon-juice and glycerine is a good skin emollient, and if the hands are rubbed nightly with this mixture during the winter, there will be no fear of chapped hands and very little fear of chilblains. A teaspoonful of lemon-juice added to an ordinary shampoo is said to be cleansing to the scalp and hair, removing scurf and making the hair glossy.

It is as a beverage that lemons are most popular. The Russians serve lemon slices instead of milk with their tea. It is a custom deserving of imitation and particularly during the hot weather.

(To be concluded.)

We regret to see recorded in the *Victoria and Bournemouth Nurses' League Journal* the death of Sister Morris, one of the first members of the League, and the first Home Sister at the Home in St. Michael's Road. Paralysed, and unable to move at all, she has never grumbled nor complained, though she has suffered terribly.

BOOK OF THE WEEK.

"STINGING NETTLES."*

Admirers of Miss Bowen's former charming writings must surely ask—why, oh, why has she forsaken her lovely, if idealised, past, peopled with graceful figures, who moved in such sumptuous environment, to write of the present-day sordid unlovely type with which she has peopled her new book? She has indeed given us ashes for beauty with the sole relief of the descriptions of Italian scenery from which she has been apparently unable to refrain.

Lucie, the central figure of the book, was the young, good-looking English wife of an Italian husband—a selfish man, far advanced in consumption. He, at opening of the story, was living abroad, and she, nothing loth, remained in England as the bread-winner, which commodity she won by her pen, for she was a successful writer.

To support a sick husband was, of course, a sufficiently arduous task, but in addition she provided funds for a down-at-heel aunt and her vulgar daughter, who was always on the verge of an engagement that never materialised.

The opening pages reveal the three—Lucie, Aunt Lydia, and Sophie—at a smart restaurant, where they had been invited to dine by one of Sophie's numerous admirers.

Miss Bowen cleverly sketches the incongruity of these poor ladies in these surroundings, and Lucie's discomfiture at the fiasco—and Sophie's sullen recognition of the fact—that the rich American who had been their host had done what was expected of him in the way of entertainment, but obviously meant to go no further.

"It makes me sick . . . women . . . crowds and crowds of us . . . hordes . . . swarms—flung all over the place—the men sick of us—dead sick."

There is a good deal in this strain in the book—the preponderance of women seems to have been on Miss Bowen's mind while writing.

Lucie, it will be understood, was snowed under by these depressing personalities, but the summons abroad to her husband's sick bed did nothing to improve her position.

On her arrival, she found that her husband, Pio, had been asked to leave his hotel on account of his cough, and he had taken a house, Villa Calvini.

It rained without ceasing for three weeks; the clouds never left the hills, the sea never calmed, there was no relief to the biting cold; no one came near to the villa.

Lucie's musings are printed in italics.

"The days were just bearable; you pretended then that things weren't so bad; there was always the desperate hope that the doctor or someone might come. But the long wintry nights—ah! they were hell opened!"

A most unpleasant and realistic picture is given of the sick man's terrible complaint and of his repulsive personality. Lucie could not discover one endearing trait in his character.

* By Marjorie Bowen. (Ward, Lock & Co.)

Wallis's

THE MECCA OF THE THRIFTY

BECAUSE WALLIS'S purchase stocks in immense quantities direct from the mills and factories they are able to secure exceptionally favourable terms. The full advantage of high-grade quality and low price is given to the Nursing Profession.



Wallis's is the most Economical House for **NURSES' UNIFORMS**

AND **NURSES' OUTFITS**

Prices on Request

Thos. Wallis & Co., Ltd., are experienced contractors for Hospital Furnishings of every description.

Whatever your requirements, we guarantee that same high standard of Excellence that has made our name famous.

Very special value is offered in Nurses' Grey Alpaca and Grey Nurse Cloth.

WRITE TO-DAY FOR FREE PATTERNS AND PRICES. —

Thos. Wallis & Co., Ltd.

DRAPERS, OUTFITTERS AND HOUSE FURNISHERS

HOLBORN CIRCUS, E.C. 1.

One of the brightest spots of her day was when Marianna, the smiling servant, came up with the tray and pots and cups for the strong black coffee, and lit the stove.

Relief came through tragedy in the person of a doctor, one of the summer visitors.

He was of great size—she had never seen or imagined a man of such build. His whole personality was the most vital thing Lucie had ever met.

On his second visit Lucie broke down under his sympathy.

"I wish I could die—I do wish I could die—it would be so much easier."

The doctor came and stood in front of her. Lucie knew exactly what was going to happen; she thought she knew him since she had first seen him.

He bent and kissed her gently on the mouth, as naturally as if they were wise in each other's love.

"You dear woman," he said.

She thought of the kiss with tingling amazement. She had always been so austere in all her ways, so exactly faithful to her husband, that the thing seemed incredible.

This austerity Carlo Ghisleri was never able further to break down, in spite of his entreaties that she should leave her repulsive husband and go away with him.

Pio lingered a long while, and the doctor remained true to his love, and gave up his lucrative practice in order to remain where he had come as a summer visitor.

And when at last death set them free, the Italian law prevented Lucie marrying again until a year had elapsed from her husband's death.

During the year she returned to the old depressing life with Aunt Lydia and Sophie, the latter still seeking matrimony.

And then the news came of Carlo's hopeless malady, and his strict veto upon Lucie marrying him, or even of her coming out to see him.

And, curiously, while he still lived, she married Toby Entwhistle, for Carlo had written to her:

"You will marry and have children; they will be my children, too, the children of your thoughts of me, of our infinite love during what remains to me of love."

The man who had left the world and lived alone between the hills and sea where they had first met thought of her and her happiness—"in our dear boys, our-dear, dear boys."

H. H.

THE MONTHS—AUGUST.

— "LEST WE FORGET."

Here's bounty-laden August to fulfil
The promises of all! Her colours spread
O'er yellow fields—on orchards gold and red
And purple on the hill.

Yet it was she whose baby hands unfurled
The oriflamme of hate—and slipped the noose
That let a rabid pack of war-dogs loose
Upon a startled world!

C. B. 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.

IDEALISM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I wish to thank you very heartily for the splendid uplifting leading article in the *B.J.N.* of July 21st.

Many nurses like myself, tired and jaded with strenuous professional duties, must feel, in reading it, as if they were drinking at a well in a desert, and that Truth and Right are left and must eventually triumph over Self-interest and Might.

We of the Progressive Party, growing old in the fight for order and justice in nursing reform, are glad to have lived in the time of a great leader like yourself, who stands out clearly as possessed of genius, vision, and courage, without which no great end can be pursued, much less won.

Recently I have been reading a book by H. G. Wells—"The Undying Fire"—and I venture to say you possess this quality in the highest degree. It is about education, too, which is interesting, as I am sure the brilliant author would be entirely with you in your aims for a higher curriculum for trained nurses, founded on the spirit laid down in his book.

One thing I am sure of, that, long after the antics of the G.N.C. and College of Nursing and their reactionary leaders are gone and forgotten, your name will go down to nursing posterity as the greatest nurse leader known to history, and the nurses of that day will no doubt feel surprise and contempt for the majority rank and file nurses of your own day, that they did not wake from their apathy and stand by your side.

Meanwhile, let your loyal and intelligent followers—of whom there are many—take as their watchword your advice to correspondents in last week's Journal—"Never Resign."

Yours sincerely,

EMILY DINNIE, S.R.N.

23, St. Ann's Road, Harrow.

July 24th, 1923.

[We have just read with great delight "Damascus Gate," by Ernest Raymond. "A contemporary author" began Henry Guard (a popular young preacher) writes: "This is the true joy of life, the being used for a purpose and recognised by yourself as a mighty one, and the being thoroughly worn out before you are thrown on the scrap-heap. . . . When this earth of ours cooled and man appeared upon its surface, there came a fire from God, a spiritual fire, and from that day to this it has ever been burning, nor shall it ever go out. Some of us call it idealism; some of us call it 'a passion for service'; some of us call it 'serving our day and generation'; or

'building for generations yet unborn'; some of us call it love; I think I call it God. . . .

"Never, never has the fire gone out. It is glimmering where a farmer plants trees of which he will never see the fruit; it shone brightly when Abraham left his home in the Chaldees and trekked into the mirage of the desert for the sake of a great idea; it blazed up in Moses when he abandoned the chance of being a prince in the court of Egypt that he might lead a mob of disaffected and thankless serfs through the sand dunes of Sinai; it brightened the eyes of those who wandered in sheepskins and goatskins, being destitute, afflicted, tormented, of whom the world was not worthy." . . .

"And this is the fire of the altar," he cried, an excitement heating his cheeks, "the fire of idealism, service, self-sacrifice. It has been burning since the beginning, nor shall it ever go out.

"It will burn on till it lights the King on his coming. But there is a great mass of people it never ignites; they are cold to it; they live for themselves alone. They are like unburned coal, full of potential warmth and service; and yet (so sad it is) there is that in them which would catch light at once! If there is anyone here who knows he is living solely for himself, let him consider whether he is not missing the true gaiety of life. 'This is the true joy of life, the being used for a purpose recognised by yourself as a mighty one, and the being thoroughly worn out before you are thrown on the scrap-heap.' Let the flame of your ideal consume you utterly."

"Sometimes," continued he, "the flame may burn up in you for a moment, and then droop, and be fitful. It is discouragement, misunderstanding, obloquy, and the loneliness of obscurity that make the flame fitful. And it is for this reason that, from the start, you must swear to be indifferent to praise and blame. If once you begin to want the praise of man, it is, like the sunlight, death to the fire. The work to which you put your hand must be so great, and so much your master, that it will draw you as easily through bad report as through good report. You must minister to its greatness, but it must not minister to yours. . . .

"Ah, . . . if there be anything of greatness in you, think on these things—think on these things. It is not you who matters, but the ideal you serve. For so your ark be borne to Zion, what matter if you are crowned! Be ye therefore perfect. Be ye therefore the slave of your great idea, ready to offer yourself a burnt offering before it. It is the only true joy. . . .

"The Ark goes on, while you, maybe, go under; and for that praise be to God."—ED.]

ONE OF THE THREE FIRST KILLING DISEASES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In the B.J.N. of the 23th ult. is the following advertisement from the Edinburgh Hospital for Women and Children (49):—

"Sister required for small V.D. Ward, and to assist in the training of Probationers.

"Previous experience in V.D. work not essential." (The italics are mine.)

Surely this shows an appalling lack of grasp of the present situation regarding venereal disease by our profession.

On all sides one hears and sees the enormous need of educational propaganda against venereal disease; witness the Trevethen Committee's Report. Yet, from the wording of this advertisement, one would suppose that it is a trivial matter either to nurse it, or to train probationers on the subject.

Surely, if the nurses now in training are not given adequate instruction, we cannot wonder that so much of the propaganda against V.D. remains in the hands of "lay" men and women, and we have only ourselves to blame for it, in my opinion. Wherever I go I am struck by the great need of getting trained nurses to help in our fight, and by the utter apathy that the heads of our Hospitals and Training Schools are showing. Even if there is a V.D. Clinic attached to the Hospital, one often finds the ordinary probationer does not obtain any theoretical or "social service" training or teaching in the matter.

And yet one still sees V.D. classed among the three first killing diseases of our country.

Yours,

E. M. CANCELLOR,
Lecturer for N.C.C.V.D.

Morcombelake,

Near Bridport, Dorset.

[Many persons still mistake prudery for modesty.—ED.]

NOTICE.

REGISTRATION OF INTERMEDIATE NURSES.

The only Nurses who are now eligible for registration are what are termed Intermediate Nurses—those who have completed their three years' training and been awarded a Certificate since November 1st, 1919. The term of two years' grace for Existing Nurses has terminated.

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.

August 11th.—What nursing measures other than drugs may be used (a) to quieten a restless or delirious patient and to induce sleep, (b) to check vomiting, (c) to induce the skin to act?

August 18th.—Describe the nursing of a patient after excision of the tongue.

August 25th.—What signs and symptoms would you expect in a case of gastric ulcer? Describe the nursing in such a case.

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, on July 25th.

CORRESPONDENCE.

A letter was read from the Honorary Secretary of the Nottingham Midwives Association (Branch 11), asking if under Rule E 14 midwives have to enter on their pulse and temperature charts the hour and the minute at which the pulse and temperature are taken.

The Committee recommended that in ordinary cases if a midwife enters a.m. and p.m. it would suffice. If a case be one which requires the detailing of the exact time, it should be recorded preferably on a four-hour chart.

APPLICATIONS.

The following applications were granted:—

For Recognition as Lecturer.—Dr. John Cecil Hallinan, M.R.C.S., L.R.C.P.; Dr. Hadyn Peters, M.R.C.S., L.R.C.P. Subject to condition:—Dr. Edmund Leigh White, M.D., D.P.H.

For Approval as Teacher.—Midwife Winifred Mary Cleary (No. 51501). Subject to conditions:—Midwives Elizabeth Cole (No. 53001), Daisy Louise Eden Ford (No. 53723), Mary Isabella Hewitt (No. 42376), Margaret Maud Morgan (No. 54412).

SPECIAL MEETING.

A special meeting of the Central Midwives Board was held on the morning of July 25th to consider the charges against six midwives with the following results:—

Struck off the Roll and Certificate Cancelled.—Midwives Emma Rebecca Barnett (No. 37424), Barbara Fletcher (No. 41083), Helen Graham Lowe (No. 56429), Mary Margaret Thomas (No. 42943).

Adjourned for Report in Three and Six Months' Time.—Midwife Sarah Jane Munslow (No. 12246).

Cautioned.—Midwife Betsy Hill (No. 51690).

PRESENTATION TO MISS LUNN.

A FINE LIFE'S WORK.

At a fête recently held at Kingsthorpe Hall, in aid of the Northampton Queen Victoria Nursing Institution, Mr. F. H. Thornton, J.P., C.C., the Chairman of the Q.V.N.I. Committee, presided, and said the fête was not only for the benefit of the Institution, as they had taken the opportunity of holding the anniversary of the twenty-fifth year of Miss Lunn's coming to Northampton in the capacity of Superintendent of the Q.V.N.I. When first she came the building in the Barrack-road had not been erected; and during the twenty-five years a wonderful work has been done. The whole of the town recognises the value of that

work. The Institution not only nurses all the poor in their own homes (in order to do which there is a staff of from twelve to eighteen nurses constantly at work), but during the last five years two maternity homes have been established. During their existence no less than 1,000 babies have been born there.

Miss Lunn, continued Mr. Thornton, has been the great inspirer of this work. The committee has worked cordially with her, and it was due to her ability that the scheme was evolved. It is interesting to know that before the Maternity and Child Welfare Act was passed three years ago, Northampton had in practice a scheme of nursing centres, maternity homes, &c., such as the Act laid down. This was due to the foresight of the Lady Superintendent, who has devoted practically her whole life to this work. When it was decided to make a presentation to Miss Lunn, many people were only too glad to subscribe. Mr. Thornton then presented Miss Lunn with a dainty gold Waltham wrist watch, inscribed "Q.V.N.I., 1898-1923," a handsomely-bound album containing the names of the subscribers, and an illuminated address.

THE ADDRESS.

"Northampton Queen Victoria Nursing Institution. Beneath are inscribed the names of a few friends who, on the twenty-fifth anniversary of the commencement of Miss Lunn's work as Superintendent of the Queen's Nurses in Northampton, would wish to congratulate her on what she has been able to achieve.

"It is due to her inspiration that there now exists in Northampton an organisation for nursing the poor in their own homes and for midwifery, second to none, and there are also two maternity homes in which, since their establishment five years ago a thousand babies have been born. No greater work for the benefit of the poor and people of moderate means could have been done than this.

"They would like to assure Miss Lunn of their appreciation of her efforts and untiring zeal in so great a cause, and ask her to accept the gifts presented to-day as tokens of their goodwill.—July, 1923."

Miss Lunn, in reply, expressed her gratitude for the many kind things said and the lovely gifts. A friend had said to her, "Now you will soon be retiring," but she wished to say she had no such intention, a statement which elicited much applause.

BASTARDY BILL.

The Bastardy Bill secured a Third Reading in the House of Lords on July 16th. The drafting amendments made in the House of Lords were accepted by the House of Commons on July 19th. The Bill now only awaits the Royal Assent, and is due to come into force two months after that date.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,845.

SATURDAY, AUGUST 11, 1923.

Vol. LXXI

EDITORIAL.

NATIONAL COUNCIL OF SOCIAL SERVICE.

Social Service is pregnant with meaning; it connotes an almost limitless field of beneficial and patriotic activities. The third Annual Report of the National Council of Social Service, which has just been issued, opens with the following words:—"Nothing has been more remarkable than the pace at which efforts to improve social conditions in this country has been maintained during the past twenty-five years. So far as State action is concerned, that effort is expressed in an unprecedented series of Acts of Parliament, and is reflected in a more than tenfold increase in public expenditure on Social Services. It is expressed, too, in a multiplication of voluntary associations through which individual citizens give 'uncovenanted service.'"

This, surely, is a very gratifying statement, and shows very clearly and unmistakably that the public conscience has, within the last quarter of a century, awakened to a sense of its responsibility as *our brother's keeper*.

This Community spirit, so beautifully awakened, must be fostered, if the purpose is to be fully realised. In order to effect this the above National Council was formed four years ago for the purpose—under a central group organisation—to co-ordinate the numerous existing agencies for Social Service, both voluntary agencies and statutory authorities, and to assist in the formation and development of local Councils.

To demonstrate the wide scope of the National Council, we give just a few of the Voluntary agencies affiliated to it: Rural Housing and Sanitary Association, Central Association for Mental Welfare, Borstal Association, National League for Health, Maternity and Child Welfare, Federation of Charity Organisation Societies, National Council of Women, Barnett House.

For the benefit of our readers, more especially Public Health Nurses, who are pre-eminently social workers, we give the origin and purpose of the last. It was established in Oxford as

a memorial to the late Canon Barnett, and was opened by the late Lord Bryce in June, 1914, in order to provide a centre for the study of modern social and economic problems, urban and rural. It would hardly be exaggerating its national importance to call it the University of Sociology. Lectures are given here by eminent men and women on every kind of subject of social interest. It is verily and indeed a clearing-house of valuable information, and is known to social workers of other countries who visit our shores. We advise nurses living or staying in Oxford to visit it.

Social Service! The term implies something higher than what is claimed for it. Such work, done in the right spirit, unalloyed with the pettiness of self-interest and jealousies, stands for practical Christianity, and we are glad to see colour given to this idea by the fact that the names of the Archbishop of York, and the Bishops of London, Oxford and Winchester are among the Hon. Associates of Barnett House.

In our opinion, the branch of Social Service which stands first in importance—without any desire to deprecate any other—is Public Health Nursing, which is both preventive and curative in purpose. Its three main sub-divisions—correlated and interdependent—are District Nursing, School Nursing, and Maternity and Child Welfare work. Who shall say how many valuable lives have been saved, and permanent debility and ill-health avoided, by the timely help of this group of social workers? We do not hesitate to say that it is fundamentally the greatest national asset of this or any other country, and we marvel at the short-sightedness, the ingratitude, the stupidity, and—shall we add—the lack of true patriotism of those in power, who not only permit, but aid and abet the lowering and degrading of the great Nursing Profession, even to the extent of violating an Act of Parliament! The dominant wrong which has produced this condition of things, namely, personal self-interest *versus* the good of the majority, which is the very antithesis of the principle underlying Social Service, can only be overcome by courage, selflessness, and *esprit de corps*.

OUR PRIZE COMPETITION.

WHAT NURSING MEASURES OTHER THAN DRUGS MAY BE USED (a) TO QUIETEN A RESTLESS OR DELIRIOUS PATIENT AND TO INDUCE SLEEP, (b) TO CHECK VOMITING, (c) TO INDUCE THE SKIN TO ACT?

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

PRIZE PAPER.

Nursing measures to quieten a restless or delirious patient and to induce sleep depend (a) largely on the nurse and the way in which they are carried out, quietness and gentleness being essential.

Comfort is the first essential point to be dealt with. No patient, however convalescent, can sleep if uncomfortable. The sheets may be rucked, hot, and damp, and pillows, especially during delirious periods, anywhere but giving comfort. It is a good plan to strip the bed, cover patient with a fresh blanket (not one off the bed), remove garments if he is not too ill, and give a warm sponge down; dry gently, and, after putting on fresh garments, give the bed-pan, as its need may have contributed to the restlessness; cleanse patient after use if necessary, and re-make bed with fresh linen. If condition allows, lift him on to a fresh bed for the time, or re-make the one the patient is lying in. A change of macintosh will make a cooler bed, also. If a bed-rest has been in use, replace it with extra pillows; put a bolster under the knees and attach the same to head of bed by means of bandages, &c., to keep patient from slipping down. A board or bolster at the foot of bed often helps a tall person more, and gives more comfort. If the weather is cold, hot-water bottle (well protected) to extremities may help.

The room should be quiet, darkened, or the light shaded from the patient; but fresh air is essential and helpful to induce sleep.

Massage.—Gentle general massage induces sleep, especially if the nervous system is irritated.

Mouth.—The mouth becomes very dirty in many illnesses, and a source of worry to the patient unless carefully looked after. Cleanse well before giving a warm feed, with glycerine and borax and a little lemon juice, and after a warm drink patient will probably have a refreshing sleep.

Pain may be the cause of all discomfort, and, if indicated, should be relieved by fomentations, &c., locally.

Constipation is often the cause of restlessness, and a simple enema will give relief quickly.

(b) *Vomiting* may be due to irritation of the nervous system or to faulty diet, or rushing about directly after a meal, or to an anæsthetic. If the patient is of a nervous disposition, prevent worry before a meal, do not allow smells of cooking to penetrate his room until the meal appears, and insist on gentle exercise daily, but not sufficient to tire patient.

Diet may need attention, and any error to be rectified. Eggs may be too heavy cooked, but may be tolerated beaten up. The nurse must thoroughly scrutinise the diet until she discovers the offending food.

Rest immediately before and after a meal has given much relief for vomiting.

Cough may be the cause of vomiting, and should be reported to the medical attendant.

Anæsthetic vomiting may be relieved by sod. bicarb. ʒi to a pint of water, sipped occasionally.

Special points in connection with vomiting are its relation in point of time to the ingestion of food, whether preceded or accompanied by retching, pain or flatulence, and the appearance of the vomit.

(c) *Sponging* with warm water gently, and dressing patient in warm clothes, giving hot-water bottles and blankets and a hot drink, will usually induce the skin to act, and the patient to perspire freely. If the desired result is not produced, a hot pack may be ordered, the patient's bed being protected with macintoshes covered with blankets, and the patient rolled in two blankets wrung out of hot water, covered with a macintosh and several more blankets. Hot-water bottles may be given, and a hot drink, and the patient left in pack twenty minutes after skin begins to act. Careful watch must be kept, and if there is any indication of collapse he must be taken out of the pack at once.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Ramsey, S.R.N., Miss Louisa Randle (Probationer Nurse), Miss Violet Ventris, S.R.N.

Miss Ventris' excellent paper considerably exceeded in length the number of words allowed, and was thus ineligible for the prize.

QUESTION FOR NEXT WEEK.

Describe the nursing of a patient after excision of the tongue.

NURSING ECHOES.

Princess Mary, accompanied by Viscount Lascelles, visited Glasgow on Tuesday, to open the extension of the Municipal Buildings, and received the freedom of the City. Her Royal Highness also visited the Royal Maternity Hospital and Women's Hospital in Rotten Row and the Royal Hospital for Sick Children at Yorkhill. At the former the tour of inspection of the institution was made under the guidance of the Matron and Professor Murdoch Cameron, who showed to the Princess several difficult operation cases.

A luncheon followed, when the city's youngest burgess was entertained by the City of Glasgow.

Replying on behalf of Princess Mary to the principal toast, Viscount Lascelles said:—"There is a subject which my wife is very anxious should not be omitted from the few remarks which I address to you. Amidst all the joy and good will which has been indicated by your generous welcome to the Princess, she does not forget that in some parts of Glasgow and the district there are people experiencing a trying time of poverty and distress, chiefly due to depression of trade and consequent unemployment. With these sufferers she truly sympathises, trusting that it is but a passing cloud, soon to be lifted, and that light and gladness will again shine into their hearts and homes."

Every trained nurse will sincerely echo this wish.

The Nursing Staff of St. James's Hospital, Balham, held a most successful Garden Fête and Sale of Work on August 1st in aid of their Memorial Fund and the founding of the Nurses' Sports Club. The weather was very kind and the Fête—which was opened by Central Wandsworth's M.P., Colonel Sir John Norton-Griffiths—went with a swing from start to finish, and realised the splendid sum of £134.

The Ecclesall Bierley Guardians have consented to the request from the Derby Board to train four of their probationers in surgical work. The Vice-Chairman of the Ecclesall Hospital said it was a great compliment and was a tribute to the high reputation which it bore as a training school for nurses.

The Board of Visitors of the Cambridge-shire Mental Hospital, at a recent meeting at Fulbourn, received and granted the applica-

tion of the staff, backed by a deputation from the local branch of the National Asylum Workers' Union, for full pay for the first three months of illness, and half-pay for the next three months.

The Board is experiencing difficulties in filling vacancies on the nursing staff, and the Medical Superintendent reported nine vacancies on the female staff, and that though extensive advertisement had been made, no applications had been received.

Speaking at a meeting of the Ceres District Nursing Association, where Nurse Farquhar is nurse, Lady Nairn said she was very glad to help in any nursing movement. She hoped that soon Fife would have a nursing service second to none, and that there would not be a home in Fife, rich or poor, which could not hail a trained nurse within its doors when emergency arose. She congratulated the people of Ceres in having a Queen's Nurse. Personally she was always in favour of having the very best nurse, the most efficient and best-trained they could get. She knew some people thought a less highly trained nurse was more suited to the people's needs, but she thought where money could be found for a Queen's Nurse the difference would be worth paying for. When Florence Nightingale sixty years ago recruited her band of women and went out to the Crimea and did most menial work under the most appalling conditions that no modern nurse trained in their hospitals could conceive, she was really laying the foundation of their nursing system. Since then it had developed, until to-day they had in the Queen's Nurses a most efficient and ideal service of nursing throughout the country.

The nurses of the beautiful city of Christiania are keeping high festival this week, for the second Triennial Congress of the "Co-operation of Nurses in the North" is being held there, and some 1,000 nurses in Norway, Sweden, Denmark, and Finland are meeting to consider their professional affairs, and to enjoy social intercourse, besides invited guests. This year also the Nurses' Association of Iceland is to be admitted to membership of the Co-operation. The arrangements are in the capable hands of Sister Bergliot Larsson, President of the Norwegian Council of Trained Nurses, with Miss Lulli Lous as Hon. Treasurer. Following the tradition of the International Council of Nurses, which inspired the formation of the Co-operation of Nurses of the North, though it is a distinct organisation,

social functions are forming a part of the Congress.

In the forefront of the Congress Programme is the question of Registration of Nurses, which is a burning one in Norway just now, as there is a Bill before Parliament. Miss Munck, Matron of the Bispejaerg Hospital at Copenhagen, is dealing with the question of the Training of Nurses in the future, Miss Kerstin Nordendahl (Stockholm) with the Inspection of Schools, and Miss Ellen Nylander (Helsingfors) with Preliminary Training. The Training of District Nurses is dealt with by Miss Andrea Arntzen (Christiania), Miss Cornelia Petersen (Aarhus, Denmark) is speaking on the important question of "How Nurses may help to Economise," Miss Gretha Mueller (Goteburg) on whether it is economical to have all washing done on the premises, Miss Helmi Dahlstrom (Viborg) on economy in the materials used. This session, in which Miss Bertha Wellin (who is a Member of the Swedish Parliament) is taking part, should be a most useful and instructive one.

The subject of Private Nursing is in the hands of the President of the Norwegian Council of Trained Nurses (Miss Bergliot Larsson), and that of Amateur Nursing in Peace and War in those of Mrs. Olga Lackstrom, of Helsingfors.

Miss Lulli Lous (Christiania) is in charge of the question of the Nurse's Place in Social Work, Miss Nanna Häll (Helsingfors) of the Training of Instructors, and Miss Venny Snellman (Helsingfors) of Children's Work in Finland. Miss Agnes Bugge (Nykoping) deals with "Mental Nursing and the Trained Nurse," and Miss Agda Meyerson (Stockholm) with "How to interest young women in Nursing"—a full programme providing plenty of material for discussion.

There is a Church Service and Concert, and the members of the Congress are being entertained by the King at his summer residence, and the Mayor of Christiania is taking an interest in the Congress.

It was with very great disappointment that Miss Breay and Miss Pearse were obliged to decline the cordial invitation of the Norwegian Council of Trained Nurses "to take part in the meeting as honoured guests." They, however, returned home by way of Norway, and were met at the station by Miss Bergliot Larsson and Miss Aagot Larsen, Assistant Matron at the Ullevaal Hospital, who has been a student in the course of Nursing and Health at Teachers' College, New York, who most kindly and hospitably took charge of them

during their day in Christiania, so that it was spent to the utmost advantage. After entertaining them to lunch, they took them first to the shops, and then for a drive round the principal streets and suburbs of Christiania—a very fine city—past the King's Castle, a noble building finely placed, the Houses of Parliament, and the King's summer and winter houses, where he and the Queen live simply amongst their people; then a fine view of the harbour was obtained—a particularly gay and beautiful scene, since, as it was the King's birthday all the ships and boats at anchor were gaily dressed with bunting. After this Sister Bergliot Larsson took leave of them to attend Committees in connection with the forthcoming Congress, and Miss Aagot Larsen took them out to the Ullevaal Hospital, where they were received by the Matron, Miss Andrea Arntzen, with the utmost kindness, and after tea, taken round this great hospital of 1,600 to 2,000 beds—the largest in Christiania. There they remained until ten o'clock, when, after a typical Norwegian supper in the Matron's room, Sister Larsen accompanied them to the station, and resolved for them all the difficulties attendant upon travelling in a country with the language of which one is unacquainted. Thereon began the journey from Christiania to Bergen over the mountain railway, a few hours' rest, and then a feast of loveliness from the austere heights where snow lies all the year round, until the end of the journey through verdant country, and past lakes and waterfalls, a vision to be stored deep in the memory, and brought out and enjoyed for years to come.

A story of hardship and endurance, borne to save a woman's life, comes from Gippsland, Australia. A call for help was received from a cottage in the bush occupied by a woman whose life depended on speedy medical attention. It was necessary to take the woman to Bellbird, to which place a doctor had been summoned from Orbost, and to reach the Prince's Highway at Bellbird a sixteen-mile track had to be traversed. With the patient on a stretcher borne by eight district settlers the journey was made through the dense forest, and a fierce storm raged from 2 p.m., when the party set out, until the main road was reached at 10 o'clock the same night. A doctor met the party at the road, and the woman was conveyed by car to Bellbird, and her life was saved. A feature of the task was the action of Sister Dorothy, a bush nurse who, when summoned, raced on horse back over forty miles in five hours.

THE INTERNATIONAL COUNCIL OF NURSES.

MEETING OF THE EXECUTIVE COMMITTEE AND CONFERENCE.

The Meeting of the Executive Committee of the International Council of Nurses, with which was associated an informal Conference, convened to meet in Copenhagen, by the kind invitation of Mrs. Henny Tscherning, President, and the National Council of Nurses of Denmark, was held in that city from July 30th to August 1st inclusive. In addition to the meetings those taking part in the business meetings and Conference were entertained with unlimited hospitality.

The programme was as under:—

PROGRAMME.

SUNDAY, JULY 29TH.

10.30: Meeting of the Executive Committee.

At Frederiksbørggade, 29 I.

8 p.m.: Sunday Evening Reception.

At the home of Mrs. H. Tscherning, Classensgade 13.

MONDAY, JULY 30TH.

Opening of Conference at Kommune Hospital.

9.30 a.m. to 11.30 a.m.: Morning Session.

BARONESS MANNERHEIM, President International Council of Nurses, Chairman.

I. Address of Welcome: Mrs. H. Tscherning, Baroness Mannerheim.

II. Minutes of the Business Meeting last year: Report of the Hon. Secretary, the Hon. Treasurer's Report.

III. The "I. C. N." in relation to the newly-formed "European Council for Nursing Education": Baroness Mannerheim, Miss Enid Newton.

1 p.m. to 2.45 p.m.: Afternoon Session.

Mlle. LA COMTESSE LOUISE D'URSEL, Chairman.

I. Reports and possible elections of Hon. Vice-Presidents.

II. A reconstruction of "The International Committee on Nursing Education": Professor Isabel M. Stewart.

3.10 p.m. to 4 p.m.

Visit to the "Finsen Hospital."

4 p.m.

Excursion.

TUESDAY, JULY 31ST.

8.15: Meeting of the Executive Committee.

At the Kommune Hospital.

9.30 a.m. to 12 noon: Morning Session.

MISS CH. MUNCK, Chairman.

I. Discussion on the standing of the "I. C. N." towards the "College of Nursing, Ltd.": The Representative of the National Council of Trained Nurses of Great Britain and Ireland, and Miss Lloyd Still.

II. The desirability of the "I. C. N." broadening its activities.

(a) A larger Head Quarters.

(b) The necessary secretarial help for a progressive work: Baroness Mannerheim, Miss Verwey-Mejan.

III. The possible co-operation with the Nursing Division of the League of Red Cross Societies: Miss Clara D. Noyes, Miss K. Olmsted.

IV. The formation of a Committee of Work: Baroness Mannerheim.

1 p.m. to 3.30 p.m.: Afternoon Session.

GENERALOBERIN SCHWESTER AGNES KARLL, Chairman.

I. The publication of a nursing magazine to serve as the official organ of the International Council of Nurses: Miss K. Olmsted.

II. Sectional nursing conferences: Miss Ch. Munck, Miss Ella Ancombe.

III. How can a journal be of real value to the nursing profession: REPORTS from: Great Britain and Ireland, U.S.A., New Zealand, Germany, Belgium, Italy, Holland, Norway, Finland, Denmark.

4 p.m.

Visit to the "Rigshospital."

8 p.m.

Reception given in honour of the "I. C. N." by the Danish Red Cross.

WEDNESDAY, AUGUST 1ST.

9.30 a.m. to 3.30 p.m.: Morning Session.

MISS CLARA D. NOYES, Chairman.

I. Recent movements in the nursing world of U.S.A.

(a) Report of the Rockefeller Committee for the Study of Nursing and Nursing Education.

(b) University Undergraduate School of Nursing (at Yale University, New Jersey, U.S.A.): Professor Isabel M. Stewart.

1 p.m. to 2.30 p.m.: Afternoon Session.

BARONESS MANNERHEIM, Chairman.

Miscellaneous business.

4 p.m.

Visit to the "Bispebjerg Hospital."

5 p.m.

Meeting of the Executive Committee.

8 p.m.

Banquet: "Nimbs Restaurant," Tivoli.

The following Hon. Officers of the "I. C. N." and Guests, were present at the Conference:—

HON. OFFICERS.

Baroness S. Mannerheim (Finland), President; Miss Margaret Breay (Great Britain), Hon. Treasurer; Miss C. Reimann (Denmark), Hon. Secretary; Mrs. Henny Tscherning (Denmark), Generaloberin Agnes Karll (Germany), Miss Ver-

wey Mejan (Holland), Mlle. la Comtesse d'Ursel (Belgium), Miss Bergliot Larsson (Norway), Vice-Presidents.

HOSTESSES.

DENMARK.—Miss Inger Nordontoft, Vice-President, Danish Council of Nurses; Miss V. Jessen, Secretary; Mrs. K. Dyssel, Editor, *Tidsskrift F. Sygepleje*; Miss C. Lütken, Director Army Nurse Corps; Miss Charlotte Munck, Superintendent, Bispebjerg Hospital; Mrs. Charlotte Norrie, Councillor I.C.N.; Miss Cornelia Petersen, Superintendent, Aarhus.

GUESTS.

GREAT BRITAIN.—Miss H. L. Pearse (nominated to attend the Conference by the National Council of Trained Nurses of Great Britain and Ireland); Miss Lloyd Still, Matron, St. Thomas's Hospital, London; Miss M. Rundle, Secretary, The College

NEW ZEALAND.—Miss J. Bicknell (nominated by the New Zealand Trained Nurses' Association).

FRANCE.—Mlle. de Joannis, Paris.

SWEDEN.—Miss Bertha Wellin, President, the Swedish Nurses' Association; Miss Sigrid Hejer, Stockholm.

ICELAND.—Miss Magdalena Gudjonsson, Reykjavik.

BULGARIA.—Miss Rachel Torrance.

ROUMANIA.—Miss Ella Ancombe.

SERBIA.—Miss Enid Newton.

THE EXECUTIVE COMMITTEE.

The Executive Committee met on the morning of July 29th and also on the 31st before the open meeting at 9.30 a.m., and finally on the afternoon of August 1st, to consider Executive business or to prepare for the meeting of the day.



ELECTED HON. OFFICERS, MEMBERS OF THE EXECUTIVE COMMITTEE OF THE INTERNATIONAL COUNCIL OF NURSES, AND OTHERS, WHO MET AT COPENHAGEN, JULY 30th TO AUGUST 1st, AS GUESTS OF THE DANISH NATIONAL COUNCIL OF TRAINED NURSES.

Standing (as indicated).—Mrs. Charlotte Norrie (Foundation Member), Miss Ancombe (Hon. Vice-President), Miss Enid Newton (Hon. Vice-President).

Second Row (sitting, left to right).—Miss H. L. Pearse (Nominee of the National Council of Trained Nurses of Great Britain and Ireland), Mlle. la Comtesse d'Ursel (Vice-President, Belgium), Miss M. Breay (Foundation Member and Hon. Treasurer), Miss Clara D. Noyes (Nominee of the American Nurses' Association), Sister Agnes Karll (Germany, Hon. President), Baroness Mannerheim (Finland, President I.C.N.), Mrs. Henny Tscherning (Past President I.C.N., Vice-President, Denmark), Miss J. Bicknell (Nominee New Zealand Trained Nurses' Association), Miss Bergliot Larsson (Vice-President, Norway), Miss Verwey Mejan (Vice-President, Holland).

Front Row.—Miss R. Torrance (Hon. Vice-President), Miss C. Reimann (Hon. Secretary).

of Nursing, Ltd., London; Mrs. Cecil Carter, Director of Course of Nursing Division of League of Red Cross Societies, at Bedford College; Miss A. W. Gill, Lady Superintendent, the Royal Infirmary, Edinburgh.

UNITED STATES OF AMERICA.—Miss Clara D. Noyes (nominated by the American Nurses' Association); Miss I. M. Stewart (Teachers' College, New York); Miss K. Olmsted (Chief Nurse League of Red Cross Societies).

FINLAND.—Mrs. C. Lackstrom, Editor of *Epione*. Miss Snellman, Director, Child Hygiene.

July 29th.

On July 29th the Executive met at the offices of the Danish Nurses' Association (the National Council of Nurses), Frederiksborggade 29 I, the President (Baroness Mannerheim) in the chair. The following was the principal business transacted:—

REPORT OF THE HON. SECRETARY.

Miss Reimann, Hon. Secretary, reported that she had endeavoured to keep in touch with the Vice-Presidents (Presidents of National Councils

and Hon. Vice-Presidents. She had also received, and answered, some 250 to 300 letters on the Council's behalf, many of them difficult letters to answer.

HON. TREASURER'S REPORT.

A satisfactory financial report was presented by Miss M. Breay, Hon. Treasurer.

THE EUROPEAN COUNCIL FOR NURSING EDUCATION.

The President reported that she had attended a meeting of the European Council for Nursing Education in Paris last March, and it was quite evident that the Council had been formed as a means of bringing isolated workers together. She considered that it would be well to interest these pioneer nurses in the work of the International Council of Nurses, and until such time as National Councils of Nurses were fully formed in the countries where they are working that the ladies whose names she mentioned might be appointed as Hon. Vice-Presidents of the Council. She proposed that they should be invited to accept these positions, on the understanding that they should hold the appointments until they could recommend graduate nurses of these countries as suited to hold these positions: Miss Anderson (Turkey), Miss Anscombe (Roumania), Miss Bridge (Poland), Miss Newton (Serbia), Miss Torrance (Bulgaria), Miss Zacca (Greece).

The standing of the International Council of Nurses towards the College of Nursing, Ltd., was discussed, on the President reporting that she had been approached by Sir Arthur Stanley, the Chairman, to advise them as to how they could affiliate with the Council, and a resolution was accepted to be brought up again with a rider at a later meeting.

The possibility of co-operation with the Nursing Division of the League of Red Cross Societies was discussed, and a statement made by the President on the subject. This was referred for consideration at a later meeting of the Executive.

Tuesday, July 31st.

On the morning of Tuesday, July 31st, the Executive meet at the Kommune Hospital, before the open Conference, the President in the chair.

The following resolution was carried unanimously:—

RESOLUTION.

Resolved—

“That the Executive Committee of the International Council of Nurses, having heard the statement of its President, that she has been approached by Sir Arthur Stanley, Chairman of the College of Nursing, Ltd., in regard to its relation to the International Council of Nurses, desires to inform the College of Nursing, Ltd., that the International Council of Nurses has no jurisdiction in the matter, as membership of the International Council of Nurses is confined to National Associations of Nurses, formed of representative Societies of Nurses, and that the National Council of Trained Nurses of Great Britain and Ireland is the accredited channel through which relations can be

established with the International Council of Nurses.”

RIDER.

“The constitution of the College of Nursing being at present out of harmony with that of the International Council of Nurses, we venture to suggest that in case the College of Nursing, as we have been led to suppose by the inquiry its Chairman addressed verbally to the President of the International Council of Nurses, should wish for affiliation, it should make such changes in its constitution as would provide for a Board of Directors composed entirely of Nurses.

“The International Council of Nurses, which is always working for unity among nurses, would welcome such a solution of the present very difficult situation in England.”

STATEMENT PRESENTED BY THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

The following statement sent for presentation to the Executive Committee by the National Council of Trained Nurses of Great Britain and Ireland was read:—

Statement for Presentation to the Meeting of the Executive Committee of the International Council of Nurses at Copenhagen, July 30th to August 1st, 1923.

The National Council of Trained Nurses of Great Britain and Ireland having received the Agenda for the Meeting of the Executive Committee of the International Council of Nurses to be held at Copenhagen, July 30th to August 1st, and having regard to the statement officially circulated that “important issues are to be considered, and possibly a thorough change of the policy held up till now by the International Council of Nurses,” desires to submit for the consideration of the Executive Committee the following Statement.

The National Council of Trained Nurses of Great Britain and Ireland has no information whether the items on the Agenda have been put forward by any of the National Councils affiliated to the International, or whether there is anything in writing from the Organisations mentioned on the Agenda.

1. Policy of the International Council determined by the Triennial Meeting.

The National Council of Trained Nurses of Great Britain and Ireland desires to point out that it is not competent to the Executive Committee of the International Council of Nurses to adopt a change of policy in the middle of a Triennial period, and that any proposed alteration in the Constitution must be submitted to the Triennial Meeting, printed notice thereof having been sent to each member of the Council at least three months prior to such Meeting.

The National Council of Trained Nurses of Great Britain and Ireland is of opinion that no alteration in the policy of the International Council should be made which affects the *fundamental basis* upon which the Council was founded, namely, (1) that membership is restricted to trained nurses, grouped in National Councils, who alone have power to vote, and (2) that each National Council is autonomous. Beyond this it has always been the policy of the International Council to invite the freest co-operation with other bodies interested in nursing though not exclusively composed of nurses, and at the International Congresses held in

Buffalo, Berlin, Paris, London and Cologne, we have had present as fraternal delegates distinguished medical practitioners, and lay men and women, on the invitation of the Council, who have added both to the profit and pleasure of these Conferences. The Council has, in short, extended every courtesy to fellow-workers interested in the national health, and the progress of nursing, and this custom the National Council of Trained Nurses of Great Britain and Ireland desires to see perpetuated; but it is most strongly of opinion that there should be no *fusion* with societies other than the self-governing duly accredited National Councils of Nurses. It further considers that it is entirely through the strength and prestige of professional organisation that our nurses reach the position, dignity, and influence which enables them to be useful in mixed organisations.

2. *The Nursing Division of the League of Red Cross Societies and the European Council for Nursing Education.*

The possible co-operation mentioned with the Nursing Division of the League of Red Cross Societies, which is not a society of nurses, can best be effected by this Nursing Division interesting the trained nurses, with whom it is in touch in the various European countries, to request the appointment of Hon. Vice-Presidents (Article 2 (4)) until such time as National Associations of Nurses, whose constitution is in harmony with the International are organised, and eligible for affiliation with it. The same remark applies to the European Council for Nursing Education.

3. *Committee on Nursing Education.*

In regard to the reconstruction of "The International Committee on Nursing Education," we desire to point out that Professor Adelaide Nutting, of Teachers College, Columbia University, U.S.A., is Chairman of this Committee, and that therefore it would be only courteous to consult with her before recommending the reconstruction of the Committee, which should, in our opinion, include an expert nominee from each affiliated National Council.

4. *The Autonomy of the National Councils of Nurses.*

In regard to the standing of the "International Council of Nurses" towards the "College of Nursing, Ltd." (Great Britain and Ireland)—and of which copies of the Memorandum and Articles of Association are sent herewith—which is a limited company of laymen licensed by our Board of Trade, this item, does not seem to be in order on the Agenda, since all societies desiring affiliation with the International Council must first be accepted by the National Council of the country in which they are situated. We do not know whether any application has been made direct to the International Council of Nurses by the authorities of the "College of Nursing, Ltd." for admission into the National Council of Trained Nurses of Great Britain and Ireland, but if so it is an act of the gravest discourtesy for any such society to ignore the National Council of its own country and endeavour to obtain association with the International Council without approaching it through the recognised official channel, and we are strongly of opinion that the only constitutional procedure for the Hon. Officials and Executive Committee of the International Council is to inform the College of Nursing, Ltd. that the International Council has no jurisdiction in this matter.

At the same time we desire to emphasize that the present constitution of the College of Nursing, Ltd., is not in harmony with that of the International Council of Nurses, inasmuch as it is a limited company composed of laymen, which admits nurses to membership, together with medical and other lay persons, it is

therefore not a self-governing organisation of Trained Nurses, and it would seem impossible for it to alter this constitution without actually dissolving the company.

The National Council of Trained Nurses of Great Britain and Ireland takes strong exception in this connection to interference with its autonomy. Such a policy can only be productive of friction and disorganisation. The vital principle of the autonomy of our National Council affects the status of every affiliated Council, and our Council would offer most strenuous resistance to any attempt to deprive it of self-determination.

5. *A Larger Headquarters.*

The question of the Headquarters of the International Council of Nurses must be decided at the Triennial Meeting, as the present Headquarters in London, where the International Council of Nurses was founded, was approved by the Council, and heretofore always appeared on the official notepaper. Any recommendation for a change of address must therefore come before the Triennial Meeting for its decision.

6. *Financial Independence.*

In regard to broadening the activities of the International Council, this is, no doubt, desirable, but must be governed by the means at its disposal. Hitherto the Council has done much useful work, has preserved its independence, and paid its way, and while no doubt it might gratefully accept gifts *unconditionally placed at its disposal*, it should not entertain any proposition which would entail a loss of independence as the price of fusion with non-professional organisations.

7. *An International Nursing Journal.*

The National Council of Trained Nurses of Great Britain and Ireland is of opinion that a Nursing Journal to be of any value must reflect nursing opinion, and must therefore be owned, controlled and edited by professional persons, as are the majority of the official organs of the National Councils of Nurses. An official organ of the International Council could only maintain professional solidarity and liberty of expression on the same basis.

It would appear that should the Triennial Meeting agree to issue such a publication, an International Journal Committee should be appointed.

In Great Britain and Ireland nursing organisation and education have been obstructed for thirty years through an unscrupulous lay-edited nursing press controlled by employers.

Such publications are a very serious peril to personal and professional liberty.

8. *Recommendation.*

In conclusion, the National Council of Trained Nurses of Great Britain and Ireland would suggest that a round table Conference be held in London at a convenient date, to carefully consider all proposals put forward officially to extend the useful activities of the International Council of Nurses, and to submit recommendations to the Executive Committee in time for circulation in accordance with the Constitution (Article 10) to the Affiliated National Councils at least three months prior to the Triennial Meeting in 1925.

Signed on behalf of the National Council of Trained Nurses of Great Britain and Ireland.

ETHEL G. FENWICK, *President.*

431, Oxford Street, London, W. 1.

The endorsement of the contents of the Statement submitted by the National Council of Trained Nurses of Great Britain and Ireland was approved, leaving open the question of a possible Conference

in London in 1924, should it appear necessary to call one before the next Triennial Meeting.

Wednesday, August 1st.

The Committee met for the last time at the Bispebjerg Hospital on Wednesday, August 1st, when the possibility of co-operation with the Nursing Division of the League of Red Cross Societies came up again for consideration.

It was eventually considered that the International Council of Nurses, and the League might be mutually helpful to each other in various ways, amongst which the following might be suggested.

SUGGESTIONS.

The International Council of Nurses (through the National Councils) might suggest names of some eminent nurses to form an Advisory Committee for the Nursing Division of the League of Red Cross Societies.

The International Council will be glad to have the League of Red Cross Societies refer to it difficult professional questions on which the League may be in need of advice.

The International Council might co-operate with the League of Red Cross Societies in arranging for special Sectional Conferences dealing with Nursing Education.

The League might be of help to the International Council by supplying it with information regarding Red Cross Nursing Activities.

The League might encourage Red Cross workers who have not had a complete training in nursing to continue their training in recognised schools till they reach full professional status.

Its facilities for translation into various languages might be used for the translation of approved nursing text books.

It was further agreed to send copies of the Resolution carried at the meeting of the Grand Council last year, as to the standard for trained professional women nurses recognised by the International Council of Nurses to the appropriate Ministers in countries where Nursing Legislation is under consideration.

Danish hospitality is proverbial, and as interpreted by the President, Mrs. Henny Tscherning, and the Danish National Council of Trained Nurses, and applied to carrying out the objects of the International Council of Nurses is a rare and beautiful thing. At the recent meeting of the Executive and invited guests, invitations were first extended to stay in one or other of the hospitals during the Conference. Mrs. Tscherning welcomed them at a reception in her charming flat on the evening of Sunday, July 29th, and again at the seaside house of the Council at Vedbock, where they were conveyed by motor during a delightful drive lasting some five hours, on July 30th, and entertained to a sumptuous tea. Next week we shall refer further to these social events.

Many regrets were expressed that Mrs. Bedford Fenwick, Founder of the International Council of Nurses, was not present at the Meeting, and a Resolution incorporating these regrets was adopted.

(To be continued.)

NOTTINGHAM GENERAL HOSPITAL.

ANOTHER RED LETTER DAY FOR NURSES.

Last week we reported the happy day for nurses when a section of the splendid new Nurses' Home was opened by Royalty at the Liverpool Royal Infirmary, and on Wednesday, August 1st, the Nursing Staff of the General Hospital, Nottingham, welcomed with joy a visit from His Royal Highness the Prince of Wales, who did them the honour, during his visit to Nottingham, of opening, with a golden key, their beautiful new Home, which will not only be an untold boon to the nurses, and a great asset to the working of the hospital, but a great addition, on its ideal site, to the handsome buildings found in this very picturesque and ancient city, partly perched on a rock, and overlooking the emerald valley of the Trent, where the loveliest and sweetest roses in the world bloom in profusion, and from the opulent soil of which the flavour of ripened fruit and grain cannot be excelled.

Nottingham gave the Prince a really rousing reception; thousands of people cheered him to the echo, and the decorations in bunting, banners, and flowers were profuse.

Upon arrival at the General Hospital the Prince was received in the main entrance hall, which was most tastefully laid out with flowering plants and shrubs, and the Mayor presented, amongst others present, Col F. E. Seely, T.D., President of the Hospital; Mr. James Forman, J.P., Vice-Chairman of the Monthly Board; Mr. Wm. G. Player, J.P., Chairman, Extension Committee; Miss H. M. Kendall, Matron; Rev. Robert Holden, Chairman, Nursing Committee; Mr. P. M. McColl, House Governor of the Hospital; and the senior physicians and surgeons.

The Prince proceeded down the carpeted corridor to a male surgical ward, which forms part of the Jubilee wing, and which during the war was used for the treatment of military patients. An artistic scheme of decoration had been carried out in the ward, red, white, and blue flowers being grouped with charming effect.

The 22 patients under treatment in the ward were delighted that the Prince had decided to pay them a short visit. The honour was especially interesting to four of the patients who had seen service in the war.

Proceeding from the hospital His Royal Highness passed through a gangway densely lined by people and smiling Sisters, and he was given a great ovation, and directly in front of the new Memorial Nurses' Home were lined the nurses and medical women, who cheered the Prince on his arrival.

After a short conversation with the Matron the Prince mounted the steps of the new building, accompanied by the President.

Lieut.-Col. Seely said as President of the Hospital for this year he wished to express, on behalf of all those interested in the institution, grateful thanks to His Royal Highness for graciously consenting to help them in their work by coming to

open a large extension to the hospital in the new Nurses' Home. He spoke for the Board of Management, for all those who subscribed to the hospital, and that extension to the hospital; for the staff, Matron, nurses, and all, wished to join in thanking the Prince for his presence on that occasion. He could assure the Prince his presence would be of the greatest encouragement and help to all those interested in the work of the hospital. He held a golden key, which they all hoped he would graciously accept to open the door of the new building.

This bore the inscription: "Nottingham General Hospital, Nurses' Home, 1st August, 1923."

His Royal Highness thereupon graciously accepted the key, and in acknowledgment said:

"Mr. President,—I thank you very much for inviting me to perform this ceremony. It has been the greatest pleasure for me to be able to pay a visit to your splendid hospital, and I have now pleasure in opening this door."

The Prince then proceeded to open the door, and as he did so the band struck up "God Bless the Prince of Wales." The party then entered the building, His Royal Highness being conducted through the splendid establishment.

The Prince expressed his pleasure with the charming arrangements throughout, and left the hospital grounds, having, as usual, won all hearts.

AN IDEAL HOME.

The new structure stands on the high land fronting the Park, and looks across the Castle grounds. It is a four-storey building, with a flat roof. The building is designed on Renaissance lines, the material used being Portland stone and Staffordshire brindled bricks. The main feature is undoubtedly the spacious terrace and imposing pillars in the centre of the front, which not only relieve what must otherwise have been a rather monotonous appearance, but add dignity and impressiveness.

Accommodation is provided for 130 nurses, each of whom will have the exclusive use of a bedroom, a privilege which very few of them enjoy at present, for they are now housed in several old and scattered buildings, entirely unsuited and inconvenient. On the first floor, facing the visitor, is a large sitting-room, 54 feet long and 27 feet wide, for nurses. On the same floor, at the west end, are sitting-rooms for the assistant matron, the sisters, staff sisters, and home sister, a room for visitors, a cloakroom, and a small kitchen and pantry.

On the ground floor are lecture and classrooms, clean and soiled linen and uniform rooms, and a shampoo-room. The two upper floors are composed entirely of bedrooms, bathrooms, and lavatories. The bathroom accommodation is on the most liberal scale. There is a main central corridor 6 feet wide, with a ferro-concrete staircase in the centre and one at each end. The whole of the floors and partitions are fire-resisting, finished in parian lime, while all the floors are covered with "battleship" linoleum. Above the terrace is

a beautiful bronze trophy, measuring 12 feet by 6 feet, and composed of two regimental colours, a laurel wreath, and an anchor.

Exclusive of the furnishing, for which a bazaar held in November realised £7,000, the cost of the place will exceed £60,000. The money has already been raised, as the undertaking marks the first portion of the hospital extension scheme. The accommodation for nurses is based on the size of the staff that will be necessary when the hospital enlargement is complete—a very wise provision.

HISTORY REPEATS ITSELF.

In the year 1878 another Edward, Prince of Wales (later King Edward the VII) paid a visit to Nottingham, and his procession passed slowly along the narrow street which divided the General from the Children's Hospital. All the "tiny wees" able to leave their cots, dressed in scarlet flannel jackets, were comfortably placed so that they could peep over the wall and welcome their future King.

One splendid little man, aged three (an amputation, alas!), piped out:

"Oh! Prince! Prince! Do look. I'se here, I'se here!"

And he did look, and, turning round, waved his hand and beamed upon us until we were out of sight.

Thus history repeats itself!

ANGLO-SAXON CHARACTERISTICS.

The Prime Minister spoke on Anglo-Saxon ideals and their value as a civilising influence in the world, at the annual dinner, at Oxford, of the Rhodes Scholarship Trust:—

There are elements (he said) in the old stock, which persist, and whose very persistence qualifies the English-speaking people for that trust that the world reposes in them, and for that hope with which they are regarded. As I see it, there may perhaps be four chief qualities, persistent, consistent, among the English-speaking people. They have alike, from long inheritance, an innate sense of justice. Justice is one of the profoundest elements of our character—the desire for it, the eagerness in search of it, the giving of fair play to our own people and to other people.

Secondly, there is that real democratic feeling of valuing a man for what he is. There is, thirdly, that sense of political freedom, neither degenerating on the one side into licence, nor, on the other hand, retrograding into tyranny, and, as often has been said, the price of that liberty is eternal vigilance, without which we shall leave that razor edge of perfect liberty for one of those two pitfalls which, I have indicated, lie in wait for us on either side at all times. Lastly, besides political freedom, there is the love of spiritual freedom, and underlying everything in the English-speaking peoples there has always been, in a greater or less degree, and there is to-day that belief in God and in the responsibility not only of the individual, but of the nation, for his actions and their actions on earth.

POINTS FOR NURSES TO NOTE AND REMEMBER.

BUSINESS TRANSACTED BY THE G.N.C.,
JULY 20th, 1923.

Correspondence.

(1) The Association of Hospital Matrons deplored the effect of Dr. Chapple's Modification of Rule 9 (1) (g), but failed to condemn the action of the College of Nursing, Ltd., to which the large majority of the Association belong, in taking the initiative in opening the General Part of the Register to untrained women (see letter from Miss Rundle, Secretary, College of Nursing, Ltd., to G.N.C., December 29th, 1922, which contains the following sentence: "The Council (College) 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 for three years before November, 1919").

(2) Copy of Resolution passed by members of the College at their Annual Meeting at Cardiff, also deploring the "Modification," but omitting to condemn their own Council which initiated the agitation to place persons without training on the State Register.

(3) That the Bradford Branch of the College had the sense to appreciate and condemn the breach of faith with Registered Nurses in throwing open the Register to the totally untrained.

(4) Resolution from the Registered Nurses' Parliamentary Council (1) Condemning the conduct of the Chairman of the College of Nursing, Ltd., in taking the initiative to degrade the State Register; and (2) strongly disapproving of the policy of the G.N.C. in permitting interference in its Statutory duties by a Limited Company, and expressing the conviction that the present G.N.C. had proved itself totally incapable of circumventing the ignoble policy of the College and of protecting the interests of the Registered Nurses. (3) The Resolution also enters a strong protest against the depreciation of Nursing Education by the refusal of the G.N.C. to guarantee to probationers in training a compulsory scheme of education, and in recognising as Training Schools, institutions which are not compelled to guarantee any system or standard of teaching whatever.

The Chairman and the Elusive Document.

That the Chairman of the G.N.C. gave a most unsatisfactory explanation to a question put up by Miss Cox-Davies, *re* the correspondence between the Registrars of the College and the G.N.C., which suggested illegal preferential treatment after July 14th for College members. He denied the first draft of reply was sent, but did not produce the reply which was sent by the Council to the College. We call for that letter, and hope it will be submitted when the Press is present at a future meeting of the Council.

Report of Finance Committee.

That the huge sum of Seven Hundred Pounds was requisitioned for stamps until the second week in

September—that is for *eight* weeks! and that another enormous advance in clerical expenditure recommended by the little General Purposes Committee was all agreed to. No statement has ever been made of the approximate cost of the Register for July to December, 1922, which is already seven months late, and for which thousands of nurses have paid their Retention Fee nine months ago, and for work on which thousands of pounds of the nurses' money has been expended in clerical labour—the Registration Staff consisting of a Registration Clerk and twenty subordinates! The Finance Committee is controlled by a Medical Chairman.

Report of Registration Committee.

That a Rule approved by the Council for reciprocal registration with Scotland and Northern Ireland was not approved by the Minister, who pointed out weak spots and suggested amendments. The Council proposed that the Registrars should have absolute power of effecting between them reciprocal registration—a most bureaucratic and dangerous system. The Minister recommended desirable safeguards against the autocratic system proposed by the Registration Committee.

The Rules for reciprocal registration should be identical. At present they are not so—as the Scottish Council demands part training or residence and practice in Scotland—which the other Councils do not so far as England and Northern Ireland are concerned. Apparently no members of our G.N.C. are cognisant of this exaction upon the part of Scotland, or if they are, fail to insist on reciprocal terms for us.

The great increase of applications for registration on the General Part of the Register since the Minister signed the Council's Rule 9 (1) (g) on May 26th, opening that part of the Register to untrained women, and of Dr. Chapple's modification thereof—which came into force on July 7th. At the meeting of the Council on June 15th, 28,593 applications were reported, 1,634 from May 26th to June 2nd. At the meeting of the Council on July 14th, 36,106 applications were reported, but 40,436 had actually been received. Thus, from May 26th, when the flood gates were opened to the untrained, to July 14th, upwards of thirteen thousand persons applied for registration, but no report was presented to the Council of how many of these applicants were untrained. Thousands, no doubt.

As we have pointed out, the Council realised that this wholesale swamping of the General Part of the Register by the untrained nullified the Supplementary Registers, and, in fact, nullified the Act so far as Existing Nurses were concerned. By its ineptitude the present G.N.C. has landed us all in the gutter together.

The Uniform Committee.

We note that our suggestion that instructions *re* uniform should be available in booklet form was adopted. This should be helpful to those nurses who wish to wear it. Now, however, that this uniform does not distinguish the trained from

the untrained nurse—and will, no doubt, be widely adopted by the latter—many trained nurses will avoid it. This is most deplorable as for years the registrationists have looked forward to a “protected” uniform—a privilege secured to V.A.D.s, who may now assume our “cloth” if registered, without let or hindrance, although we may be sentenced to imprisonment if we infringe *their* rights.

(To be concluded.)

QUESTIONS IN THE HOUSE OF COMMONS.

AUGUST 1ST.

MATERNITY AND CHILD WELFARE.

MR. TURNER asked the Minister of Health if his Department are taking any special steps to develop maternity and child-welfare clinics so as to cope with and help to reduce the death roll of ten per day occurring amongst women during pregnancy and child-birth?

MR. CHAMBERLAIN: I am well aware of the continued high rate of maternal mortality associated with child-birth, and under the Maternity and Child Welfare Act I am endeavouring to encourage the establishment and development of maternity and midwifery services (including antenatal centres, maternity hospitals and the provision of midwives). I hope that, by such means, the present death rate will be progressively and substantially reduced.

NURSES (REGISTRATION).

MR. R. RICHARDSON asked the Minister of Health why the General Nursing Council for England and Wales are still sending out application forms, Form 1 (a), to existing nurses, even although the last date, July 14th, 1923, specified by the Nurses' Registration Act, 1919, for returning these forms has expired?

MR. CHAMBERLAIN: I am informed that the General Nursing Council have not issued application forms, Form 1 (a), to existing nurses since July 14th, except in response to applications which were duly received on or before July 14th, but could not be disposed of by that day owing to the great pressure of work.

DR. CHAPPLE: Is it the case that applications are still coming in from nurses who were entitled to be put on the register before the 14th, but whose applications are late? Has the Right Hon. gentleman any information as to that?

MR. CHAMBERLAIN: I cannot say.

REMARKS.

The Nurses' Registration Act provides, in Section 3 (2) (c), that Existing Nurses must make an application for registration “within a period of two years after the date on which the rules to be made under the provision of this paragraph first came into operation.” These rules first came into operation on July 14th, 1921, and thus the two years' term of grace terminated on July 14th, 1923.

Moreover, the Statutory Rules include under the Second Schedule an Application Form 1 (a) for admission to the Register, which is the legal document upon which applications have to be made—so that it is entirely out of order that these forms should be issued by the Registrar after July 14th, 1923, as apparently condoned by the Minister of Health. Mr. Chamberlain may not be aware that undated Application Forms have been issued by the Registrar in bulk, so that apparently nothing can be easier than to evade the Act and the Rules. We learn that forms have been sent abroad, which could not possibly be returned in time to comply with the law.

AUGUST 2ND.

NURSES' REGISTRATION.

DR. CHAPPLE asked the Minister of Health whether he is aware that, in regard to existing nurses under Section 3 (2) (c) of the Nurses' Registration Act, 1919, a new rule first came into operation on July 7th, 1923; that the words enabling persons who, within a period of two years after the date on which the rule to be made first comes into operation, grant to an existing nurse the right to apply for registration up to July 7th, 1925; and whether, seeing these points are in dispute, and in view of the continuing hardship to *bona fide* nurses that is arising from a misinterpretation of the Statute, he will consult the Law Officers of the Crown upon the subject?

THE PARLIAMENTARY SECRETARY TO THE MINISTRY OF HEALTH (LORD EUSTACE PERCY): The answer to the first part of the question is in the affirmative. As regards the second and third parts, my Right Hon. Friend is unable to accept a construction based on a mis-quotation of the Statute, and sees no necessity to consult the Law Officers on the matter.

DR. CHAPPLE: Might I ask the Noble Lord whether the General Nursing Council read the words “a rule” instead of “the rules,” which they are required by law to do, and, if so, will he consult the Law Officers of the Crown as to whether the words “when a first rule comes into operation” are different from the words “when a rule first comes into operation,” and will he consult the Law Officers upon the point in view of the fact that a large number of nurses are suffering a grievous injury and many more may suffer from the misconception of this Clause?

LORD E. PERCY: So far as I can understand the Hon. gentleman, he is merely repeating his original misquotation.

DR. CHAPPLE: Will the noble Lord say what is the misquotation?

LORD E. PERCY: Yes; I will. The Hon. Member has converted the plural in the Statute into the singular.

MR. SPEAKER: I think this matter had better be pursued in private.

DR. CHAPPLE: On a point of order, might I ask the noble Lord this, whether, according to the law since 1850, the plural does not include the singular and *vice versa*.

APPOINTMENTS.

SUPERINTENDENT.

Gogarburn Mental Defective Institution.—Miss Agnes Taylor Young has been appointed Superintendent. She was trained at Bangour Mental Hospital and Edinburgh Royal Infirmary; has been Staff Nurse in the T.F.N.S.; and Assistant Matron at Bangour Mental Hospital, West Lothian.

MATRON.

County Sanatorium, Branston Hall, Lincoln.—Miss Elizabeth Helen Hall has been appointed Matron. She was trained at the Royal Salop Infirmary, and has been Outpatient Sister at the Throat Hospital, Golden Square, London; Sister on the Women's Landing, Royal Salop Infirmary; Men's Surgical Sister, General Hospital, Wolverhampton; Night Sister at the Royal Infirmary, Chester, and Sister at Branston Hall Sanatorium.

Benenden National Hospital—Miss E. A. Richards, whose appointment as Matron of Benenden National Hospital we recorded last week, asks us to say that she held the position of Holiday Sister at the Northwood Sanatorium (Mount Vernon Hospital) not of Assistant Matron and Housekeeper as reported.

MATRON HOUSEKEEPER.

Market Drayton, Burntwood Sanatorium.—Miss Louisa J. Strange has been appointed Matron Housekeeper. She was trained at St. Giles' Infirmary, Camberwell; and has been Matron of the National Sanatorium, Benenden, and Assistant Matron at the Royal National Hospital, Ventnor.

ASSISTANT MATRON.

Tranmere, Birkenhead Infirmary.—Miss Mary L. Ratcliffe, S.R.N., has been appointed Assistant Matron. She was trained at Brownlow Hill Infirmary, Liverpool, where she gained first-class distinction and the gold medal; and has been Sister of a medical ward, of the gynæcological wards, and Deputy Theatre Sister. She has also held the appointments of Theatre and Ward Sister at the Southport General Infirmary. Miss Ratcliffe is a Registered Nurse and holds the certificate of the Central Midwives' Board.

Bangour Village Mental Hospital, West Lothian.—Miss Christina Campbell has been appointed Assistant Matron. She was trained at Montrose Royal Mental Hospital and Greenock Royal Infirmary.

SISTER-TUTOR.

Royal Free Hospital, Gray's Inn Road, W.C.—Miss Phoebe Gill has been appointed Sister Tutor. She was trained at St. Bartholomew's Hospital, London, and at Queen Charlotte's Hospital. She has been Temporary Sister at St. Bartholomew's Hospital; Health Visitor, Willesden Council; and Home Sister and Sister Tutor at the General Hospital, Northampton.

Miss Gill saw war service, attached to the Royal Navy Nursing Service, and holds the following certificates: Central Midwives' Board, for Dispensing, and as a Sanitary Inspector—so that she is splendidly qualified for the post to which she has been appointed.

DISTRICT SUPERINTENDENT.

Leeds Maternity Hospital.—Miss Jessie Hartwell has been appointed District Superintendent. She was trained at Highgate Hospital; has been Night Sister at Liverpool Maternity Hospital; Sister and Acting Matron of a Military Families' Hospital; Sister and Acting Matron in Q.A.I.M.N.S.R.; Assistant Matron at the Royal City of Dublin Hospital; and Charge Sister at the Ministry of Pensions' Hospital, Chepstow.

COUNTY HEALTH SUPERINTENDENT.

Gloucestershire County Council.—Miss Kathleen Austin has been appointed County Health Superintendent. She was trained at the London Hospital, and has since been County Health Visitor, School Nurse and Tuberculosis Visitor for the East Lothian County Council. She obtained a certificate for Midwifery at the Edinburgh Royal Maternity Hospital.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of Queen's Nurses, to date July 1st, 1923, and has written the following message on the Roll: "With every good wish for my dear Nurses, in whom I take the deepest interest."

ENGLAND AND WALES.

Irene F. Lloyd, Nita G. Lloyd, Annie Cryan, Ann S. Rushton, Florence M. Thomas, Kathleen A. Hazell, Elizabeth A. Hope, Margaret Oven, Olive L. Swann, Amy R. Vicker, Maggie Duncan, Dorothy Redcliffe, Alice G. Hybart, Ethel K. Elliott, Florence M. Mothers, Clara M. D. Hunt, Sarah J. King, Olive M. Cox, Edith Riley, Ruth A. Warren, Dorothy Beetlestone, Emily Raven, Gertrude Whitbourn, Margaret M. E. Aspinall, Eugenie Bonham, Hannah Morgan, Gertrude L. Osborne, Florence Sloan, Agnes Eccles, Sarah F. Huskisson, Lucy C. Simoens, Daisy Shields, Rosannah E. Lawley, Margaret M. Knox, Jane Walsh, Elsie Worthington, Frances E. Storey, Emily Chambers, Sarah Thompson, Alice Adamson, Veronica Bennett, Florence Robinson, Isabella Stredder, Cora Wild, Violet M. Colchester, Gwendoline M. A. Stephens, Winifred S. Osborn, Grace D. Somers, Winifred E. Rogers, Alice Preece, Letitia Sterritt, Gladys W. Johnson, Sarah McPolin, Dorothy G. G. Larard, Grace F. Osgood, Gwendoline N. Prime, Kathleen Beresford, Nancy R. Daniels, Florence M. Davis, Hannah E. Owen, Mary E. Price.

SCOTLAND.

Mary Calder, Helen P. Cameron, Isabel Campbell, Annie Dick, Mary Fletcher, Agnes W. Fotheringham, Lizzie Robertson, Margaret Thorburn, Mary C. C. Wilson, Wilhelmina Sanderson, Lilian Dyer, Margaret M. Grant, Margaret M. Murray, Anabel Menzies.

IRELAND.

Winifred Egan, Sarah Morgan, Mary K. Reynolds, Sarah Stewart, Mary Wolfe.

RESIGNATION.

Miss A. Hulme, the Matron of the Brownlow Hill, West Derby, Institution (so intimately associated with pioneer nursing as Brownlow Hill Infirmary, Liverpool), has just retired after 35 years' Poor Law work. During all those years, we learn, she was greatly beloved as "a friend of the poor."

Before leaving the Institution, Miss Hulme received many marks of appreciation. The Chairman presented her with a gold bangle and brooch from the staff, and expressed their great esteem for her, and their sincere regret at her retirement from office.

Sir William Herringham, Chairman of the General Nursing Council for England and Wales, has adopted the extraordinary method of addressing other papers on what he considers the delinquencies of this journal. We have no space to deal with this matter this week, but shall refer to it in a future issue.

HOSPITAL WORLD.

WARM CONGRATULATIONS AND THANKS.

Mr. T. H. Bickerton, the President of the Royal Liverpool Infirmary, has received the following letter from their Royal Highnesses, the Duke and Duchess of York:—

White Lodge, Richmond Park,
July 26th, 1923.

DEAR MR. BICKERTON,—The Duke and Duchess of York have asked me to write and express to you, and through you to all concerned, Their Royal Highnesses' warm appreciation of the excellent arrangements that were made for their visit to the Hospital.

What possibly impressed Their Royal Highnesses most was that, in spite of all the necessarily formal arrangements made for the ceremony, it in no way prevented the immediate entry and skilled treatment of the unfortunate people who were injured in the accident, and I am desired by Their Royal Highnesses to convey to all concerned their warm congratulations and thanks for their prompt and ready assistance in what might have been somewhat difficult circumstances.

Yours very truly,
(Signed) LOUIS GREIG,
Comptroller.

DRIED MILK.

The Minister of Health is about to make Regulations as to the labelling and composition of dried milk on the lines of the Regulations recently made with regard to condensed milk. The Regulations will come into operation on January 1st, 1924, and will apply to all dried milk intended for sale for human consumption in England and Wales.

Copies of the draft Regulations which have been prepared for this purpose can be purchased under the description, "Draft of the Public Health (Dried Milk) Regulations, 1923," from H.M. Stationery Office, Imperial House, Kingsway, W.C. 2, either directly or through any bookseller (price 2d.). Any representations on the subject should be addressed to the Secretary to the Ministry at an early date.

GOSPO:

We have pleasure in directing attention to the many merits of Gospo, the original cleanser supplied by Gospo, Ltd., 33, Waterloo Road, London, S.E. 1. We think that those who use it regularly, or who resolve to do so in the future, will agree that the claim of the firm that this original cleanser is "still the best" is well founded. It can be obtained from grocers, stores, ironmongers, &c., and its cleansing properties are remarkable. Purchasers should always insist on the impression of the white cat on the canister. Not the least of the merits of Gospo is that it is of British manufacture.

OUTSIDE THE GATES.

It has been decided at a recent meeting of the Officers of the International Council of Women to hold a Conference of Women's International Organisations in London early next year, to discuss the

PREVENTION OF THE CAUSES OF WAR, and how women can best assist in promoting the cause of World Peace.

In order to safeguard the objects of the Conference, it was decided that no allusion should be made to the facts of the late War, or to political controversies arising therefrom.

A comprehensive draft programme has already been prepared under the following headings:—The international mind in individuals to include the moral and spiritual basis of human relationships, Education in Schools and Colleges and Education of Citizens, and the international mind in Governments.

LEMONS.

(Continued from page 76.)

A simple lemonade can be made as follows: Wash a lemon, cut it in half, and extract the juice by the use of a lemon-squeezer. Place the juice and the peel in a quart jug and add a dessert-spoonful of sugar. Fill the jug with a quart of boiling water, cover it with a plate, and let the peel infuse for five minutes. At the end of this time remove the peel so that it may not give a bitter taste to the lemonade and yet shall have a chance of yielding some of its essential oil, which is a valuable stomachic. The lemonade is ready for use as soon as it is quite cold, but it is more refreshing if it can be stood on ice before it is served.

Lemon-peel tea.—Wash a lemon, and rub the rind with half an ounce of loaf sugar, which should be placed in a quart jug as soon as it becomes yellow. Peel off the yellow rind without any of the white pith, and place it in the jug. Pour a quart of boiling water over the peel, set aside the infusion till it is cold, add the strained juice of the lemon, remove the peel, and serve the beverage, iced if possible.

OUR ANTHOLOGY.

MAGNA EST VERITAS.

Here in this little Bay,
Full of tumultuous life and great repose,
Where, twice a day,
The purposeless, glad ocean comes and goes,
Under high cliffs, and far from the huge town,
I sit me down.
For want of me the world's course will not fail:
When all its work is done the lie shall rot;
The truth is great and shall prevail,
When none cares whether it prevail or not.

COVENTRY PATMORE.
(1823-1896.)

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 DEPRIVED OF THEIR RIGHT TO A "PRESCRIBED" SYLLABUS OF TRAINING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I desire to thank you very much for your report on the discussion of the Report of the Mental Nursing Committee at the last meeting of the G.N.C. Other nursing papers have absolutely misrepresented statements I made at that meeting.

I think it is deplorable that the Syllabus of Training for Mental Nurses should be scrapped without any protest from the majority of members of the G.N.C., and mental nurses have the College Matrons and the Medical element on the Council to thank for this injustice who voted in favour of the General Nursing Syllabus being issued on the authority of the Council, and that it should be considered "advisory" instead of "obligatory."

Most mental nurses in training are organised, so that I feel justified in stating that the matter has not ended by the G.N.C. adopting the Report of the Chairman of the Mental Nursing Committee.

It would be interesting to know what nurses in training think of the member of the G.N.C. who stated "that the object of the State examination was that it should be known by the result of the examination whether nurses had been properly trained." This body is supposed to represent General Nurses. Nurses are trained for three years. They are to pay substantial fees before the "powers that be" decide that the training received has not been up to the standard required. I hope that the nursing electorate are content with their government! I feel more disgusted after each meeting I attend.

MAUD J. WIESE.

[The refusal of the new General Nursing Council to carry out the provisions of the Act in this particular, in so far as the General Part of the Register is concerned, deprives all the Supplementary Nurses of their right to "prescribed" training. Miss Wiese touches on the injustice to all Probationers, General and Special, when she makes it clear that they must work for three years and pay two examination fees before they are tested upon an advisory syllabus. We hope after the holidays that publicity will be given to this fatuous arrangement, and a wide demand upon the part of Probationers in training will be made for a "prescribed" compulsory scheme of training to fit them for the State Examination.—ED.]

KERNELS FROM CORRESPONDENCE.

THE HAPLESS PUBLIC.

A Member of the Hapless Public.—"The nurses are not the only people who felt consternation at the Chapple "modification" becoming law. How about the hapless public? Doubtless we shall have to pay as much as for the genuine article."

[Certainly. Parliament and the Privy Council in their ignorance have decided to hall-mark dross and endanger human life. Every patient in engaging a private nurse must revert to the hospital certificate for comparative safety. The State Certificate is now so much waste paper.—ED.]

THE CHAPPLE MODIFICATION.

From a Scottish Nurse.—"In communications to the Privy Council and Ministry of Health I stated that if this breach of faith was effected with the Registered Nurses, their fees paid should be returned to them on demand. For myself, I shall certainly get neither Badge nor Uniform.

"Nursing affairs discussed in Parliament are seldom reported in the *Glasgow Herald*. Would that Parliament sat in Scotland for two months in the year!"

NOTICE.

As we notified our readers, having published the Hon. Albinia Brodrick's letter as a plea for reform in the treatment of sick and injured prisoners, and a criticism from Councillor Beatrice Kent, we closed the correspondence, since which time we have received letters, the majority anonymous and of a very abusive character, from persons of both sides of Irish political opinion. All have been excluded. Our columns are at all times open to expressions of opinion on "Nursing politics," but not to Irish politics pure and simple.—ED.

REGISTRATION OF INTERMEDIATE NURSES.

The only Nurses who are now eligible for registration are what are termed Intermediate Nurses—those who have completed their three years' training and been awarded a Certificate since November 1st, 1919. The term of two years' grace for Existing Nurses has terminated.

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.

August 18th.—Describe the nursing of a patient after excision of the tongue.

August 25th.—What signs and symptoms would you expect in a case of gastric ulcer? Describe the nursing in such a case.

The Midwife.

"THE MIDWIFE: HER BOOK."

In "The Midwife: Her Book," edited by Miss Alice Gregory (Hon. Secretary of the British Hospital for Mothers and Babies, Woolwich), there are many stories of mean streets. Here is one:—

CRESCENT STREET.

In Crescent Street (the street of furnished rooms), they are always the people who do not really belong there; they have only come because times were bad, and are just waiting "till I get over this" to get a few things together and have a place of their own again. They like to be praised, and if the table has been wiped over one day and is praised a little, the next day it will have been scrubbed; and it is the same with the floor and windows—and they like to have good manners. "Why don't you say, Yes, thank you, Nurse? What I can see of it, Sarah, thank you don't come in nowheres with you." "I did say thank you, didn't I, Nurse (she is forty-two); Nurse'll tell you herself I said thank you."

Her voice was hoarse and always on one note; she had a thin bony face and blue eyes that were sometimes full of amusement, but at anything unknown that had a vague fear lurking behind it they grew round like saucers and her mouth opened into a silent Oh! and she was quiet for a little while.

She paid her one shilling week by week, and had it put down on a card, which she never could bear to be out of her sight. "Paid 12s. 6d. all the other times, I did; paid it all up; p'raps at the end she'd say, 'Here's sixpence back for you to get something for the baby.'"

The little man with dusty clothes and boots and rings in his ears came in to show his insurance card and to explain his anxiety about it. "He says we'll get the money all right, but it's being unscholarly you understand me; it's not being able to put my name; but he spoke very high of you, Nurse," and when I asked how that was, wondering if I had known him when I was alive before—"he says it's that paper you wrote—you understand me; he says it's that si'niture wot done it."

The baby, who was not wanted, was the centre of everything. "He seems to be longing for something—thought it was a fresh oyster, we did; his father 'd gone out to get 'im one early, but I said best wait till you come . . ."

My thoughts were not allowed to wander from the room. "Look, Nurse! Nurse, look! You ain't a-lookin' at 'im, 'e ain't 'alf a laughing." I suppose, Georgie, you are as wonderful as all those other things. "This sky, and the light, this body, and the life and the mind." I know you are really. I was feeling a little tired of you just then.

S. W.

CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER.

August 1st, 1923. From 2-5 p.m.

(Candidates are advised to answer all the questions).

1. Describe the mechanism by which the placenta is separated and expelled in the absence of any interference by the midwife.

2. What advice would you give to a healthy primigravida regarding the preservation of her health during pregnancy?

3. Give the common causes and state the disadvantages of early rupture of the membranes.

What would you do in the event of the membranes rupturing at the onset of labour in a primipara?

4. What signs would enable you to recognise, during labour with the vertex presenting, that the head was delayed—

(a) above the brim

(b) in the cavity

or

(c) at the outlet.

5. Describe the appearances of a child born in a state of white asphyxia. What might have produced this condition?

6. What notifications may a midwife have to make to the Local Supervising Authority?

LEGITIMACY BILL.

The Legitimacy Bill has passed its Second Reading in the House of Lords, but the Committee stages have been postponed until the autumn session in order that the advice of the Lord Chancellor may be available. The Government has undertaken to give reasonable time in the House of Commons for the consideration of any amendments made in the Lords, and it is hoped that the Bill may be passed before the end of the year.

STATE REGISTRATION OF MIDWIFERY NURSES IN WESTERN AUSTRALIA.

Prior to July, 1922, nurses desiring to Register in Western Australia as Midwives could obtain registration on production of a Hospital Certificate from an approved institution. The *Australian Nurses' Journal* reminds its readers that before registration can now be effected it is necessary to pass a State examination. Certificates of training from approved Training Institutions will be accepted as evidence of training and will entitle the holder thereof to admission to the Board's examination, provided that the period of training is equal to twelve months for an otherwise untrained woman, or six months for a general trained nurse.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,846.

SATURDAY, AUGUST 18, 1923.

Vol. LXXI

EDITORIAL.

MEMORANDUM ON HOUSING.

No thinking person can doubt that the Housing question is one of the most important factors of sociology and a problem most difficult of solution.

Since the Armistice the L.C.C. and the Metropolitan Borough Councils and other bodies have erected a very large number of flats and houses for the weekly wage-earners. They were badly needed and we rejoice that so much has been accomplished. The supply, however, is but a drop in the ocean in comparison with the unsatisfied needs of our great population. Whenever Social workers get together to discuss reforms, whatever their differences of opinion may be, they are all certain to be agreed upon one point, namely, that the basis of all such reforms is—and always must be—*good housing*, which presupposes a generous minimum standard of comfort and convenience. Without it there will inevitably be a low standard of health and morality, and industrial unrest will continue.

With this in view, the Consultative Committee of Women's Organisations appointed a Housing Sub-Committee to enquire fully into the matter and to report. After weeks of hard work and exhaustive enquiry of every source of authoritative information, they have produced a pamphlet with the above title. Although it does not claim to be a comprehensive survey of the whole situation, it is a most valuable contribution to the present great fundamental need of Society. We cannot attempt to do full justice to this excellent and instructive Memorandum in so brief a space; but as all Nurses are fully aware of the close connection between housing and health, especially District and School Nurses, we wish to bring it to their notice.

The Memorandum comprises two "Parts" and a clear concise Summary. Part I gives a "Statement of Problem" and refers to the provision of houses in the past—both in urban

and rural districts. In reference to the former, very useful comments are made on "Cast-off Houses of the Middle Classes" which—not being adapted usually for the use of several families—constitute very bad living conditions. Brief explanation is made of the different methods of producing houses, such as:—(a) Building by Private Enterprise; (b) by Building Societies; (c) by Public Utility Societies; (d) by Housing Trusts; (e) Municipal Housing. The economic aspect of the present position and the comparative cost of building come under review, not to mention things of such vital importance as morals, health, and the legal aspect—(laws affecting Housing). Part II deals with proposals for remedial action by the method of placing on record the proposal itself, and then giving an impartial criticism.

Summary of the Present Position:—“(1) The Housing shortage existed before the war. (2) It has been accentuated by economic and social forces consequent upon the war, and is now more serious than it has ever been before. (3) Deficient Housing inflicts unwarrantable injury upon the community, and involves enormous waste of public moneys. (4) Ignorance in regard to the future legal position of landlords and tenants has led to inevitable hardship and friction. (5) Uncertainty in regard to a future Housing policy has helped in a large measure to destroy the confidence of prospective builders. (6) The inability of the lowest wage-earner to pay an economic rent has discouraged the investment in house property, and is largely responsible for the present deadlock. (7) The difficulty of labour and the cost and supply of materials in the building industry make it unlikely that a rapid increase or improvement in housing accommodation will follow immediately upon legislation. (8) Attention is drawn to the distinction between the middle-class house and the house for the small wage-earner. It may reasonably be hoped that the normal channels of supply and the efforts of the private builder will automatically meet the needs of the former. In the last few years

much has been done to ease the shortage of this type of house. The real problem is, therefore, to provide houses for the weekly wage-earners."

We strongly recommend Nurses possessing the Social Service spirit to read this most interesting and enlightening pamphlet.

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF A PATIENT AFTER EXCISION OF THE TONGUE.

We have pleasure in awarding the prize this week to Miss Phoebe Goddard, S.R.N., North-Western Hospital, Lawn Road, Hampstead.

PRIZE PAPER.

On the patient's return to the ward from the operating theatre he is placed in a warm bed on his side, and covered with a warm blanket, on the outside of which are some well-protected hot-water bottles in flannel bags; the remainder of the bedclothes are placed over the patient in the ordinary way. A towel is placed under his neck and a receptacle, in case he should vomit. The patient's temperature, pulse, and respiration are taken and charted, and if normal one feels happy for the time being. If a rectal saline has not been given in the operating theatre, this is now done. On no account must the patient be left while he is unconscious. If a tracheotomy was performed before the main operation, then the tube is removed just before consciousness returns, and a small dressing applied to wound in neck.

The nurse in charge of this case has to consider the following points:—

1. *Position.*—As soon as shock has passed off the patient is carefully lifted into the Fowler position; this will help him to breathe more freely, and the stump of the tongue is not so likely to fall back over the larynx, and also he is better able to empty his mouth of any excess of saliva or blood or mucus.

2. *Bleeding.*—This is indicated by the general appearance of the patient: skin cold and clammy, with profuse perspiration; pulse is small, weak, and rapid; breathing, sighing or gasping. Hold patient's head well forward directly bleeding begins, to prevent blood trickling into larynx, and pull the thread attached to stump of tongue firmly forwards until the arrival of surgeon, who will decide the best method of procedure according to nature of bleeding.

Asphyxia.—Due to blocking of upper part of larynx over which lingual stump falls; also

blood and mucus and food may get into air passages. Keep patient upright, and make traction on thread attached to stump.

Feeding.—After the first twelve hours the patient may take fluids through a rubber tube attached to a feeder; by so doing the food is prevented coming in contact with the raw area of wound.

Sepsis.—This cavity can never be aseptic, but the inevitable septic processes can be kept within limits by appropriate care, and this is best done by carefully syringing the mouth before and after any food with some antiseptic. Good results can be obtained with hydrogen peroxide, temp. F. 99°, placed in a douche can, and with the aid of a good light gently syringe the buccal cavity, head well forward to prevent fluid entering larynx (strength 1 in 10). This is followed with boracic lotion, and great care and attention to teeth and gums.

Bowels.—Careful attention is most necessary in obtaining normal excretion of faeces. The morning following the operation an enema saponis may be given if patient's general condition allows. After this, aperients may be given, p.r.n., taking care not to let the latter come into contact with raw area of wound.

Most surgeons agree to allow patient out of bed in two or three days from operation. The routine treatment then consists in syringing the mouth before and after food, but he must be constantly watched for the first fortnight.

Miss Ballard writes:—*Feeding* is a difficult problem at first, but patient quickly learns to feed himself. An oesophageal tube may be necessary at first, but a long tube on a feeder spout, about twelve inches long to pass well into pharynx may be used with success. Concentrated nourishing fluids must be always given to build up patient's strength; almost all beverages can be made with milk and thin arrowroot, and Benger's Food can be given this way. By having a long tube on feeder the difficulty of swallowing is lessened, and food is not contaminated with blood and discharge from the wound. *Blockage* of a tracheotomy tube if left in may occur at any moment, and a dilator and cleansing material and a solution of soda bicarbonate must be in readiness by bedside always.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, S.R.N., Miss M. Ramsey, S.R.N., Miss Violet G. Smith, R.M.N.

QUESTION FOR NEXT WEEK.

What signs and symptoms would you expect in a case of gastric ulcer? Describe the nursing in such a case.

NURSING ECHOES.

The promotion of the health of the community is a matter of primary importance in the work of trained nurses, who realise that prevention is better than cure, and that the standard of National Health can best be raised by helping the well to keep well. We therefore have pleasure in drawing attention to the Health Week to be observed from October 7th to 13th, under the patronage of the King and Queen, which is being organised by the Health Week Committee appointed by the Royal Sanitary Institute 90, Buckingham Palace Road, S.W.1. The object of Health Week is to focus public attention for one week in the year on matters of Health, and to arouse that sense of personal responsibility for Health without which all public work, whether by the Government or Local Authorities, must fall far short of its aims. It is suggested that the dominant idea this year should be "Self Help in Health," and the consideration of what each individual can do for himself and his neighbour in securing a healthy life. The manner in which Health Week is observed in each district must necessarily be determined by a Local Committee, but efforts should be made to bring members of every class and profession into a line with the specific health work. Many methods of doing this will occur to trained nurses.

The *Bradford Royal Infirmary Nurses' League News* is full of interesting things. Foremost amongst them is the good news contained in the letter of Miss J. W. Davies, the President, concerning her recent serious illness:—"You will be glad to know that after three months' rest I have made a good recovery, and have returned to the Infirmary to take up my duties well and fit."

Miss Davies continues:—"The League continues to grow—both in numbers and usefulness—and I ask you to give it your hearty support and interest; for I believe that with the admission to the State Register of untrained women, and the failure of the General Nursing Council to secure a prescribed Syllabus of Training, Leagues may play an important part in assisting to maintain a high professional standard and an efficient training for the future nurse."

Miss G. A. Rogers, late Matron of the Leicester Royal Infirmary, writes in the preface to which her honoured name is appended:

"Leagues have 'caught on' in a way which

proves that they have met a felt need. They have formed a bond of union between members of the same Training School, and this in no narrow exclusive spirit; they have rather led members to realise that they were not mere isolated units, but members of a profession whose interests and whose honour they are bound to uphold. . . .

"There are no more deadly enemies to any organisation than apathy and indifference; open hostility is far less deadly. Are you keeping in living touch with your League, doing what you can to help it to uphold the best traditions of nursing, or are you content with nominal membership? Do you wish to see the standard of training raised, or, having gained your certificate, are you indifferent? I repeat that the future of your League is in your hands. Work for it; care for it; never be satisfied with the second best, and its future is assured."

We hope the present generation of nurses will receive inspiration from these leaders, who have themselves contributed so much to the uplift of our profession.

Miss Breay and Miss Pearse not only found kind friends in Christiania on their return journey from Copenhagen. At Bergen also they found the way smoothed for them, for Sister Larsson had telephoned to a member of the N.C.N. there who is an Inspector of Factories, so that in Norway, and in Denmark, the representatives of the National Council of Trained Nurses of Great Britain and Ireland had a practical demonstration of the international hospitality and friendliness of the National Councils in these countries.

The *American Journal of Nursing* just to hand brings the news that Miss Carolyn E. Gray, M.A., B.Sc., has been appointed by the trustees Dean of the new School of Nursing of Western Reserve University, U.S.A. "Mrs. Bolton's gift of 500,000 dollars is," we read, "to be kept as an endowment fund for the new School, which thus becomes the first endowed undergraduate school for nurses in this country. . . . The position of Dean is therefore one of eminence, carrying with it much distinction, but it will be no sinecure. Demanding wide knowledge, indomitable courage, and the vision of the pioneer, it offers glowing opportunity to one possessing these gifts. To the courageous soul now embarking on uncharted seas in the interest of a mighty cause we extend our heartiest good wishes." And so say all of us.

THE INTERNATIONAL COUNCIL OF NURSES.

CONFERENCE AT COPENHAGEN.

The Conference convened in connection with the meeting of the Executive Committee of the International Council of Nurses at Copenhagen met, by the kind permission of the Director and Governors, at the Kommune Hospital.

MONDAY, JULY 30TH.

9.30 a.m. Morning Session :

The President, BARONESS MANNERHEIM, presided at the Opening Session, and invited Mrs. Henny Tscherning, President of the Danish National Council of Nurses, to address those present.

ADDRESSES OF WELCOME.

MRS. TSCHERNING, in a charming speech, bade the Executive Committee and the invited guests welcome to Denmark, in her own name, and in that of the Danish National Council of Nurses. The next meeting of the International Council of Nurses, to be held at Helsingfors, as they knew, had had to be put off till 1925, and it had been thought well to hold this meeting of the Executive and the Conference, to think of the ideas which all stood for, from a professional standpoint, so the mother's hand was extended to the children in the old home.

BARONESS MANNERHEIM, in her address of welcome as President of the International Council of Nurses, spoke of the pleasure of the meeting of the Grand Council in Copenhagen in 1922, after the long blank of dreary years and the elation of those present, who all felt like dear friends, but the joy of that meeting was only for a few. As Mrs. Tscherning had beautifully said, the mother's hand was extended to the children in the old home. Last year the faces of many present showed a nostalgia too deep for words, and they thought with a sinking of heart of the long time which would elapse before they met again. It was good to feel that they were back again in delightful Copenhagen, for which the International Council of Nurses was indebted to the Danish Council of Nurses, and its President, Mrs. Henny Tscherning.

Baroness Mannerheim said that when, after attending the meeting of the European Council for Nursing Education in Paris in the spring of this year, she realised that there was a problem to be cleared up, her thoughts turned to Mrs. Tscherning, and when she asked her if she would have a meeting of the Executive in Copenhagen this summer, Mrs. Tscherning had said "Naturally, we'll do it." Perhaps it was meant to remain a secret, but she would like to say that Mrs. Tscherning had cut short a recreation tour to Italy, to which she had been looking forward for years, because she wanted to extend the welcome of her country and of the Danish Council of Nurses to this meeting of the Executive Committee of the International Council of Nurses. She proposed that those present should show their appreciation of the hospitality of the Danish Council of Nurses

and their splendid President, and honour them by standing up.

Those present then accorded to their hostesses a rising vote of thanks.

REPORT OF THE HON. SECRETARY.

MISS C. REIMANN, Hon. Secretary I.C.N., then gave a brief report of her work in that capacity, and spoke of the large number of letters asking for information of all kinds which she received. She mentioned that letters had been received from Corea and from Uruguay, showing that the trained nurses in those countries were anxious to be received into membership of the International Council of Nurses in 1925.

STATEMENT BY SISTER AGNES KARLL.

SISTER AGNES KARLL (Germany) read a statement in the course of which she quoted a Resolution sent to the meeting of the International Council of Nurses at Copenhagen in May, 1922, giving the reasons why the German Nurses' Association declined to participate in that meeting and claiming an opportunity of refuting the accusation which she warmly repudiated that the German nurses had committed atrocities on wounded enemies, which accusation, the resolution stated, had been made against them by American nurses.

At the same meeting a letter was received from Miss Dock, stating that she had never believed that German nurses had been unfriendly to enemy sufferers. The Resolution sent by the German Nurses' Association was, therefore, considered as being finished with, and was not, she stated, brought to the knowledge of those present at the meeting of the International Council of Nurses, and the first part of the Resolution was lost sight of.

THE PRESIDENT said that she did not understand very much of Sister Karll's statement, but she gathered it was intended to make the Council understand the conditions prevailing amongst German nurses. All felt deeply these sad conditions.

THE INTERNATIONAL COUNCIL OF NURSES IN RELATION TO THE NEWLY-FORMED EUROPEAN COUNCIL FOR NURSING EDUCATION.

BARONESS MANNERHEIM said that, when in March of this year she was invited by the League of Red Cross Societies to attend a meeting convened in Paris, she had several reasons for accepting the invitation. She had read of the meeting held in Prague last year, and that it was stated that two years' training in nursing was, for the present, sufficient for European countries, and she was curious to see the programme for the meeting, and to find out what the European Council for Nursing Education was like. She found a group of earnest women who had organised schools of nursing in countries in the Near East. She found that they had turned to the League of Red Cross Societies for support, and that the meeting to which she had referred had thus been called. It was all very clear to her that active progressive work for raising the standard of nursing was going on in the countries concerned, though at

present they could not get beyond the two years' term of training. She thought the formation of another Council would be very apt to create confusion, and that the International Council of Nurses should join hands with these nurses in regard to professional training. We worked for the welfare of the Nursing Profession, but what had we done for its betterment? We had adopted the three years' standard of training, but our attitude had been a purely platonic one, a laying down of rules.

It would be more natural if these nurses turned to the International Council of Nurses. All this work meant money, but if one felt the work had to be done, money was the least consideration of all. She deprecated the establishment of another Council and of division instead of unity.

In 1909 the International Council of Nurses had formed a Committee on Nursing Education, but when the war came it put an end to such peaceful endeavours. The founders of the European Council were all nurses, why should they not join the International Council of Nurses? Let us do it with hands clasped.

MISS ENID NEWTON presented a picture of the conditions which led to the formation of the European Council for Nursing Education, and said that a number of American and English nurses were working in the Balkans in connection with the American Red Cross, and the League of Red Cross Societies.

In Serbia, where she was working, there were no trained nurses, not even religious. Nursing was taken up as a trade, and regarded as a lower occupation than that of domestic service. All of the foreign nurses working in the Balkan countries had their difficulties, both in regard to the establishment of standards of education and other matters, and the problem was how to manage these difficulties. Then, last year, they received an invitation to go to Prague. They had four hectic days during which they talked over their difficulties, and received sympathy in their trials, and they thought how helpful it would be if they could form some sort of Society through which they could confer, and determined to form a little Council, which they called European, because it included nurses working in Turkey, Bulgaria, Rumania, Serbia, Yugo-Slavia, Czecho-Slovakia, and possibly France. They agreed that the standard of training they must have was for three years, and she thought that would come.

Then, in the spring of this year, they were invited to meet in Paris, and the League of Red Cross Societies was good enough to help with the expense, but the interest shown was so great that the little European Council was overwhelmed by the mass of people eager to join.

They had gathered from what Baroness Mannerheim had said that the International Council of Nurses would consider some means by which they could be included, and had decided how this might be done, "but," said Miss Newton, "we are not going to ask you to help us until you know the worst." Their standards, she said, were of

the highest, there was no lowering of standard, but they were representing countries where at present they had only been able to establish courses of two years' training. She then described some of the difficulties which she and her colleagues had to meet.

Discussion.

MISS CLARA D. NOYES (U.S.A.) said that Miss Hay was really responsible for the establishment of the European Council, inasmuch as Miss Gardner, with Miss Hay, advanced the idea that the nurses working in the Near East might get together. A Conference was called at Prague, and the European League for Nursing Education formed. The name Council was gradually tacked on. It was not quite clear when the League got the name of European Council. She was under the impression that it was intended the standard of two years' training should apply to the whole of Europe, and thought there was some confusion.

A very important question which occupied the members of the newly-formed European Council was their relation to the International Council of Nurses. At present there might not be more than one training school in a country, but when graduates went out from the schools now established, and became heads of schools in their turn, groups of graduates might eventually be formed which could join together to form National Councils.

When the second meeting was called in Paris she thought the impression was given that the little group which convened it was promoted and organised by the League of Red Cross Societies. While the League was interested in this group, she hoped very much that it would be understood that the European Council for Nursing Education was not a development of the League. In Paris a different situation arose, and the impression she thought was created that the meeting was called by the League of Red Cross Societies and was a branch development of the League.

Miss Noyes emphasised the importance of having the Schools of Nursing established in the various countries in charge of the best graduate nurses of those countries who could be secured. The American Red Cross, when it withdrew, would leave a school in a weak position if it did not leave it under the direction of the best nurse of the nationality concerned, which it could select.

MISS NEWTON (Serbia) said it was obvious that the person selected should be a graduate with full training. In addition administrative ability and strength of character were also required.

MISS M. BREAY (Great Britain) said that while the International Council of Nurses had definitely adopted and proclaimed its adherence to the three years' standard of training in nursing, it had never made the attainment of this standard a condition of membership of the Council.

MISS H. L. PEARSE (Great Britain) said that in the International Council of Nurses was found a means for the encouragement of National effort. It welcomed at its Congresses any representative from any country, and its Constitution was so

wide that there was no difficulty in this. These great meetings had been an illumination to numbers of countries, and those who attended them realised the impetus and inspiration received from the International Council. It helped to grow the seed in countries where that seed had already germinated.

MISS ISABEL STEWART (U.S.A.) put forward the suggestion that the countries of the Near East might form a group which might belong, directly or indirectly, to the International Council of Nurses.

The Session then terminated.

1 p.m.—Afternoon Session.

When the Conference re-assembled the Chair was taken by M^{lle}. LA COMTESSE LOUISE D'URSEL (Vice-President I.C.N. for Belgium), and the ceremony which then took place was not only of far-reaching importance, but the most interesting feature of the Conference.

The first business was the reception of Hon. Vice-Presidents, and the Chairman called upon the President to announce the previous election by the Executive Committee of Miss Rachel C. Torrance (Bulgaria), Miss Enid Newton (Serbia), Miss Ella Anscombe (Rumania), Miss Lyda Anderson (Turkey), Miss Helen Bridge (Poland), and Miss Zacca (Greece); the first three ladies mentioned being present.

RECEPTION OF HON. VICE-PRESIDENTS.

BARONESS MANNERHEIM (President) then said that it was a tradition of the International Council of Nurses to appoint Hon. Vice-Presidents. The word "welcome" was a nice word to say, and another was "Thank you." She wanted to say not only "welcome," but "thank you" to the new Hon. Vice-Presidents. Never before had the International Council of Nurses more cause for gratitude than to these women who went with the banner of nursing to countries where trained nursing was but little known. It was a beautiful page in nursing history on which was inscribed a record of their work done in a beautifully fine spirit. The decision of the Executive Committee to elect them as Hon. Vice-Presidents was influenced by a twofold motive, to show a warm appreciation of the work they had done and to get into direct contact with the countries in which they were respectively working, until such time as National Councils of Nurses should be fully formed there.

Baroness Mannerheim enumerated the names of the new Hon. Vice-Presidents, if they gave the International Council of Nurses the joy of accepting these positions.

THE HON. VICE-PRESIDENT FOR BULGARIA.

She then said:—

MISS TORRANCE.—It is a special pleasure to us to welcome you. We trust that before long Bulgaria will have full representation in the International Council of Nurses through a National Council of Nurses.

MISS TORRANCE said that she, personally, was very pleased to accept the appointment of Hon. Vice-President for Bulgaria. When Prince Ferdinand of Saxe-Coburg married Princess Clementina—after whom a hospital was named—she called to her aid from Austria fifty Sisters of St. Vincent de Paul. During the war of 1878 Russian Sisters came to the aid of Bulgaria; and fifteen years ago the Red Cross established short courses for nurses, which had been taken by 265 nurses. In 1913, Queen Eleonore finished the course, and the Society still continued its work of providing short courses for young women living in their own homes.

In 1913 Miss Hay (U.S.A.) was asked to organise a School in Bulgaria and she (Miss Torrance) acted as her assistant. Later Miss Hay left and the work was continued under German Sisters, now Russian Sisters were working in Bulgaria.

Some time ago the Bulgarian Red Cross asked to have the scheme re-organised and the School was supported by a budget from the Red Cross.

Nursing was regarded as a very menial service in Bulgaria. The aim of the new School, which she supervised, was to prepare well-educated young women as nurses. If she could have enough graduates to teach the students they might have a three years' course. The previous standard of the School was not good, but they were now aiming to make affiliations with the University and to have a Faculty of Nursing in the University. They had had some withdrawals from the School because the students had not anticipated that there would be so much practical application of their studies. Fresh applications had, however, been received, and if they could have well-qualified nurses to act as teachers they could develop the training of nurses in Bulgaria. They had gathered together a group of students who were responding delightfully and heartily to the training they received; further, the idea of a National Association was not new to them. She had asked her students whether she should come to this meeting and they had bidden her do so, and charged her with the message that they much appreciated the interest of the International Council of Nurses in Bulgaria and hoped the meeting would be most successful.

The difficulties with which she had to contend were great, but the spirit of the people with whom she was working was delightful.

THE HON. VICE-PRESIDENT FOR SERBIA.

The President said:—

MISS ENID NEWTON.—We are well aware that your creative work is to be admired, and that the European Council, in electing you its President, made an excellent choice. We invite you to become the Hon. Vice-President for Serbia in the International Council of Nurses, and we hope you will work on to get the full course of training adopted in Serbia, and that it will soon have a National Council of Nurses which can enter into full membership with the International Council.

MISS NEWTON expressed her thanks and her willingness to act as Hon. Vice-President. She did not think that the members of the European Council really hoped for relations with the International Council of Nurses quite so soon.

The President had let fall observations which implied that she believed the Nurse Training School in Serbia to be a very perfect one. Well, one might find that a nurse had divested herself of her stockings, and removed her cap, and discipline might leave something to be desired, yet these nurses had grasped some thing which it might be supposed they would not gather for years. Thus she had lost one of her best pupils through illness. In Serbia it is the custom for the great friend of the deceased to speak the Address at the grave side, and this was what her friend said, in a moving voice: "Rosa, can it be possible you are no longer with us, that your room is empty? When we came to the wards, you it was who urged us to continue our work; and we make an oath over your grave that the work which you began we will carry on through our beloved Matron." Now, construction was there and discipline was there.

The CHAIRMAN thought that Miss Newton was showing the way up, if even a few people could reach that stage. It was better to change a soul than a building, and much more constructive.

THE HON. VICE-PRESIDENT FOR RUMANIA.

The President said:—

MISS ANSCOMBE,—We hope you will accept election as Hon. Vice-President for Rumania in the International Council of Nurses. For the modern nurse revolutions are the most ordinary happenings. We hope that by 1925 you will have brought about the necessary changes, and that the nurses of Rumania will be eligible to take their place as a group in the International Council of Nurses."

MISS ANSCOMBE (Bucharest) said that as the Director of Training School work, she worked in close co-operation with the Direction. In Bucharest there had been a school in existence for ten years under the direction of a medical woman. It was difficult to go into a country where a school existed and to start one on modern lines. Already changes had been accomplished and the directrice realised that she had not come to make difficulties, but to give help to her. She described the condition of the nurses' quarters and expressed her admiration of Rumanian girls who came for training under such conditions. She explained that the Sanitary Service and its director changed if the government changed. The present Sanitary Service had passed a law that no nurse was to be allowed to accept a post in any institution unless she possessed a two years' diploma.

This year she had been able to replace the foreign superintendents by graduates of the school, and next year she believed that a term of three years' training would come into force. It was a great problem to get the profession to realise that theoretical training was not everything, and to get the nurses to realise the proper duties of a nurse. The moral difficulty was also a great one.

THE CHAIRMAN expressed admiration for these Rumanian girls, and for the women who left their country and their training schools to teach them what nursing was. All honour to them.

MISS NOYES described the work being done by the other Hon. Vice-Presidents appointed. She stated that the new school at Warsaw developed by the American Red Cross was not financed by it but by a rich American nurse, who did not make a single condition in connection with the gift, but was willing to finance it for several years more on a gradually decreasing scale.

THE CHAIRMAN expressed regret that all the newly-appointed Vice-Presidents were unable to be present.

A RECONSTRUCTION OF THE INTERNATIONAL COMMITTEE ON NURSING EDUCATION.

PROFESSOR ISABEL M. STEWART said that Professor M. A. Nutting (Chairman of the Committee on Nursing Education) was greatly interested in the work of the International Council of Nurses, and each letter showed that she was thinking a great deal about it, and that her fertile mind was at work. The Council's activities had for a time been suspended, including those of the Committee on Nursing Education, but she believed that Miss Nutting would undertake its reconstruction and would put this through in a very active way.

The Session then terminated.

VISIT TO THE FINSEN HOSPITAL.

A most interesting visit was then paid to the Finsen Hospital where the visitors were received by Dr. Lomholdt, who gave the following address, and conducted them round this world-famed hospital, showing its beneficent work in operation.

Address by Dr. Lomholdt.

This Institute, which deals chiefly with different kinds of light therapy, is called Finsen's Institute for light therapy after its inventor, Niels Finsen, who was the first man to take up the idea of using the light for treatment of different disorders.

Before that time the light had only interested doctors as a producer of different disorders of the skin—light dermatitis, carcinoma, &c.

Finsen has acquired this right of having his name put in the forefront of this Institute with the most obvious right.

For many years he fought a hard fight for his new ideas against the prejudices of almost all his colleagues. And the fight was especially hard to him because he was rather a sensitive and modest character, deeply influenced by all kinds of critics and of sarcasms.

Moreover, he had very feeble health, due to a serious heart illness, that had checked his work in the university to a considerable extent, and had prevented him from obtaining more than an ordinary degree in his examinations. Also he was of a rather advanced age, as he passed his final examination at thirty years.

It was, however, just this disease and the debility that it caused him which first drew his

attention to the fact that light, and more definitely the light of the sun, had a remarkably stimulating influence upon his spiritual forces and his power to carry out the university labour.

Soon after he had obtained his degree, therefore, he started several series of researches in order to confirm this observation of his, namely, the salutary influence of light upon all parts of organic life. He fully succeeded.

In the first place, he stated that the light of the sun or of any other light similar to it (carbon arc-light especially) had an obviously beneficial effect upon the healthy body as well as upon a body affected by many different kinds of disorders, and especially by tuberculosis.

In the second place, he stated that the light's rays, especially if they were concentrated, had strong bactericidal power. Moreover, he stated that this power was strongest with the blue and violet and ultra violet rays.

This observation made him start his classical researches on the treatment of tuberculosis of the skin, and especially on the treatment of lupus, with concentrated light. First he used the light of the sun; but in our climate this is, for obvious reasons, a most discouraging task. Then he took up the treatment with a carbon arc-light, which is very similar in its composition to that of the sun. Here he succeeded extremely well, and this treatment has, since that time, remained the classical treatment of lupus, superior to all other.

Still, he had many difficulties to overcome. If strongly concentrated, the light was inclined to give a serious and very unpleasant burn of the skin. This was prevented partly by interposing a chamber, a column of water, between the concentrated rays and the skin, partly by cooling the skin itself by sending a current of cool water through a compressor placed directly upon the spot to be treated. This compressor had also another object, namely, to remove the red blood from the skin. The red cells of the blood absorbed many of the rays, and especially the most efficient rays, the blue and violet ones.

But he had one more great difficulty to combat. The optics of his instrument for concentration of the light were originally made of glass. But this substance absorbs very many of the blue and violet rays. Therefore he replaced it by quartz, and this modification improved the result of the treatment considerably.

It was a great help to Finsen that he had exceptionally good technical faculties, which enabled him to construct all his instruments himself.

This was a chief reason why he almost always came rapidly to the right result in his experiments.

A great number of attempts have been made all over the world to improve the model of his lamps, but even after twenty-five years his model remains unaltered as he first constructed it in 1900. This one thing proves his genius.

As to the practical use of the lamps I shall not enter into any details. I shall simply state that a

single treatment of one area takes as a rule two hours, and produces a reaction most like that of a slight burn. After ten to fourteen days this reaction disappears, and then the treatment is repeated. Such a treatment must be repeated at least four to five times, and sometimes more.

The percentage of cases of lupus definitely healed with this treatment was originally about 60 per cent., but during the last years this has increased up to 85 per cent., due (1) to an earlier starting of the treatment; (2) to a better technique; and (3) to supplementing the local treatment with general light baths, as you will see in some other departments of the Institute.

The great advantage of the Finsen treatment is not only the high percentage of cures, but also the beautiful results as to the scars. The disfigurement is much less than that of any other treatment of lupus.

During the last ten years the treatment with general light baths (coal arc-lamps) has been used very much, and especially for tuberculosis. The forms of tuberculosis most suitable for this treatment are tuberculosis of the skin, the glands, the bones, and the joints. The results have been surprisingly good. To give detailed figures is rather difficult, as the figures differ considerably from one localisation of the disorder to another. Especially in children the treatment has proved to be of very great value.

The Institute was started as quite a small one by Niels Finsen in 1896.

But it has grown up rapidly. It comprises now

A great laboratory for scientific researches.

A skin department of 90 beds.

A surgical department of 70 beds.

A department for diseases of the ear, the nose, and the throat of 16 beds.

An internal department of 45 beds.

The number of doctors working in the Institute amounts to 20.

The number of nurses to 175 persons.

The annual expenditure of the Institute amounts to £90,000, most of which is given by the State.

All treatment of tuberculosis in Denmark is practically gratis. The result of this has been that we have the lowest mortality for that disease in the world—8.8 per cent. out of 100 cases of death. In 1880 it was 25 per cent.

These splendid results of Finsen are based directly upon the ground created by a sick and feeble but still always hard-working man during twelve short years. He died in 1904, immediately after he had received the Nobel Prize for his work, being the second medical man to obtain that honour. Of the prize money the greater part was given by him to this Institute, where his heart and his soul had been for many years, and to which he had previously given almost all his energy. He had a most charming and stimulating character. Therefore he attracted to his Institute a long series of well-qualified young doctors, who have all esteemed it a great honour to follow up and develop the ideas of the master.

SOCIAL FUNCTIONS.**Reception by Mrs. Tscherning.**

As we briefly indicated last week, on the evening of July 29th, Mrs. Henny Tscherning, President of the Danish National Council of Nurses, gave a delightful reception to inaugurate the Conference, at her charming flat at Classengade 13, where, supported by the Hon. Officers of the Danish Council, she welcomed the Hon. Officers, members of the Executive Committee, and invited guests of the International Council of Nurses. After last year's meeting it was a happy gathering of old friends, besides some new ones.

Shortly after their arrival, the guests were regaled with the wonderful cookery of the Danish ladies—lobster patties, chicken in cream, delectable sandwiches and cakes, strawberries and cream, and delicious coffee.

It was a happy company—distinguished women, elegantly dressed, or wearing neat uniforms, we met and enjoyed happy intercourse with them all. Mrs. Tscherning, in a few words, welcomed her guests, and Baroness Mannerheim, as President of the I.C.N., responded.

Hospitality at the Kommune Hospital.

It is usual at Conferences between the Sessions to snatch a hasty meal and return as hastily to the Conference Room to be on time. Not so at our recent Conference. The Director and Governors of the Kommune Hospital, where the Conference was held, not only granted the use of a room, but entertained the members of the Conference to luncheon between the Sessions on each of the three days. And such luncheons—presided over by our kind hostess, Miss Elisabeth Herfurth, and served by smiling and willing maids who brought round relays of delicacies which looked delicious, so appetisingly were they served, and, on further investigation, proved to be so.

One irresistibly thought how much the international standard of dietary might be raised if we could have an interchange of selected students to study practical dietetics, and then carry home to their own countries and pass on to others the lessons they have assimilated.

The Nurses' Rest House, Vedbæk.

On Monday's programme (July 30th) there appeared the one word "Excursion." Would that one could convey all that it implied. A delightful drive of some five hours' duration in most congenial company, alongside of the shining Sound, past Queen Alexandra's villa, and then tea at the Rest House of the Danish Nurses' Association—their very own house, to which they have the *right* to go for holidays and convalescence, because it is bought and paid for with their own money. Tea was charmingly served in the Recreation Room at small flower-bedecked tables, and thoroughly enjoyed. Then the return journey to Copenhagen was made by another route.

RESOLUTIONS OF THANKS.

OFFERED BY THE EXECUTIVE COMMITTEE OF THE INTERNATIONAL COUNCIL OF NURSES, COPENHAGEN, 1923.

To Mrs. Bedford Fenwick, S.R.N.,

President of the National Council of Trained Nurses of Great Britain and Ireland; Founder of the International Council of Nurses.

The Executive Committee of the International Council of Nurses desires to express to Mrs. Bedford Fenwick, Founder of the Council, its regret that she is unable to be with them on this occasion, and to assure her that they are deeply conscious of the benefits, and stimulation, which have resulted to the nurses of the world through its inspiration, and the hope that they will have the happiness of meeting her when the Grand Council and Congress assemble in Helsingfors in 1925.

To Baroness Mannerheim,

President International Council of Nurses.

The Executive Committee of the I.C.N. offers to its President, Baroness Mannerheim, its congratulations on the success of the meeting of the Executive, and the Conference in Copenhagen, and looks forward to meeting her in her own country in the beautiful city of Helsingfors in 1925.

To Miss Christiane Reimann.

Hon. Secretary International Council of Nurses.

The Executive Committee of the International Council of Nurses offers to Miss Reimann, its Hon. Secretary, their cordial thanks for her efficient discharge of the strenuous duties entailed by the Conference, and for her personal kindness and courtesy to one and all, which have been so great a factor in the success of the Executive Meetings and Conference.

Mrs. Henny Tscherning and the Danish Council of Nurses.

The Executive Committee of the International Council of Nurses desires to offer to Mrs. Henny Tscherning, President, and the Danish Council of Nurses, its most grateful thanks for receiving the Committee there, for placing its organisation at its disposal for the Executive Meetings, and for all the hard work so willingly rendered which this has entailed. It assures them that these days spent in Denmark, and the kindness and hospitality which they have received, will be an imperishable memory with all those who have participated in the proceedings of these days.

To Miss Elisabeth Herfurth,

Matron, Kommune Hospital.

The Executive Committee of the International Council of Nurses offers to Miss Herfurth their thanks for the hospitality so generously extended to the Committee and its guests during the three days of the Conference, and asks her to convey to the domestic staff their appreciation and thanks for all their willing service.

(Further Resolutions will be published next week.)

QUESTIONS IN THE HOUSE OF COMMONS.

On June 14th the following question was addressed to the Minister of Pensions. We regret that great pressure on our space has prevented our publishing it sooner.

NURSING SERVICE.

MR. MURNIN asked what are the numbers and grades of the Ministry Nursing Service employed at headquarters; what are their duties; and whether he will consider transferring these duties to the regional commissioners of medical services and the medical superintendents of Ministry institutions?

MAJOR TRYON: The only members of the Ministry Nursing Service employed at headquarters are the Matron-in-Chief and the Principal Matron, who are engaged in the general supervision and co-ordination of the work of the whole Nursing Service. I am not prepared to accept the suggestion in the last part of the question which I do not consider would be in the interests of either economy or efficiency.

REMARKS.

We are thankful to observe that Major Tryon realises that the Nursing Service under his Department requires expert professional supervision. Nothing could be more disastrous to departmental nursing efficiency than that it should be personally controlled by medical men. It is this unwarrantable claim which has ruined the ethical standards of the General Nursing Council for England and Wales, and which was advanced by Dr. Chapple and his supporters in the House of Commons on June 13th, when they took power to degrade the standard of the General Part of the Nurses' Register upon written medical testimonials—usually mere worthless scraps of paper.

THE NIGHTINGALE FUND.

The Report for the year ending December 25th, 1922, of the Nightingale Fund is concise and informative, excepting the Abstract of Income and Expenditure, which should be more in detail if to act as a useful guide to hospitals contemplating an affiliated Nursing School—which may in some measure become the system in the future, owing to the necessary increase in the cost of Nursing Education. The Nightingale School expended £1,837 4s. 4d. last year under the following headings and ends with a surplus of £160 14s. 4d. Under Expenditure we find Expenses of Training School at St. Thomas's Hospital, £1,294 5s. 9d. (no details). Sundry Expenses, viz.: Advertisements, printing, books, clerical assistance, petty cash, auditor's fee, and Secretary's salary, £197 8s. 7d.—a curious combination; King's College for Women, tuition fees, and fees for residence of scholars, £290 10s.; grants to scholars, £75.

The Council, Trustees, and Secretary are all men.

We quote the following extracts from the Report:—

A Statement of the Probationer-Nurses in the Nightingale Fund School at St. Thomas's Hospital for the twelve months which ended December 25th, 1922, is given below:—

Remaining December 25th, 1921 (of whom 18 were paying Probationers and 4 Free Specials) 68

Brought forward ..	68
Admitted up to December 25th, 1922, from the Preliminary Training School (of whom 14 were paying Probationers and 7 Free Specials)	75
	— 143
Resigned or discharged as unsuitable ..	26
Completed Probationary year, and taken on as Extra Nurses to complete their training	49
	— 75
Remaining in the Home on December 25th, 1922 (of whom 12 were paying Probationers and 7 Free Specials)	68
Completed term of Service and awarded Certificates	49

It is satisfactory to note that the number of nurses who completed their term of service and were awarded Certificates increased from 37 in 1921 to 49 in 1922.

In the current year, the very important question arises as to the regulations under which the candidates will in future enter the Training School and obtain the Hospital Certificate, in view of the fact that at the end of 1925 every Probationer who has received three years' training and passed the State Examination will be qualified for the State Register. How far this State recognition of Nursing may modify our procedure; whether, for example, the granting of our usual Certificate shall or shall not be made conditional on the attainment of the State Certificate, are questions the decision of which must be postponed, awaiting the fuller development of the State system, which has hardly yet reached its final form.

Only a limited number of candidates offered themselves for the Scholarships at King's College for Women, Household and Social Science Department in 1922, and the Committee, therefore, nominated two Scholars only instead of the customary three. The names of the Scholars appear in the Matron's Report. The Committee are again offering three Scholarships in the current year.

Extracts from the Report of the Matron follow:—

"There is no change in the work of the Preliminary Training School.

"Sister Tutor reports that fifty-two Probationers have completed the course on General Nursing. An average ability has been shown by the majority, though, on the whole, steady work has been done by all, and good progress made. Of the three classes included in this number, two reached a higher level than might have been expected, as, owing to the influence of one or two of their members, a spirit of enthusiasm in the one case, and a sense of responsibility and *esprit de corps* in the other, served to stimulate the rest to greater interest and encourage to more useful effort. With several Nurses, subsequent Lectures will need close attention for examination results to be satisfactory.

"An Honours Certificate has been inaugurated, the marks having been readjusted. These Honours

Certificates are awarded only to those who have attained Medal standard.

Two Nurses qualified for the Gold Medal.

Four " " " Silver Medal.

Six " " " Bronze Medal.

" The Medals were awarded in order of merit:—

Helen Constance Parsons .. Gold Medal.

Margery Alice Brown .. Silver Medal.

Christine Mary Durrant .. Bronze Medal.

" These, with the remaining nine, will receive Honours Certificates.

" Two Nightingale Scholarships were awarded for a year's course of Household and Social Science at King's College for Women, University of London, Miss Ethel Bryden and Miss Dorothy Philpott being the recipients.

" The previous year's Students hold the following posts:—

Miss Ella Thomson—Sister Tutor, University College Hospital.

Miss Lucy Duff Grant—Sister Tutor, Leeds Infirmary.

Miss Mary Wynne—Sister, St. Thomas's Hospital.

" Most satisfactory Reports have been received of their work.

" In No. 2 Section of the Report will be found the resignations and appointments on the Staff during the year 1922:—

Three Nightingale Nurses were appointed Sisters in charge of wards.

Four Nightingale Nurses were appointed Charge Nurses.

One Sister resigned her post.

Four Charge Nurses resigned their posts.

Twenty-one Nurses have taken their C.M.B.

" Certificate from the Maternity Department of the Hospital:—The Mothercraft and Children's Clinics are developing in a very satisfactory way.

" By special request we are permitting Nurses trained in other Hospitals to take the Post Graduate Course in the Women's V.D. Department.

" Letters have been received from many Nightingale Nurses at home and overseas, in every case speaking enthusiastically of their work and expressing gratitude to and affection for their Training School.

" Our grateful thanks are due to the Medical and Surgical Staff for their kindness and consideration during the illness of the Nursing Staff."

Dr. Turney, the Medical Officer of the School, reports the general health of the School as excellent.

It would be interesting, therefore, to know why 26 out of 75 Probationers admitted in 1922 resigned, or were discharged as unsuitable, in the latter year—that is, one out of every three probationers admitted. It is a very high percentage, entailing serious financial expenditure, loss of energy to teachers, and depreciation of skilled service available for patients.

COMPULSORILY TRAINED FOR STATE EXAMINATION.

The Probationers who are retained are being compulsorily trained on what ought to be the

Statutory Syllabus of Training, now merely advisory throughout our Nursing Schools, owing to the effete action of the Education Committee, of which the Matron of St. Thomas's Hospital is Chairman, and of the General Nursing Council for England and Wales—practically "by order" of Sir Wilmot Herringham, its reactionary medical Chairman.

POINTS FOR NURSES TO NOTE AND REMEMBER.

BUSINESS TRANSACTED BY THE G.N.C., JULY 20th, 1923.

(Concluded from page 92.)

Report of Education Committee.

It will be remembered that the First Council held innumerable meetings of the Education Committee and very carefully considered, and drafted, the Syllabus of Training for the General and Supplementary Parts of the Register, and that when about to issue them as the compulsory curriculum in preparation for a State Examination, the Council was informed by the then Minister of Health that he was legally instructed that the Council had not the power, according to the Act, to issue the Syllabus of Training excepting under a Statutory Rule signed by the Minister. Section 3 (2) (4). The Council then forwarded the draft Syllabus inviting the Minister to sign it.

Then it became known that much pressure was being brought to bear on the Minister by Poor Law Guardians and others *not* to sign the Syllabus of Training, thus leaving the managers of Nurse Training Schools entire discretion as to what teaching probationers should receive, and knocking the bottom out of the One Portal to the State Register by not making an approved Syllabus of Training compulsory, and depriving probationers of a "prescribed" curriculum enabling them to know to what course of training and teaching they must conform. The whole obstruction of employers circulated around the "prescribed" Syllabus for the General Part of the Register. The managers of special training schools made no objection to a compulsory scheme, and we presume the Council did not realise that in denying the right of a "prescribed" scheme to probationers in general and Poor Law Hospitals, the dangerous "go-as-you-please" system would have to be retained by the managers of Mental, Fever, and Sick Children's Hospitals. Of course, this was apparent to anyone really interested in the organisation of Nursing Education, and in substituting an "advisory" for a "compulsory" curriculum the present Council has by one fell swoop rendered the Nurses' Act null and void so far as systematised professional education for Nurses is concerned. No amount of silly argument about the substitution of a Syllabus of Examination for a Syllabus of Training can alter the fact that the Chairman of the G.N.C., together with the Ministry of Health, have inflicted a very serious injury not only to

Nursing Education, but that they have done more to stultify encouragement to well-educated women adopting Trained Nursing as a profession, than any other action upon their part could have done.

As a thoughtful probationer remarked to us recently, "it proves the contempt in which the medical element in the G.N.C. holds our work, and the danger of placing us entirely under the control of a medical autocracy." If the Report of the Education Committee presented on July 20th to the G.N.C. be studied, on page 69, August 4th, of this Journal, our readers will find that the inevitable has happened, and probationers in Mental, Fever, and Children's Training Schools have now been deprived of a "prescribed" scheme of training, and their managers supplied with an "advisory" scheme, which they are under no obligation to enforce. Down topples the whole fine structure of the Syllabuses of Training which the Nurses' Registration Act provides SHALL be "prescribed," and which the First Council so conscientiously compiled.

We wonder whether the thousands of probationers in training will tamely submit to this most injurious and, for them, dangerous, policy upon the part of the jealous and ignorant majority now maladminstrating their professional education.

Report of the Mental Nursing Committee.

We congratulate Miss Wiese, the Independent Mental Nurse, on her protest in Council on the scrapping of the Mental Nurses' Syllabus. As she pointed out, mental nurse probationers would be compelled to pay Examination Fees for a State Examination, and only by failing to pass it would it become known that their teaching had been defective.

Dr. Goodall's remark "that institutions could not be forced to give training if they did not wish to do so" was not the truth. Dr. Goodall is well aware that no hospital, general or special, not recognised by the Council as a training school, would be able to secure probationers, or carry on for a day. Thus, if the Council had done its duty and only recognised as Training Schools hospitals which had adopted the "prescribed" Syllabus of Training, all such institutions could have been forced (and comparatively few are in opposition) to give "prescribed" training and deal justly with their probationers.

Miss Seymour Yapp elicited the information that all Training Schools for Mental Nursing did not train to the standard of the Medico-Psychological Association.

Miss Cox-Davies made the astounding statement that "one of the objects of the State Examination was that it should be known by the result whether probationers were being properly trained or not." Thus, by such an arrangement, young women are to be received into institutions under the impression that they will be efficiently prepared for a State Examination, to give three years' most strenuous physical and mental work for the benefit of such institutions, pay £6 6s. (at least) in fees, and then find themselves plucked, dis-

qualified for registration, and ruined, to test the inefficiency of an "approved" training school. And this sacrifice of the innocents is to be exacted because the majority of the present G.N.C. have in their miserable futility failed in their duty in this connection, to future nurses and the public. We have seldom read a more damaging statement. We specially invite would-be nurses to note and remember it, and to unite to make such gross injustice impossible.

Report of the General Purposes Committee.

The Walrus and the Carpenter, had they lived in these days, need not have wasted their tears on "sand"! They, like the Registered Nurses who have to pay the score, might have "wept like anything" to see the "quantity of clerks"—increased month by month—to struggle with the apparently insurmountable difficulty of producing the State Register. Here we are in August, 1923, and nurses registered since July, 1922, have been awaiting the publication of their names in the 1922 Register, due as soon as possible after January 1st, 1923—the issue of which is already seven months overdue, and for which thousands of nurses have not only paid their Registration, but their Retention Fee! How about "Seven Maids with Seven Mops"? Might we respectfully suggest that, at the next meeting of the General Purposes Committee, the appointment of these apparently very necessary officials should be considered?

We note Miss du Sautoy had the courage to point out the very real grievance of paying the Registration Clerk, with a subordinate staff of twenty clerks, whose highly expert work of compiling the State Register is of paramount importance to the profession, a salary of £250 annually, in comparison with the salary of £375 granted to the new Examinations' Officer, who has no professional knowledge or nursing qualification. Of course Dr. Goodall could not appreciate the depreciation to professional nursing prestige and its economic values of such a proceeding! Nor apparently, as Chairman of the Registration Committee, did he appear to remember that his department has unjustifiable arrears with at least 15,000 applications unconsidered! Of course, Miss du Sautoy's motion, seconded by Miss Seymour Yapp, that the salary under discussion should be raised to £350 per annum, was lost.

Nurses who finance the whole work of the G.N.C. should ponder on the principle underlying these two salaries, as apportioned by their Governing Body. If you are a highly qualified Registered Nurse, in addition to having a clerical qualification, you are worth £4 16s. 2d. a week, in the scheme of nursing organisation; but if you have failed to qualify as a professional nurse, in addition to your clerical experience, then you are worth £7 4s. 3d. a week! Surely this pans out that professional nursing knowledge is a disqualification where remuneration is concerned, in the G.N.C. Office. Can this economic aspect have anything to do with the very serious shortage of reasoning women as probationers? And if not, why not?

WE CALL FOR THE REPLY SENT.

Sir Wilmot Herringham, Chairman of the G.N.C., has thought fit to address a letter to certain unprofessional publications concerning our criticism of the conduct of official business at the Council's Headquarters—in our opinion a very unethical proceeding; but, of course, the Medical Directorate of the Nurses' Governing Body fails to recognise that we have any right to an opinion concerning our own professional affairs. We shall refer to this attack in a forthcoming issue.

In the meanwhile we call for the publication of the reply from our Council's office sent to the College of Nursing, Ltd., to the letter of inquiry *re* latest date for registration, as presumably when draft one was destroyed by the Registration Clerk, as alleged by Sir Wilmot Herringham, a second reply was approved and sent.

APPOINTMENTS.

MATRON.

Borough of Watford, Infants' Home, Little Nascot.—Miss S. L. Attenborough has been appointed Matron. She was trained at King's College Hospital, and at the Belgrave Children's Hospital, where she subsequently held the position of Sister. She has also been Sister and Acting Matron at the Woolwich Home for Ailing Babies, and Matron of the Convalescent Home for Infants, Seaford.

THEATRE SISTER AND SISTER-TUTOR.

Metropolitan Hospital, Kingsland Road, E.8.—Miss Gladys Margaret Fleming, D.N., has been appointed Theatre Sister and Sister-Tutor. She was trained at the Leeds General Infirmary, and has been Ward and Theatre Sister at the Seacroft Fever Hospital, and Ward Sister at the London Homœopathic Hospital. She holds the Diploma of Nursing of Leeds University, and is a Certified Midwife.

SCHOOL NURSE.

Halifax County Borough Education Committee.—Miss M. McCormac has been appointed School Nurse. She was trained at Huddersfield Royal Infirmary and at York Maternity Hospital; and has also been on the staff of Throngs Bridge Memorial Hospital.

Chester City.—Mrs. L. Farrell has been appointed School Nurse. She was trained at Westminster Infirmary, Fulham Road; has held the appointment of School Health Visitor to Monmouthshire County Council; Staff Nurse at the Manor War Hospital, Epsom; and School Nurse under the London County Council.

QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Elizabeth McClymont is appointed to Todmorden as Senior Nurse. Miss Anne E. Jenkinson to Manchester (Ardwick); Miss Constance M. Kingswell to Newhaven; Miss Hetty K. Shurben to Southborough; Miss Ethel G. Smith to Sherborne; Miss Clara Webster to Rothwell.

BEQUESTS TO NURSES.

The late Mrs. Frederike Mond, widow of Dr. Ludwig Mond, bequeathed £200 to her sick nurse, Sister Humphrey; £150 to each of her sick nurses, Sisters Hill and Bliss; to each other sick nurse £100, if she

should have been in her service for one year, and if for a less period a proportionate sum in the discretion of her trustees.

The late Colonel Ferguson, of Broughty Ferry, has bequeathed to Miss Janet Grant Lumsden an annuity of £250, and £5,000 in addition.

HOSPITAL WORLD.

Princess Mary, writing from Goldsborough Hall, Knaresborough, to Sir Thomas Paxton, Lord Provost of Glasgow, expressing her appreciation of the arrangements made in connection with her recent visit to that city, sent a cheque for £100, to be handed to the treasurer of the Glasgow Royal Maternity Hospital.

At the meeting of the Hammersmith Board of Guardians last week, the decision of the Metropolitan Asylums Board not to hold further inquiry into the case of the child who died at the Downs Hospital, Banstead, in which allegations were made as to ill-treatment on the part of a medical woman, was discussed on the recommendation of the Relief Committee, it was moved by Mr. G. Vine, that the Board should press for a full enquiry.

Mr. J. S. Jones, representative of the Guardians on the Metropolitan Asylums Board, who seconded the motion, expressed the opinion that the enquiry should be held for the sake of the nurses, the doctor, and the institution, and the recommendation of the Relief Committee was carried unanimously.

Mr. Hugh Fullerton, of Sale, Cheshire, chairman of the Manchester board of the General Accident, Fire, and Life Assurance, who left £101,041, gives £5,000 to the Christie Hospital Cancer Pavilion (if not already given) for assisting in carrying on scientific investigation in relation to the disease of cancer.

BENDUBLE SHOES.

Many nurses just now are taking a well-earned holiday to recuperate from their strenuous labours of the preceding year and to renew their strength for the future. Just how much they will enjoy it depends to a great extent as to whether they "take their feet with them"—by which we mean that they should endeavour to eliminate the hot, tired, and footsore condition of which they are so often conscious at the end of a heavy day's work in hospital wards.

One form of recreation healthful, enjoyable, economical, is walking; indeed, a walking tour has much to commend it for real enjoyment. Enjoyment, that is, if one is at peace with one's feet; otherwise it would be torture.

No doubt, many of our readers wear Benduble shoes when on duty, and thus have practical experience of the value of ward shoes supplied by this firm. We advise them, if in London to visit the Benduble Shoe Co., 72, Oxford Street, W.1, and supply themselves with well-fitting shoes,

suitable and comfortable for country wear. Then, with a mind at peace with the world, they can look forward happily to the delights of country life.

To nurses resident in the provinces we suggest that they should send a postcard to the Bendable Shoe Co., asking to be supplied with the "Bendable Booklet." A suitable selection can then readily be made.

A wise Matron of our acquaintance was wont to conclude her instructions with the phrase, "And I should like it done now." We commend it to our readers in regard to the purchase of Bendable shoes.

BOOK OF THE WEEK.

ANDERBY WOLD.*

This delightful story should commend itself to all classes of readers for its really clever character delineation.

Mary Robson is a personality who lives and grows familiar as the book proceeds, and in spite of her failings we are impelled to take up the cudgels on her behalf.

She was too capable, that was the grievance behind her relations' complaint. Mary was very capable, there was no mistaking that.

She had married John Robson, a man older than herself, some years previously, and John had formerly lived with his sister Sarah, who had made an idol of him.

Anderby Wold was Mary's own farm and her's was the master mind that directed its orderly and prosperous way until the last payment of the mortgage was made. It was to celebrate this satisfactory event that Mary and John had called together their numerous relatives from Market Burton and other near-at-hand places.

Mary had been a Robson before she married John, so that she had not come as a stranger into the family. Sarah was as much of a personality in her way as was Mary, and she did not like Mary.

The reader is introduced to her as she is driving in her high dog-cart with her ineffective little husband to Mary's party.

Noticing the uncompromising angle of Sarah's bonnet, Tom decided that he was doomed to an uncomfortable afternoon.

Tom and Sarah were the last of the family to arrive. Sarah had declined the invitation to mid-day dinner because she had made her Christmas puddings on the fourteenth of December ever since she was old enough to hold a wooden spoon, and nothing short of a sale or sack fire would induce her to postpone the ceremony.

The youthful ease of Mary's movements flouted Sarah's sixty-three years in her face.

"I'm sorry you did not get here in time to see the dinner. You'd have liked to see the spread we gave the men in the front kitchen. It was a business, but we got through." Mary sighed with satisfaction.

"I should have thought it would have been better to set aside a bit of money for a rainy day, instead of spending all this as soon as your debts were paid."

But it was of no use criticising Mary, she was obviously convinced of her own perfections; it was ridiculous the way she behaved, too, among her relatives, as though she were a queen holding a court. Well, no one was likely to bow down to her, unless one counted the villagers, who were said to make an absurd fuss with her.

Next to the farm, Mary loved the village, and loved the sense of her own importance in it.

Everything had gone well at the family gathering. Perhaps she had been a little too prompt in speeding the parting guests. Uncle Dickie had looked almost hurt when she hustled him into his carriage. But then such a busy person as Mary would never have time for anything, if she always stopped to consider other people's feelings. There were so many really important things to be done. The village Christmas tree was important; there was literally no one else who could do it properly. Then it was a singularly pleasant thing to do.

Mrs. Coast, the schoolmaster's wife, set down a basket of coloured balls and came forward to greet her.

She was always a little more afraid of life in Mrs. Robson's presence—half-admiring her, half-abashed.

Mr. Coast did not like Mary, and where Mr. Coast disliked Mrs. Coast must not admire.

"Well, this is good of you, Mrs. Robson," she said, quite sincerely. Mary generally managed to impress other people with the immensity of her goodness.

Things, as far as Mary were concerned, went delightfully on the farm and in the village until the arrival of David Rossitur, the red-headed young Socialist, who was on a preaching tour.

He at once fell in love with Mary and denounced her ownership of land and her patronage of the village folk.

Her first meeting with him is delightfully told. Mary so motherly, and the boy so irresponsible.

He came across her on a dark road as she was vainly trying to remove a stone from the pony's hoof.

David extricated it and the pony repaid him by knocking his benefactor to the ground. Mary cried, "Are you hurt?"

The stranger said "Damn!" calmly and without prejudice. Mary could do no less than drive David as far on his journey, and it ended with her giving him hospitality at the farm, in spite of her being a "capitalist farmer"; but he surrendered to the firm hand of Mary.

Poor Mary is made to suffer very severely for being competent, and erratic attractive young David is shot through the heart as an indirect result of the "strike" which he had engineered.

A charming book to which justice cannot be done in a short review, but it is well worth reading. Full of atmosphere.

*By Winifred Holtby. (John Lane, Bodley Head.)

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 ROYAL NORTHERN HOSPITAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is with the most sincere regret that we have to announce that the £20,000, which the Board of Management of the Royal Northern Hospital needed by the 31st. July to prevent the closing of wards in the four Institutions under their control, has not been obtained. Consequently, the Board have had no alternative but to close 70 beds.

Although the appeal was widespread, only £1,500 has been received towards this fund. The Board are confident that this result is not indicative of lack of public sympathy, but is due to the fact that the majority of people do not realise the gravity of the situation, and do not translate a Hospital's debt into terms of suffering humanity.

The closing of 70 beds in the Royal Northern Group means that over a period of a year another thousand cases will have to be refused admission for treatment, and it must be borne in mind that, owing to the closed wards and to the long waiting lists of other General Hospitals, most of these cases will be unable to obtain the necessary medical and surgical attention anywhere.

We earnestly hope that even now the public may be stirred to realise the great hardship that this lack of support has placed upon the necessitous sick of North London, and that funds will be forthcoming speedily so as to shorten this misery as much as possible.

Yours obediently,
NORTHAMPTON, Chairman.
H. J. TENNANT, Deputy Chairman.
PHILIP SASSOON, Hon. Treasurer.
G. B. MOWER WHITE,
Emeritus Surgeon.

44, Bryanston Square, W.1.

SOMEBODY'S BUSINESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was much interested in your leading article last week upon social service, and I would like, with your permission, to draw attention to a direction in which social service might be usefully developed. I refer to the patients in hospital wards.

We all know how much mental anxiety affects a patient's physical condition. Now many, perhaps most, of our patients come into hospital unexpectedly—suddenly disabled by a street accident, or removed from home when acutely ill by the urgent advice of the doctor.

While we do everything in our power to remedy the physical disability, in how many hospitals is any systematic attempt made to relieve the mental condition? I have known a temperature which

was worrying the surgeon in charge of a case come down speedily to normal when a comprehending Sister sensed the mental anxiety due to home worries, and took steps to relieve them; but there must be many similar cases where a patient has on his mind worries which go unsuspected and unrelieved. It is somebody's business to see that our patients should not have unnecessary mental anxiety, but whose?

I suggest that, from the humanitarian as well as from the clinical point of view, it is desirable that every large hospital should have a nurse allotted to social service duty, whose business it should be to visit each new patient and invite him to say whether there is anything he wishes straightened out, owing to his unexpected admission to hospital, and if so to offer her services in this connection.

It is obvious that this particular bit of work cannot be undertaken by the members of the nursing staff of a busy ward, but is it not a mistake to assume that none of our patients have any troubles which are retarding their recovery?

We may not all put it as crudely as that, but practically we ignore and to a certain extent we must ignore everything but the broken or suffering body with which it is our primary duty to deal. I should welcome the work of a colleague, a recognised member of the hospital staff, to act as a sort of liaison officer between the patients and their homes.

I am, Dear Madam,
Yours faithfully,
STATE REGISTERED NURSE.

REGISTRATION OF INTERMEDIATE NURSES.

The only Nurses who are now eligible for registration are what are termed Intermediate Nurses—those who have completed their three years' training and been awarded a Certificate since November 1st, 1919. The term of two years' grace for Existing Nurses has terminated.

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.

August 25th.—What signs and symptoms would you expect in a case of gastric ulcer? Describe the nursing in such a case.

September 1st.—Describe the daily care which should be given to the feet to keep them in good condition, and the principal indications for consulting (1) a chiropodist, (2) a medical practitioner.

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 135 candidates who appeared for the Examination 120 passed. Of the successful candidates 29 were trained at the Royal Maternity Hospital, Edinburgh, 42 at the Royal Maternity Hospital, Glasgow, 4 at the Maternity Hospital, Aberdeen, 7 at the Maternity Hospital, Dundee, 6 at the Queen Victoria Jubilee Institute, Edinburgh, 12 at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised Institutions.

NATIONAL MILK CONFERENCE.

The National Clean Milk Society has convened a National Milk Conference. Subject: Pasteurization. To be held on Wednesday, November 21st, 1923, in the Council Chamber, the Guildhall, E.C., by kind permission of the Corporation of the City of London. The Conference has the support of a number of important societies.

Papers will be read on:—(1) Methods and Processes of Pasteurisation; (2) Physical Changes (Cream Line, &c.); (3) Chemical Changes (Salts, &c.); (4) Bacteriological Changes; (5) Biochemical Changes; (6) Financial and Commercial Aspect.

A HEALTH CAMPAIGN.

Miss J. B. N. Paterson has left New Zealand, where, for the last year, she has been assisting Dr. Truby King, C.M.G. (Director of Child Welfare), in the Health Campaign, organised by the Health and Education Departments and the "Plunket Society." Miss Paterson has been asked to visit South Africa, where those interested in Child Welfare are anxious to learn the methods employed in New Zealand, which give it the lowest infantile death rate in the world. During her visit to Sydney, Miss Paterson was invited to lecture on Dr. Truby King's methods to the nursing staff of the Prince Alfred Hospital. Miss Boissiet (the progressive Matron) is also a member of the Bush Nursing Association, and believes in the necessity of those nurses being trained on "Plunket" lines, to enable them to render more efficient help to parents in the backblocks. Miss Paterson also spoke on New Zealand methods at the Women's Club, King's Street, to members of the newly-formed "Australian Mothercraft Society" and others interested. The Society has adopted the constitution, and it is to be run on the same lines as the Royal New Zealand Society for Health of Women and Children (Plunket Society).

The 1922 statistics show that New Zealand has

not only maintained her position as the nation with the lowest infantile death rate, but has further reduced those figures from 47 per 1,000 in 1921 to 41.8 for 1922.

Dr. Truby King's report for 1922 makes interesting reading, proving as it does that the death rate is neither dependent on climatic conditions nor the size of cities.

Infantile diarrhoea has been almost stamped out in New Zealand by the education of the mothers; in fact, Australian authorities have remarked "their death rate would be as low as New Zealand if only they had not this disease to contend with which is unknown in New Zealand!" Sixteen years ago, when Dr. King started his educational work in New Zealand, the infantile diarrhoea death-rate stood at 20 per 1,000 for both Australia and New Zealand. Now New Zealand figures are 3 per 1,000 while Australia stands at 13 per 1,000.

As for climatic conditions, tropical Queensland has a lower infantile death-rate than temperate Tasmania and sub-tropical Auckland (New Zealand) has a lower death-rate than Tasmania with cities only a quarter the size; further, Auckland City, with its 200,000 inhabitants, has twice had a lower infantile death-rate than Dunedin in the south, with 70,000 of a population, and the record of infantile deaths from diarrhoea make interesting reading; the steady reduction in Dunedin in sixteen years from almost 20 per 1,000 to less than 1 per 1,000—the average for the last five years; Christchurch, half the size of Auckland, and situated between these cities, had sixteen years ago the highest infantile death-rate in the Dominion from diarrhoea—that scourge of infancy—an average of 34 per 1,000—this high figure has been reduced to 4! It is clearly a matter of educating the mothers in Mothercraft, and realising that *nutrition* means more than feeding and is *the thing* in rearing plants, animals and human beings. Not only is New Zealand steadily lowering her infantile death-rate, but she is raising the health of the survivors—an equally important point. For every child killed by disease, we must remember that five or six are damaged for life. As they say in New Zealand, "It is wiser to erect a fence at the top of a precipice than to maintain an ambulance at the foot."

A PRACTICAL SUGGESTION.

A specialist in Maternity Nursing says, in *The American Journal of Nursing*, that the following method is useful in caring for fissured nipples:—Have the mother recline for the nursing. Place the baby on a pillow, with his feet towards the mother's head, and so arranged as to put him on a suitable level. The novel position will not embarrass the baby in the least, and the mother will be greatly relieved because the pull or traction of the nursing baby will be exerted in a different direction from that in which the fissure occurred.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,847.

SATURDAY, AUGUST 25, 1923.

Vol. LXXI

EDITORIAL.

SELF HELP.

A most important department of nursing education is the preparation of members of the nursing profession for administrative posts, more especially for those hoping to take up positions as Matrons of hospitals with Nurse Training Schools attached, for, upon them will depend to a great extent the quality of the teaching given, as well as the ethical standard, and sense of public professional duty, instilled into probationers during the three years' term of training. Most trained nurses can testify to the abiding impression made upon them by the Matron under whom they trained, during these plastic years when they were susceptible to influence. Many are conscious that through her teaching, both by precept and practice, life has taken on many new meanings, that the profession upon which they embarked, perhaps with little thought except that it seemed likely to afford a congenial means of self support, now appears to them to offer the noblest, most honourable and satisfying of all the careers open to women. A changed attitude towards life on the part of the nurse is patent also to those who know her well, and who take the trouble to observe her, they note the irresponsible girl develop into a self reliant, capable woman, that while she retains her gaiety and charm there is superimposed upon it a gravity which becomes one who is in close contact with the realities of life—and death—whose daily task it is to sustain, to console, and to tend those who in weakness, sorrow, and pain turn to her for help. But if the years have traced lines of gravity upon her face, they have also left their mark in the sweetness, tenderness, com-

passion, and large-hearted tolerance which characterise her dealings with humanity.

What manner of woman must she be who, in addition to directing the professional training of the nurse, on the most approved professional lines, has the capacity so to develop her character that she shall add lustre to the profession of her choice? *The Canadian Nurse* in its current issue pertinently asks: "Is not the training school where each pupil receives her basic education in nursing sufficiently important to demand special certificates from those engaged in the administrative and instructive field? Ask those giving courses in public health in the Universities, what they think of the crying need for special training. Organizations like the Canadian Red Cross, and the V.O.N., give scholarships for the preparation of nurses to enter the fields financed by these organizations, but where shall we find the money to help the nurse in the same way to get her post graduate education for the hospital field?"

"As every nurse has to enter the training school of the general hospitals of our country in order to graduate, it would appear that we nurses are more interested in this talk than anyone else. We cannot leave this with a careless feeling that while it is sad, still it is not our business, for it is. We are the ones interested—first that the community be provided with competently trained women; that, in order to get such competence, pre-supposes a trained teacher and supervisor; and secondly, as citizens and taxpayers, we must protest against schools insufficiently equipped and staffed, whether the common schools of our country, or the secondary schools giving technical education, as the normal schools for the teacher, or the training schools for the nurse."

OUR PRIZE COMPETITION.

WHAT SIGNS AND SYMPTOMS WOULD YOU EXPECT IN A CASE OF GASTRIC ULCER? DESCRIBE THE NURSING IN SUCH CASE.

We have pleasure in awarding the prize this week to Miss Phœbe Goddard, S.R.N., North Western Hospital, Lawn Road, Hampstead, N.W.3.

PRIZE PAPER.

Gastric Ulcers may be both Chronic or Acute. Both show same symptoms, pain after food and vomiting. Both may extend through all layers of Stomach causing Perforation, and both may erode a large blood vessel, giving rise to dangerous and internal hæmorrhage.

Distinction between acute and chronic ulcers are :—

1. *Acute* occurs in persons (often domestic servants) who have suffered a few months of pain in epigastrium after meals, which is followed by a large hæmorrhage (hæmatemesis).

2. *Chronic*.—Seen in middle-aged man who has suffered many years with pain in upper abdomen, coming on immediately after or within an hour of eating. He complains of vomiting which gives relief, and in a well-marked case he is awakened in night with intense pain in abdomen. If a blood vessel is eroded internal hæmorrhage occurs: the temperature is often subnormal, pulse rapid and feeble, cold clammy Skin. The blood may be vomited (Hæmatemesis) or be partially digested and passed in stools—"dark tarry" colour (Meleua).

Treatment.—Rest forms principal part of treatment. If patient is treated medically he is kept flat in bed and given a special course of dieting; often Lenhartz Diet is adopted. This is a graduated course consisting chiefly of raw eggs and milk. Sugar as ordered, and if patient tolerates same raw meat, blanc-mange and rusks are added.

The fluid is kept on ice in covered vessel, and the patient is fed with a spoon, same to be kept on ice. Before feeds his mouth must be cleansed by the nurse, and afterwards.

Attention to back four hourly, taking care in moving patient.

Bowels opened by Enemata.

To help in diagnosis certain tests are employed.

1. *Test Meal*.—Two pieces of toast and tea without milk or sugar are given, and the doctor uses the stomach tube and evacuates contents of stomach one hour after meal is given, and makes conclusions from examination of contents.

2. *The Rontgen Rays*.—Nurse's duty consists in giving exact quantity of Bismuth in bread and milk at exact time stated by Radiologist.

Post-Operative Treatment.—When patient is moved from operation table to bed, most of the hot-water bottles are removed, remaining one well covered and placed next to blanket. Temperature, Pulse and Respiration are taken, and Rectal Saline given. Patient must now be carefully watched until consciousness returns. The patient is then placed in the Fowler position (bolster under knees to relax abdominal muscles).

Every detail noted: vomiting, sleep, nourishment, when urine was passed, distension of abdomen. Diet. After first twelve hours, milk is allowed, and if vomiting is not continued, light diet may be given. After stitches are out patient may take ordinary diet with impunity.

Bowels.—En. Sap. given first two days, then Ol. Ric. and Rectal tube passed four hourly first day of operation.

Stitches.—If all is well stitches are taken out on 8th day, and a sterile dressing applied.

Any abnormal vomited matter, or stools, **must be saved for the doctor's inspection**. If patient had a running feeble pulse, deep sighing respiration, pallor, restlessness, severe abdominal pain, accompanied by vomiting and dysentery, peritonitis would be feared, and immediate operative measures would be adopted by Surgeon.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss M. Ramsay, S.R.N., Miss Louisa Randle, Miss M. James, Miss J. Tomlinson.

Miss Ramsay gives the following table shewing what the Lenhartz dietary means in drachms per hour, calculated for the first six days :—

Day.	Eggs. Drachms per hour.	Milk. Drachms per hour.	Sugar per diem added to eggs. Oz.
1	2	4	—
2	3	6	—
3	4	8	1
4	5	10	1
5	6	12	1½
6	7	14	2

QUESTION FOR NEXT WEEK

Describe the daily care which should be given to the feet to keep them in good condition, and the principal indications for consulting (1) a chiropodist; (2) a Medical practitioner.

NURSING ECHOES.

It seems to be quite usual to hear that the last of the little band of nurses who went out to the Crimea to work under Miss Florence Nightingale has passed away. Now it appears that Mrs. Janet Ann Newbury can claim this distinction. Mrs. Newbury is an inmate of the Whiston Workhouse Infirmary, Lancashire, and has just celebrated her 101st birthday.

There passed away recently in the United States Mr. James Brennan, formerly of the 8th Royal Irish Hussars, who was in the personal bodyguard of Lord Raglan, the Commander-in-Chief of the British Forces in the Crimea, and helped to put up the tent provided for Miss Nightingale on her arrival. By his express wish his body was cremated, and his ashes brought to England by his daughter to be interred in the Military Cemetery at Aldershot.

The Course of Lectures arranged by the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1, to assist students studying for the Examinations of Women Health Visitors and Child Welfare Workers, will commence on Monday, October 1st, at 6 p.m.

Candidates for these Examinations have to possess nursing and midwifery qualifications before they can enter. The course deals with the subjects necessary for the Examination and which do not come within the ordinary course of a nurse's training. Further information can be obtained from the Secretary at the above address.

The Marconi Wireless Telegraph Co., through their district representative at Cardiff, have presented to the Matron (Miss E. Grice, S.R.N.), of Allt-yr-yn Hospital, Newport (the Borough Isolation Hospital) a wireless receiving set for the use of the staff. The apparatus, a Marconiphone V2A, is a first class one, capable of receiving broad-casting from any station in the British Isles, and has an Amplion loud speaker attachment, by means of which the music can be heard throughout the Nurses' Home. Needless to say the gift is very highly appreciated, and during the coming winter evenings more especially the staff will have cause to feel grateful for the generosity of the Marconi Co. in making such a handsome and entertaining present.

The extraordinary case reported from Balderton, near Newark, in Nottinghamshire, where great excitement was caused by the sensational report that a dead child had come to life again, appears to require some further elucidation than the official report issued from Newark Isolation Hospital. This states that a six-year-old boy, named Robinson, was admitted to the institution in a comatose condition suffering from diphtheria, and the usual anti-toxin treatment was administered. The boy remained more or less moribund and semi-conscious, it being difficult at times to detect any breathing. When the father called at the hospital the boy had apparently ceased breathing, but when the nurse returned after telling the father "He's just gone," the breathing was resumed. Instead of informing the father immediately, the nurse remained to revive the patient. Two hours elapsed before the father learned of what had happened. In the meantime the death bell had been rung and the father was making arrangements for the funeral.

Surely the nurse should not have left the boy's bedside in the first instance to answer the door; and, in the second, if she felt it necessary to stay by the patient, humanity demanded that a message should immediately have been sent to the father to inform him that the child was living.

Miss Kate Farrell, Matron; Miss Roberta Helen Brown, nurse; and Miss Minnie Frances McGowan, nurse, all on the staff of a nursing home in Hove, got into difficulties last week while bathing at Hove. Among those who pluckily went into the water to their rescue was Mrs. Cooper Rawson, wife of Lieut.-Commander Rawson, one of the Brighton M.P.s. She rendered first aid, and subsequently took all three ladies to her house, where they were attended to. Miss Farrell and Miss McGowan soon recovered, but Miss Brown remained for some time in a precarious condition.

The Danish National Council of Nurses have recently moved into new offices at Fredriksborggade 29 I, having quite outgrown the capacity of Kronprinsessegade 50. They have a series of rooms conveniently fitted for the needs of their work, and over the mantelpiece of the principal room is an excellent portrait in oils of their honoured and beloved President, Mrs. Henny Tscherning.

THE INTERNATIONAL COUNCIL OF NURSES.

CONFERENCE AT COPENHAGEN.

(Continued from page 103.)

TUESDAY, JULY 31ST.

9.30 a.m.—Morning Session.

DISCUSSION ON THE STANDING OF THE I.C.N.
TOWARDS THE COLLEGE OF NURSING, LTD.

MISS CHARLOTTE MUNCK (Matron of the Bispebjerg Hospital) took the chair at the Session of the Conference, on Tuesday, July 31st, when the first subject under discussion was "the Standing of the International Council of Nursing towards the College of Nursing, Ltd."

When the Representative of the National Council of Trained Nurses of Great Britain and Ireland was called upon, MISS HELEN L. PEARSE read the Clause of the Statement drafted by that National Council for presentation to the Executive Committee of the International Council of Nurses, published in our issue of August 11th. The Clause was as follows:—

THE AUTONOMY OF THE NATIONAL COUNCILS OF NURSES.

In regard to the standing of the "International Council of Nurses" towards the "College of Nursing, Ltd." (Great Britain and Ireland)—and of which copies of the Memorandum and Articles of Association are sent herewith—which is a limited company of laymen licensed by our Board of Trade, this item does not appear to be in order on the Agenda, since all societies desiring affiliation with the International Council must first be accepted by the National Council of the country in which they are situated. We do not know whether any application has been made direct to the International Council of Nurses by the authorities of the "College of Nursing, Ltd.," for admission into the National Council of Trained Nurses of Great Britain and Ireland, but if so it is an act of the gravest discourtesy for any such society to ignore the National Council of its own country and endeavour to obtain association with the International Council without approaching it through the recognised official channel, and we are strongly of opinion that the only constitutional procedure for the Hon. Officials and Executive Committee of the International Council is to inform the College of Nursing, Ltd., that the International Council has no jurisdiction in this matter.

At the same time we desire to emphasize that the present constitution of the College of Nursing, Ltd., is not in harmony with that of the International Council of Nurses, inasmuch as it is a limited Company composed of laymen, which admits nurses to membership, together with medical and other lay persons; it is, therefore, not a self-governing organisation of Trained Nurses, and it would seem impossible for it to alter this constitution without actually dissolving the company.

The National Council of Trained Nurses of Great Britain and Ireland takes strong exception in this connection to interference with its autonomy. Such a policy can only be productive of friction and disorganisation. The vital principle of the autonomy of our National Council affects the status of every affiliated Council, and our Council would offer most strenuous resistance to any attempt to deprive it of self-determination.

The Chairman then invited MISS LLOYD-STILL, Matron of St. Thomas's Hospital, London, who, had been nominated to represent the College of Nursing, Ltd., at the Conference, to present her paper.

THE COLLEGE OF NURSING, LTD.

Miss Lloyd Still said in part:—

Following on the outbreak of the Great War, Dame Sarah Swift and Sir Arthur Stanley, who were actively engaged in organising Red Cross work, realised that there was no effective organisation through which the interests of the fully-trained nurse, either from the economic, social or educational standpoint, could be safeguarded.

They invited the Matrons of our leading nurse training schools in England and Wales, Scotland and Ireland, with representatives from the various Trained Nurses' Organisations, to meet them in conference and endeavour to find a possible solution, and it was, as a result of this conference that, through considerable difficulties, but adhering always to its definite purpose of safeguarding the interests of the fully-trained nurse, the scheme of the College of Nursing, as it now exists, was evolved.

From its foundation, the College has firmly stood for the great basic principles of (1) self-government for the Nursing Profession, (2) State Registration of Nurses, (3) standardised education both in Institutions and Public Service, realising fully the true value of the Nurse as a citizen, and the Nursing Profession as an integral part of the Nation's welfare.

The first duty of those responsible for the establishment of the College was to compile a Register to serve as an electorate by which the governing body of the College could be elected.

In order that the true principles of a democratic constitution should be maintained, power was given to the members to nominate candidates for election, outside the membership of the College, should they desire to do so. Such nominees, if elected, would serve for a period of three years, and it should be noted that their election is entirely in the hands of the Trained Nurses forming the electorate either to elect them by their votes or to reject them if they wish.

Since the foundation of the College, seven years ago, the lay membership of the Council, extending over the period, has been three laymen and one laywoman. These are not included in our membership of twenty-two thousand five hundred and fifty trained Nurses.

We members of the College, are of the opinion that it is not desirable, nor in the best interests of the Nursing Profession in England, to alter or modify our Constitution with regard to this democratic principle.

The Nursing Profession is unique in that, as an integral part of the nation's welfare, it demands the co-operation of the community it serves. Moreover, we consider that the presence on our Council of this Medical and lay element is of priceless value to us in our deliberations on the many-sided problems which come before us in connection with our work, whether of a public or a private nature.

Miss Lloyd Still then enumerated the various activities of the College. She further said :—

In conclusion, it will be seen that the College of Nursing stands for self-government and for a high standard of education. In these two particulars at least its ideals are identical with those of the International Council of Nurses which, according to its Report, desires :

"self-government of Nurses in their Associations, with the aims of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit of their members."

Also, to quote the Report :

"The International Council of Nurses does not stand for a narrow professionalism, but for that full development which shall best enable the Nurse to bring her professional knowledge and skill to the many-sided service that modern Society demands of her."

No better description of the aims and ideals of the College of Nursing could be found.

Members of the College have been fully conscious of the danger of "narrow professionalism" and have realised that in maturing their educational aims they must have in their deliberations the co-operation of those responsible for the training of Nurses; and, for the full development which "shall enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her," the co-operation of the community she desires to serve.

We realise with regret that affiliation with the International Council of Nurses is at present impossible, considering, on the one hand, your existing Constitution, and on the other, the democratic principles on which the College is founded. It is a great pleasure to us to be here to-day, as representatives of the largest Nurses' Organisation in the United Kingdom, to express our friendship and to assure you that our ideals and standards are in complete sympathy with those for which you stand in your International Council of Nurses.

Discussion.

MISS H. L. PEARSE (National Council of Trained Nurses of Great Britain and Ireland) agreed that it was not possible owing to its constitution for the College of Nursing, Ltd., to affiliate with the

National Council of Trained Nurses. She could see a very fine future before it if it really became an educational body as its name indicated.

She thought the direction of its policy unfortunate. How could the College be expected to be self-governing when its President and three out of four of the other Hon. Officers were men, and a large number of its Council were medical men. It also included two hospital Governors and a lady of title. How could it be expected that the principle of self-government should be maintained? It was too over-weighted with the medical and lay element for the nurses to find independence.

MISS RUNDLE (Secretary of the College of Nursing, Ltd.) said that the President of the College was a nurse, Dame Sidney Browne.

MISS PEARSE apologised. She should have said the Chairman, who was the Honble. Sir Arthur Stanley. Four out of five of the Hon. Officers were men.

It was a disappointment to those nurses who for many years had been working for State Registration of Nurses, and had formed a strong Central Committee in conjunction with the British Medical Association, and had an agreed Bill with that object before Parliament, when the College of Nursing incorporated in 1916 as a Company, instead of supporting that Bill came right across it in opposition.

If you had a Council (as the College of Nursing had) which had only one nurse among its Hon. Officers, the Chairman of which was a hospital Governor, and which was composed almost exclusively of medical men and matrons, how could the three working nurses upon it have any effective voice? She would leave it to the Conference to judge. She considered there was not sufficient consultation before the College of Nursing was founded.

MISS M. BREAY (Hon. Treasurer International Council of Nurses) said that the fundamental disability of the College of Nursing, Ltd., to enter into affiliation with the International Council of Nurses went deeper than the composition of its Council. The College was, as the Statement submitted by the National Council of Trained Nurses of Great Britain and Ireland to the Executive of the I.C.N. showed, a Limited Company of Laymen, registered under the Board of Trade, which admitted nurses to membership.

The difference between the Nurses' Registration Bill promoted by the Central Committee for the State Registration of Nurses, and that drafted by the Council of the College of Nursing was also fundamental, inasmuch as the Governing Body provided for in the former was an independent one, to be set up under the Nurses' Registration Act, whereas the College of Nursing proposed that its Council should be the authority to administer the Act, thus making it obligatory for all nurses in the United Kingdom who wished to register to come under the control of the College Council. Independent nurses refused to be compulsorily placed under the control of Sir Arthur Stanley and Sir Cooper Perry, and the Bill eventually introduced

into the House of Commons by the Minister of Health, for the Registration of Nurses in England and Wales, and which became law, followed the lines of the Central Committee's Bill, and made provision for the establishment of an independent Governing Body for the Nursing Profession.

MISS LLOYD STILL said that the men who applied for incorporation as the College of Nursing did so only for the purpose of forming the Company, they had nothing further to do with it.

MISS BREAY said they were perpetual members of the College, in addition to forming the Company, and they could only be eliminated by its dissolution.

MISS RUNDLE said that the College Nurses wished to nominate and elect their own representatives to its Council, and they had chosen to elect doctors and laymen.

MRS. TSCHERNING (President Danish Council of Nurses) said the idea was to discuss how the College of Nursing could enter the International Council. She thought the nurses might perhaps consider "why should there be men in the College? We will enter the International." "Could you not," she asked, "find a way for it to do so?"

MISS RUNDLE said that one of the principles of the College of Nursing was that the nurses should manage their own affairs. They had chosen to have medical men and laymen on their Council.

MISS MUNCK said that if nurses were trying to get self-government they were not working for themselves but for the whole world. When men got together in their professional organisations one never saw women on their Boards or the members of any other profession.

It was right of the International Council of Nurses to say that the Nurses in each country must work out their own problems. She would like to urge on British Nurses to work together as women. The profession of nursing was the only one where men could not substitute women. They could not substitute nurses.

PROFESSOR ISABEL STEWART (Teachers' College, U.S.A.) expressed surprise at medical men and laymen being elected to speak for nurses. She could not help but wonder what it was that the nurses could not manage for themselves in their Executive Committee. They might have an Advisory body of men, but only to give advice on special points. To have as a prepondering element on their Executive Body people who could never represent nurses would not occur to nurses in America.

MISS LLOYD STILL said that the thirty-four local centres of the College of Nursing were entirely composed of nurses, and there was a predominance of nurses on its Council. She might say now that one Nursing Committee in England—the Nightingale Committee—was composed entirely of men.

MISS MUNCK did not think that affected the question. The only thing the Conference was there to speak of was an organisation of nurses, governed by nurses.

The discussion then closed.

THE DESIRABILITY OF THE INTERNATIONAL COUNCIL OF NURSES BROADENING ITS ACTIVITIES.

BARONESS MANNERHEIM, President I.C.N., in discussing the above subject, read the Preamble and Objects of the International Council.

PREAMBLE.

We nurses of all nations, sincerely believing that the best good of our Profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves in a confederation of workers to further the efficient care of the sick, and to secure the honour and the interest of the Nursing Profession.

OBJECTS.

(a) To provide a means of communication between the nurses of all nations, and to afford facilities for the interchange of international hospitality.

(b) To provide opportunities for nurses to meet together from all parts of the world, to confer upon questions relating to the welfare of their Patients and their Profession.

THE PRESIDENT said that in the words which she had read, both the Preamble and the Objects, we found the reason for our existence—the good of our patients and the good of our profession—the latter because if we did not take it up no one else would.

Nursing was an art mastered only by those who seriously studied it, and its welfare could only be furthered by them, but the International Council of Nurses never built up a Chinese Wall.

Every man should be master in his own house. How had our affairs been managed? Founded by Mrs. Bedford Fenwick it had been brilliantly done. We had felt immense good. We had had papers read at meetings which had been of the greatest importance. We had realised from reports, which had enriched the listeners, what was being done in the various countries. Was that still sufficient; did it meet the present need? We had till now been receptive, now it was said we should be more active. She thought that little voice was right, and that we needed a Committee of Work and larger headquarters; or perhaps the Secretary might reside in the country of the President for the time being; that would cost less than larger headquarters.

Referring to Sectional Conferences, BARONESS MANNERHEIM said Medical Societies had found it useful for groups of countries to unite, and the Scandinavian Northern Group of Nurses had already organised periodical Sectional Conferences. She thought a Committee was needed to make an investigation of the work desirable, so that the result might be ready in 1925, and the I.C.N. might start possibly on new lines.

MISS VERWAY MEJAN, President of the Dutch Nurses' Association, also spoke in reference to this subject.

THE POSSIBLE CO-OPERATION WITH THE NURSING DIVISION OF THE LEAGUE OF RED CROSS SOCIETIES.

MISS KATHERINE OLMSTED, Chief Nurse of the

Nursing Section of the League of Red Cross Societies, said that the question of what Red Cross Nursing was must be examined. It must be considered whether the nurses were enrolled by the Red Cross, or really trained by it. In four countries they were of the enrolled type, and in 35 the Red Cross was training members of the nursing profession. In many countries the training given under the Red Cross was the only training procurable. The Red Cross Training Schools were financed by lay boards. In half the countries of the world the Red Cross was doing, and must do, this work, to ignore this fact was impossible. Red Cross workers were on almost a higher level than those trained otherwise. Nursing was recruited from them. In regard to the Schools of Volunteer Nurses the Red Cross had prestige and influence, and got the best women into the profession. The League had a secretariat; and a Nursing Board of six nurses and an Advisory Committee were to be appointed by the Director-General of the League of Red Cross Societies.

The International Council of Nurses was a recognised authority on nursing standards, and it should be equally eager to recognize the work of the League. The need existed for the International Council of Nurses to undertake an aggressive policy in the backward countries. Requests from Matrons for information on various matters were constantly received, and required answers. There was at present no organisation of nurses whose job that was. She could not escape the conviction that there was need for a strong international organisation to undertake this work.

In May, when the Baroness Mannerheim was in Paris, she had seen Sir Claude Hill (Director-General of the League of Red Cross Societies), together with herself (Miss Olmsted), and he had offered office space for the Executive Headquarters of the International Council of Nurses in Paris, together with demographic and translating facilities. Paris was a very central situation for the purpose. In accepting this as a loan, the office of the I.C.N. would in no way be under the direction of the League.

The League had picture films, it had workers visiting in the different countries. Bedford College had graduated 48 of its workers, and soon it would have nurses in every country in the world.

The question arose as to a recognised tribunal in nursing matters. Such an Association as the International Council of Nurses could do much to establish nursing associations where none existed, and it could have the co-operation of the League Secretariat, or it could leave this work to organisations outside. There seemed to be a fear that the League had some sinister design on nursing standards. She was unable to see the working danger to the International Council of Nurses as some feared if they worked together. Further, Red Cross Nursing was one of the vitally important nursing problems which demanded attention. A pressing need existed for the International Council of Nurses to organise or promote the organisation of associations of nurses in various countries.

BARONESS MANNERHEIM said that when the meeting to which Miss Olmsted had referred took place at the League headquarters, she never understood that any offer was made to the International Council of Nurses. She understood that the League would be glad to consider an application from the International Council of Nurses if it asked for funds and office room.

Discussion.

PROFESSOR ISABEL M. STEWART said it was a dreadful thing to be a teacher, because one got into the habit of making notes during a speech. She would like to ask, were all these facts correct, were Miss Olmsted's conclusions justified? There seemed to her to be so many statements not justified by facts.

She would like to ask, for example, whether Miss Olmsted was right in saying that in 35 countries of the world the Red Cross trained the professional nurses, if so, what kind of training did it give? Those people who claimed to be "professional" despised thoroughly trained nurses, and regarded them as "commercial" nurses.

Then in the backward countries the "Religious" undertook nursing, and in many others there were missionary nurses at work in nurse training. Could we say that in Cuba, the Philippines, China, India, nursing was in the hands of the Red Cross? In Japan this was the case, and there nursing was militarised. In some countries it was promoted by the Civil Government, or by medical men. Was that entirely ineffective? We must be quite fair to other groups.

Volunteer nursing under the Red Cross was disappearing because of economic conditions and Red Cross nurses were now often paid. She wanted to believe the best, and she believed the group with which Miss Olmsted was working was doing fine work, but were we really justified in saying that nursing would progress only so far as the Red Cross promoted it, in half the countries of the world. Compare Japan and China. The work in China, which was not under the Red Cross was done on sounder lines, and the women of the country were getting interested. In parts of South America also nursing was being developed by missionary enterprise.

Miss Olmsted had said it was impossible to ignore the Red Cross. True. But whether uniting closely with it was desirable was another matter.

Then as to Red Cross workers being of a higher social level than that from which professional nurses were drawn. Queens and duchesses were of splendid social standing, and public opinion was enamoured of Royalty in connection with nursing, but that had nevertheless helped to destroy the popular belief in the necessity for high professional standards. Nurses needed sound practical training.

In regard to the adoption of an aggressive policy of promoting standards of nursing education, Miss Stewart pointed out that nursing was a thing of slow growth. When Miss Nightingale wished to raise the standard of nursing she did not start a

crusaders' paper, she started one good school on a sound basis.

The nursing pioneers in America started in the same way, and it was a sound one. They must distinguish between propaganda and publicity. She was not down on publicity, but would publicity take the place of Miss Newton, for example?

For twenty years, Miss Stewart said, she had never opened her morning's letters without enquiries as to the training of nurses. Was that an argument for placing Headquarters in Paris?

Then, as to the question of a new International Organisation. She was glad to know what the League had in mind, and that it had already got a programme on this subject, namely, "Will you come in and accept our programme—an aggressive programme for the evangelisation of the world—or shall we work through a new organisation?" Was that leaving the International Council of Nurses absolutely and entirely free? They must look closely at the points.

The distinction between the Red Cross volunteer nurses and paid nurses did not hold good, because in many countries the Red Cross trained nurses for pay.

MISS OLMSTED said that a wave of sentiment was going over the world, which was being stimulated by Red Cross Societies. In Serbia, where Miss Newton was now working, the request for the organisation of a Nursing School came to the American Association, and was taken up by the League.

MISS NOYES remarked that the initial idea came round the other way.

MISS OLMSTED said the League had had requests for information concerning Nurse Training from as far away as Japan and South America. If there were a Federation of Hospital Boards all over the world, such requests could go before it, but one could not get together a group of people to whom they could be referred.

Florence Nightingale had organised a little model training school for demonstration purposes, but more was still needed, for one found often in the Nursing Profession the lowest possible standards.

She felt, when in Paris, that there was an opportunity to do a tremendous piece of work. Appeals for help were received which could not be met. What was needed was an association to work through. Could the International Council of Nurses meet that need or should some other Association do so?

MISS C. LUTKEN, Director of Danish Army Nurse Corps and President of the Copenhagen Division of the Red Cross, said she stood with one foot in the Red Cross and one in the International. In Denmark the nurses took the matter into their own hands, and the Red Cross gave over to them the work of organisation. All the Red Cross nurses were members of the Danish Nurses' Association.

SISTER BERTHA WELLIN, President of the Swedish Nurses Association, said she wished to speak a little about Red Cross influence in Sweden.

For the highest training the Red Cross was the greatest danger, though it had done good work. She warned her hearers against too intimate co-operation with the Red Cross. She knew the Red Cross Society in America was working in another way, and she had the greatest admiration for it.

The Red Cross in Sweden had been one danger; also the Medical Board wanted one year's training only for nurses. That was why the Swedish Nurses' Association had to take two years, or it would have had to have one, but a supervisor had now been working with the Medical Board for two years, and she thought three years would be the period for training in the future.

MRS. TSCHERNING said that when they began the training of nurses in Denmark it was very difficult. The training was not in conformity with Miss Nightingale's ideas. They could not teach the Sisters and nurses what was wanted. Then she went and stayed in the Nightingale Home and saw what Miss Nightingale's ideals were. Progress was very hard, very slow, but they got forward step by step, and now had three years' education in hospital, six months' training in mental nursing, and two months in maternity nursing. Now Miss Olmsted thought that countries which had not adopted the three years' standard of training could not come into the International, and asked: "Can you not go back to two." She said to Miss Olmsted: "We cannot, and we *will* not."

MISS MUNCK closed the Session by saying that in institutions nurses worked with doctors and under their direction, but their own organisations should be restricted to members of the nursing profession.

1 p.m. Afternoon Session.

SISTER AGNES KARLL (Hon. President) presided at the Afternoon Session.

THE PUBLICATION OF A NURSING MAGAZINE TO SERVE AS THE OFFICIAL ORGAN OF THE INTERNATIONAL COUNCIL OF NURSES.

The first item on the Agenda was the question of the publication of an official organ of the International Council. Miss K. Olmsted who discussed this question spoke of the interest which had been aroused by the mimeographed circular sent out by the League of Red Cross Societies. From this she argued that there might be a field for a professional, semi-technical, international nursing review to be published in English, French, German, and Spanish. A magazine by nurses, but not solely for nurses.

SECTIONAL NURSING CONFERENCES.

MISS MUNCK opened the discussion on the desirability of organising Sectional Nursing Conferences in an able and amusing speech. She said she had great pleasure in stating that the International Council of Nurses was the first cause of the establishment of the Sectional Conferences organised by the Co-operation of Nurses in the North. This was decided upon after the

Cologne Congress in 1912, though the first Conference was not held till 1920. In the Northern Countries of Europe they had the advantage of understanding each other's languages, and it was decided to form a committee of three members in each of the countries concerned.

MISS MUNCK said she was rather puzzled about the European Council for Nursing Education. Did its promoters really think they had a right to that name when they were not standing for the most progressive work in Europe? As President of the Co-operation of Nurses in the North she did not think they had, and she was going to ask the Co-operation at its forthcoming meeting in Christiania to protest about it. It was not a question of a name or a word, but of a European standard of Nursing Education. In the Northern countries they had established the three years' standard, and she was going to ask the nurses of these countries, "Do you want to adopt the two years' term as the European standard?" She thought not.

She hoped that some day, in the not too distant future, Sectional Conferences would be held in connection with the International Council of Nurses in various countries. She felt the Conference of the Co-operation of Nurses in the North had been most stimulating.

MISS NEWTON said that very little attention or thought had been paid to the name of the organisation known as the European Council for Nursing Education, which had attracted more attention than its deeds. It was clear it would have to change its name and she must communicate with the members, a number of whom were now Hon. Vice-Presidents of the International Council of Nurses, into which it might perhaps be absorbed.

BARONESS MANNERHEIM said that when one's hand was asked in marriage it behoved one to answer. She, however, deferred giving a precise answer at that moment.

MISS H. L. PEARSE supported the holding of Sectional Conferences, and said the International Council of Nurses was very much alive, and the holding of such Conferences was one of the ways in which it would come to more active life.

MISS C. NOYES said that in America the Congress of the American Nurses' Association was held every alternate year, and a New England Conference met in the odd years. A Conference was also held on the Pacific Coast. She spoke of the distances to be covered in America, and the consequent expense of attending Conferences, and said that it took as long to get from New York to San Francisco as from New York to Europe. The sectional meetings were open to all, and medical practitioners and lay people were also invited. She thought a sectional meeting in Southern Europe would be very useful and hoped to live to see an extension of the sectional meetings.

MISS BERGLIOT LARSSON issued a cordial invitation to those present to attend the forthcoming conference in Christiania.

MISS NEWTON said that the unmentionable Council had some idea of holding a Conference in Buda-Pesth next year. She was told that

there would be great interest in such a conference, and hospitality would be offered.

After some discussion it was understood that the International Council of Nurses would be willing to support such a conference.

HOW CAN A JOURNAL BE OF REAL VALUE TO THE NURSING PROFESSION?

REPORTS.

GREAT BRITAIN AND IRELAND.

On the above subject, MISS H. L. PEARSE read the subjoined paragraph from the Statement presented to the Executive Committee of the I.C.N. by the National Council of Trained Nurses of Great Britain and Ireland.

"The National Council of Trained Nurses of Great Britain and Ireland is of opinion that a Nursing Journal to be of any value must reflect nursing opinion, and must therefore be owned, controlled and edited by professional persons, as are the majority of the official organs of the National Councils of Nurses. An official organ of the International Council could only maintain professional solidarity and liberty of expression on the same basis.

It would appear that, should the Triennial Meeting agree to issue such a publication, an International Journal Committee should be appointed.

In Great Britain and Ireland nursing organisation and education have been obstructed for thirty years through an unscrupulous lay-edited nursing Press controlled by employers. Such publications are a very serious peril to personal and professional liberty."

THE UNITED STATES OF AMERICA.

MISS C. D. NOYES, who has held the position of President of the Board of Directors of the *American Journal of Nursing* Company for seven years, said the stock was first bought by individual nurses or Alumnae Associations. The *Journal* was now owned by the American Nurses' Association, with a Board of Directors of Nurses. It was published for a short time by a Company, then the Board took it out of the hands of the publishing company. It was found to be an asset when in the hands of nurses. It was a general magazine owned entirely by nurses, and had a department dealing with nursing education, but a journal dedicated entirely to nursing education had long been needed.

The editorial office of the *American Journal of Nursing* had recently been brought into National Headquarters side by side with the Nursing Associations. The *Journal* had had its own trouble with commercial magazines, but she did not know that they had done it a great deal of harm. They diverted its nurse-readers. The best nursing opinion was not obtained from these scrappy things.

They had tried to get the *Journal* included in the State dues.

In order to make a nursing magazine valuable, the first requisite was that it must reflect nursing

opinion, and so must be owned and edited by trained nurses.

NEW ZEALAND.

MISS BICKNELL said that the Journal of the nurses in New Zealand was edited by Miss Hester Maclean, R.N. Assistant Inspector of Hospitals and Deputy Registrar—a very busy woman—in her spare time. She did not think the nurses had come to the fore in supporting her as they should. The Journal was carried on with little material help from them. She hoped it would be taken over by the Nurses' Association. Its name, *Kai Tiaki*, was a Maori name meaning "The Watcher," or "The Guardian." Miss Maclean, who was now retiring from active work, would continue to edit it, and she hoped it might be brought out every month. It was a monument to Miss Maclean's energy and zeal.

GERMANY.

SISTER KARLL did not speak from the chair on this subject, but handed in the subjoined statement as President of the German Nurses' Association:—

The idea of starting a special periodical for the International Council of Nurses was suggested in consequence of the increase in the number of affiliated organisations of nurses throughout the world. Even though the fourteen countries at present belonging to the Council were to exchange their Journals, yet it would be quite impossible for an individual satisfactorily to follow the contents of these Journals published in the various languages. If the International Council of Nurses obtains a medium of its own in the shape of a general periodical, that periodical would have to summarise essential matters of *universal* interest taken from the various papers, which is certainly an extremely difficult task.

It would be necessary to furnish a continual synopsis respecting the following matters:—

1. Concerning all *regulations by the authorities*, not word for word, but in a summary manner, dealing with examinations, right to pensions, insurance matters, provision in case of illness, &c.
2. Concerning *professional matters*: nature of training, new spheres of work, such as the extension of social work and the developments of science; service organisation, working hours, holidays, salary arrangements, &c.
3. Concerning *matters of education in general*: all institutions with this object and useful information with respect to participation by foreigners; everything of importance in professional literature, especially also contributions by nurses and physicians, including text-books.

These three provinces will always constitute the chief features of any professional paper for our calling. The secret of a periodical of the International Council of Nurses—that is, if it is to be successful—will be to put all these important matters sufficiently tersely to make possible a rapid review. In this way, the paper would be a highly valuable work of reference in all these departments. The most important question would

perhaps be as to whether anybody can be found to undertake the gigantic labour of continually keeping up with the contents of all the fourteen professional Journals and so procure the requisite linguistic assistance, as probably no person would be found with sufficient knowledge of all the languages concerned. The alternative would be that each country should undertake to send in their communications to the Head Office. Even this might overburden the persons in question and be no easy task; in fact, it may be questioned whether it could be accomplished satisfactorily and quickly enough. It is true that conditions are not in all countries as varied and complicated as in the case of German nursing, and if so there might in some cases be fewer difficulties.

The professional Journals of the various countries have not only to deal with these objective and *practical* tasks, but have, in addition, a further aim—the promotion of social intercourse. The Journals should also have ideal aims and cultivate an *esprit de corps*. Whether a newspaper for the International Council of Nurses would in fact be able to cope with so large a province may be questioned, and it is equally questionable whether professional articles could be reproduced. Brief observations of value, found in the Journals of the various countries, could be utilised, as also short verbatim extracts. It would be valuable to have a summary statement of how personal relations are maintained in the various countries. In our German paper, for instance, we have a *fourth* group: new applications for membership, publication of retiring members and members whose addresses are not known, individual reminders of sending in statistics or contributions, and offers of posts. Similar information will be supplied in other countries, and much might be learnt by making comparisons. A *fifth* group consists of family news, enquiries from the Sisters' Circle, holidays, &c. In the case of a periodical of the International Council of Nurses one could only refer to leading personalities. It will no doubt be necessary to have an enquiry column, and if opportunities for recreation are open to foreigners they would also have to be taken into account. If foreign nurses took their holidays together with Germans and others, this would evidently very much promote the *esprit de corps* of the International Council of Nurses.

If all these matters could be contained in such a paper as the organ of the Council it would be of essential importance to the work of the Council.

BELGIUM.

The COMTESSE D'URSEL said that an International Journal should be edited in several languages. There was no more direct way of establishing a link between the associations of nurses aiming at self-government, but it must not replace local papers. It would be a useful agent in the education of people in various countries on nursing questions. Such education was a slow process, but a paper which could be read by everyone was a useful means of propaganda.

HOLLAND.

MISS VERWAY MEJAN thought that the leading articles in such a paper should contain stores of useful material.

NORWAY.

MISS BERGLIOT LARSSON thought that an intimate organ, edited under the secretariat would be useful. It need not be of a popular nature, but could contain dry, practical information for the more practical amongst us, a solid source of professional information, enlightening and stimulating.

FINLAND.

MRS. LACKSTROM, Editor of *Epione*, said it was started in 1908, and, to begin with was optional, now it was included in the membership fees of the Finnish Nurses' Association. It was printed in Finnish and Swedish. A nursing journal must speak out, and it was important that the Nursing Press should come into contact with the daily Press.

DENMARK.

MISS C. REIMANN said that in the small countries they considered the publication of a journal one of the first and most important things to see to. It had to report meetings where a diversity of opinions were expressed, and must be fair to all. In regard to the free expression of opinion the editor of one paper had said, "In my magazine everyone can disgrace himself if he wants to, provided he does not disgrace the magazine."

In closing the discussion, Sister Karll remarked that the very interesting reports showed that the interests of trained nurses in every country were identical. They also showed that the nurses did not do enough in support of their professional organ. She thought all knew how precious it would be for nurses to be able to keep in close touch with their colleagues in other countries.

SISTER BERTHA WELLIN said that in 1906 some trained nurses in Sweden who were not in active work founded their nursing journal. She was much indebted to Mrs. Bedford Fenwick for her advice at that time. The magazine did not belong to the nurses' organisation and was not dependent upon it, but was founded with the sum of 5,000 kronen, given as a scholarship each year to trained nurses.

VISIT TO THE RIGS HOSPITAL.

Much has been said about the perfection of the hospitals in Copenhagen, to which many things contribute. Their setting in spacious and beautifully kept grounds, their architectural excellence, and the completeness of their arrangements and equipment.

All this is true of the Rigs Hospital, where the Conference was entertained with the greatest hospitality and kindness on the afternoon of July 31st.

The guests were received by Professor Sammeltoft, Dr. and Mrs. Jarbo, Dr. Roosing and Dr. Norgaard, of the hospital staff—the President, Professor Gram, and the Director-in-Charge being away on holiday. Tea was served at various

tables on a scale scarcely to be met with, we imagine, outside Denmark, the decoration of Madonna lilies, roses, and other lovely flowers being a feature of beauty.

Professor Sammeltoft expressed to those present the regret of the President and the Director of the Hospital that they were not there to welcome them, and did so in their stead. The Comtesse d'Ursel responded and expressed the thanks of the guests for the charming hospitality extended to them.

A tour of the hospital was then made under the guidance of members of the medical staff, Miss Judith Wang, Matron of the School, and other heads of the departments. The operating theatres, children's wards, and nurses' home received much admiration.

SOCIAL FUNCTIONS.

On the evening of Tuesday, July 31st, the Danish Red Cross gave a reception at the Langelinies Pavilion in honour of the International Council of Nurses, when the guests were received by Mr. Cold, Danish Minister for Foreign Affairs, President; Miss Cecilie Lütkin, President of the Copenhagen Division, most charming of hostesses; and other members of the Board of the Red Cross.

The Langelinies Pavilion, which is the Headquarters of the Danish Royal Yacht Club, must be one of the most beautiful restaurants in existence. It is just outside the town, facing the bay and harbour, and the busy traffic of all kinds of craft makes a lovely panorama from the windows. At the back is a garden with a miniature lake, a most idyllic spot, especially in soft moon and starlight.

A most luxurious repast was served at a long table, decorated with bowls containing great masses of pink roses, during which the Minister very charmingly welcomed the guests on behalf of the Danish Red Cross, inviting them, in conclusion, to "drink to the progress of nursing—nursing all over the world." Mr. Cold further said that nurses of all kinds had a welcome to Denmark, but he would add a new note on behalf of the Danish Red Cross: "In war and in peace charity."

The toast was enthusiastically honoured, associated with the names of Baroness Mannerheim, Mrs. Tscherning, and Miss Lütkin.

In the course of her reply, BARONESS MANNERHEIM said it was a great joy to know that all the Red Cross nurses in Denmark were members of the Danish Nurses' Association, and that the President only had able-bodied seamen on board his ship.

MRS. TSCHERNING, in the name of the Danish Council of Nurses, cordially thanked the President of the Red Cross for its hospitality.

Towards the end came a call for a Danish National song from the members of the Danish Association; then the Americans must sing "John Brown," with its ringing chorus of "Glory, glory, hallelujah"; and lastly we joined hands round the room and sang "Should auld acquaintance be forgot" in the approved fashion, and then at last good-bye after a most delightful evening.

PROFESSIONAL DEGRADATION.

In our issue of June 2nd, we called the attention of Registered Nurses to Three Dangers with which the Nursing Profession was faced.

The General Nursing Council has degraded our Register by enforcing them all.

Danger No. 1.

TAXATION WITHOUT REPRESENTATION.

We pointed out that an Examinations' Officer was to be appointed at a salary of £375, rising to £400, and that it had practically been arranged before advertising the post to give this "plum" to an unprofessional clerk with no hospital or nursing experience whatever, recommended by Sir E. Cooper Perry, Hon. Secretary, College of Nursing, Ltd.

Our prediction was soon accomplished. The G.N.C., meeting on June 15th proceeded to elect Miss Elsie Mackirdy to this valuable post, financed by Registered Nurses, although a large number of Registered Nurses—some very well qualified—had applied.

Danger No. 2.

WHAT IS "GOOD CHARACTER?"

We pointed out that an applicant for registration on the General Part of the Register had committed a "misdemeanour" in connection with the Midwives' Act—the penalty for such "misdemeanour" on conviction made the delinquent "liable to imprisonment, with or without hard labour, for any term not exceeding twelve months," and that this applicant had been refused the privilege of examination and registration by the Midwives' Board "at any time."

We learn that, in spite of the disapproval in the first instance of the Registration Committee to recommend this application, the G.N.C. referred it back—and upon reconsideration, strictly *in camera*, proceeded at its next meeting, on June 15th, to admit to registration the person in question; in our opinion a most serious dereliction of public duty upon the part of the Council, which, under Section 3 (2) (c) of the Act, is instructed that persons to be registered must "produce evidence of good character."

The utmost secrecy was maintained by the Registration Committee about this serious affair, as no mention was made in its printed official report to the Council that the matter was to be considered. Thus the Press and the Registered Nurses were kept entirely in the dark so far as this matter was concerned.

This action upon the part of the Council establishes a very improper precedent for placing other undesirable applicants on the Register. We do not see how they can now be kept off. Of course, had the person in question been a poor unprotected nurse, and not a Matron (in the future to act as referee for the "good character" of a Nursing Staff), her application would have been turned down with scant courtesy.

A system whereby favoured applicants can be secretly registered—their names being omitted

from the official list—opens the door to an abominable misuse of power upon the part of the Council—and we call upon the Minister of Health to investigate this particular case.

Danger No. 3.

OUR IRRESPONSIBLE GOVERNING BODY.

On the degradation of the General Part of the Register, our worst anticipations have been confirmed. Rule 9 (1) (g) approved by the Council, and Dr. Chapple's "modification" thereof, have enabled thousands of untrained women and V.A.D.s to flood the General Part of the Register, whilst excluding every highly-trained specialist on the Supplementary Parts of the Register. Our so-called "protected" Uniform and Badge—and our titular letters—are now the outward and visible sign of the Great Untrained—and a cruel injury has not only been inflicted on Registered Nurses, but on the unfortunate sick public.

Thus the G.N.C. has accomplished, and not averted, all of the three dangers—and as a profession we sink lower day by day.

Self-government on the same principles enforced by professions of men is the only remedy whereby we can avert further disgrace and dishonour.

We must claim and secure such power—or entirely degenerate into a serf class.

THIRTY PIECES OF SILVER.

A Miss E. Mitcalfe informs us that she is receiving subscriptions for a testimonial to Miss Herbert, the member of the College of Nursing who has taken a prominent part in the agitation to place untrained nurses on, and thus degrade, the State Register; or, as Miss Mitcalfe euphoniously puts it, "to whose efforts is largely due the new modified rule which opens the gate of State Registration more widely."

Readers of this professional paper will not, we surmise, desire to contribute towards the "thirty pieces of silver."

THE PROFESSIONAL UNION OF TRAINED NURSES.

SOMETHING YOU CAN DO IN YOUR HOLIDAYS.

The Handicrafts' Guild of the Professional Union of Trained Nurses, 62, Oxford Street, London, W. 1, proposes to hold an Exhibition and Sale of Christmas Gifts in October. Of course, every member will wish to send some contribution to make it a success!

Please make, or buy, or ask your friends for something pretty, uncommon, or useful, during your holidays.

Needlework, baskets, books, pictures, jam, anything and everything may be sent.

Come and inspect, or write to the Guild if at any time in need of dainty gifts. It is always open to orders, or to receive saleable things.

MAUDE MACCALLUM,

Hon. Secretary.

NURSING AND NURSING EDUCATION IN THE UNITED STATES.

The Report of the Committee for the Study of Nursing Education in the United States of America, appointed by the President of the Rockefeller Foundation to prepare a definite proposal for a course of training for public health nurses, the scope of the enquiry being subsequently enlarged to include the entire subject of nursing education, financial support for the investigation being provided by the Foundation, is a document of the first importance. We have previously drawn attention to it in this journal, but propose now to discuss it in further detail.

The Chairman of the Committee was Professor C. E. A. Winslow, and the actual conduct of its investigation was placed in the hands of Miss Josephine Goldmark, "whose eminent achievements in social research peculiarly fitted her for such a task."

The first point of special interest to those concerned in the prospect offered by nursing as a profession offering a means of self-support, is that it is stated there are in America "practical" or "experienced" nurses, 151,996; and of "trained" and "registered" nurses, 149,128; and that student nurses to the number of 54,053 were registered in Schools of Nursing at the conclusion of the Survey. If these figures are correct, and in the two latter groups, at least, the census returns upon which they are apparently based may be taken as approximately accurate, they represent a supply of one nurse, trained or untrained, to every 294 "well persons," and of an educated or graduate nurse to every 700 people throughout the country.

The Report states:—

"This would seem to give an adequate supply of nurses if numbers alone are considered, provided a proper distribution could be secured"; but it further points out:—

"The majority of trained nurses are concentrated in the larger cities, so that the rural districts in many States are wholly lacking in service of this kind. The evidence is that at present in the cities the supply of trained nurses is adequate to existing demands in normal times. The reason why many persons who need nursing care in hospitals, or in the homes of the poor, fail to receive it, is to be sought in economic factors rather than in the shortage of nurses."

Under ordinary circumstances, there is thus too great concentration of nurses in the cities, and thus uncertain employment; while, in rural localities, in which the certainty of regular employment is still more doubtful, there is an undoubted shortage (indeed, the rural districts, in many States, are wholly lacking in service of this kind), which can probably only be met by their provision by some public authority.

The difficulty, all the world over, where the supply of an adequate nursing service is con-

cerned, is to meet the needs of the public during an epidemic, and yet to provide employment for nurses in normal times.

The supply of private nurses to meet the public need is probably adequate, one reason being that so many more members of the public, when ill, go into hospital for treatment, with the result that a gradual transference of nurses from private duty and hospital service is gradually taking place, but still not in sufficient proportion to the increase in hospital patients.

In regard to the qualifications of the Public Health Nurse the Committee state:

"We are convinced that the teacher of hygiene in the home should possess in the first place the fundamental education of the nurse and that this should be supplemented by a graduate course in the special problems of public health. . . . We believe that the general considerations so far discussed warrant the following conclusions.

"*Conclusion 1.*—That since constructive health work and health teaching in families is best done by persons:—(a) Capable of giving general health instruction, as distinguished from instruction in any one speciality; and (b) capable of rendering bedside care at need. The agent responsible for such constructive health work and health teaching in families should have completed the nurses' training. There will, of course, be need for the employment, in addition to the public health nurse, of other types of experts such as nutrition workers, social workers, occupation therapists, and the like.

"That as soon as may be practicable, all agencies, public or private, employing public health nurses, should require as a prerequisite for employment the basic hospital training, followed by a post-graduate course, including both class work and field work in public health nursing."

"Of such highly-qualified nurses there is an undoubted shortage because, according to the census returns there are 11,000 public health nurses, whereas the number which the Committee estimate as needed is 50,000. The Committee state:

"*Conclusion 2.*—That the career open to young women of high capacity, in public health nursing, or in hospital supervision and nursing education, is one of the most attractive fields now open, in its promise of professional success and of rewarding public service; and that every effort should be made to attract such women into this field.

"In regard to one of the remedies which has been suggested to relieve existing conditions, *i.e.*, the employment of a less highly educated nurse with a lower salary, because of the alleged prohibitive cost of the graduate nurse the Committee state:

"It seems clear to the Committee that if two types of nurse are desirable, the distinction should be drawn, not on economic grounds, but according to the types of illness involved. We are even somewhat doubtful as to the possibility of attaining very substantial economies by the introduction of a subsidiary type of private duty nurse. Our

survey of the situation does not indicate that the income of the private duty nurse is at present a generally exorbitant one when we take into account the extent of her unemployment. If this factor be allowed for, the margin between the average annual income of the private duty nurse and that of the domestic servant is not so great as to permit of the existence of an intermediate grade on a salary level very much lower than that of the present registered nurse."

(To be continued.)

HOSPITAL WORLD.

Mr. Lionel Faudel-Phillips, Treasurer of Bethlem and Bridewell Royal Hospitals, has addressed a letter to the Governors on the administration of these institutions, in which he states that in the near future the Governors have to consider a very important question bearing on the administration of the charity.

The present Bethlem Hospital building was erected in 1815, and though of sound structure, does not lend itself readily to adaptation to meet modern medical requirements for the treatment of mental and nervous disorders. The ground available for the exercise of patients is, at most, only some five acres, which is inadequate to provide many helpful means of outdoor treatment. The fifty nurses on the female side are housed in the wards, which, he points out, is an entirely improper arrangement, and one which tends to discourage the nursing unit.

He further alludes to the great difficulty experienced in obtaining the services of suitable young women as nurses. The Governors offer an adequate salary, good weekly and annual leave, with pay, and the established custom of pension when past pay, and it is hoped that the difficulty of securing young nurses is but a passing phase. It is, however, one which is scarcely likely to be diminished so long as the sleeping arrangements remain as described.

A slight outbreak of fire occurred at the Royal Northern Hospital, Holloway, on Thursday, August 16th, about 6 p.m. Some woodwork in the kitchen became ignited through the "boiling over" of a pan of fat. The alarm was given at once, and the Hospital Fire Brigade soon had the outbreak under control before the arrival of the London Fire Brigade. As the kitchen is situated on the top story of the building, well away from the wards, patients suffered no inconvenience or alarm. The evening meal was served at the usual time, a second kitchen being utilised for the purpose and the ordinary routine of the Hospital was resumed in less than half an hour. The Hospital Fire Brigade deserve commendation for the prompt manner in which they proceeded to their stations and carried out the duties allotted to

them at practice drill, which are held regularly under expert supervision.

The Gloucester Health Committee has decided to ask the Ministry of Health to hold an official inquiry into the circumstances of the recent small-pox outbreak in the city.

APPOINTMENTS.

ASSISTANT MATRON.

General Infirmary, Stockport.—Miss G. Wilding, S.R.N., has been appointed Assistant Matron. She was trained at the General Hospital, Bolton, and has held the position of Sister at the General Hospital, Stockport, Pupil Housekeeper at the Norfolk and Norwich Hospital, and Assistant Matron at St. Chad's Hospital, Birmingham. As a member of Q.A.I.M.N.S. Reserve she served at home and abroad during the war. She is a Certified Midwife.

SISTER-IN-CHARGE.

Iver, Denham and Langley Cottage Hospital.—Miss H. Pitts, S.R.N., has been appointed Sister-in-Charge. She was trained at the Staincliffe Infirmary, Dewsbury, and during the war held appointments at the 2nd General Hospital, Manchester, and the Ministry of Pensions Hospitals at Sunderland and Knotty Ash. She has had experience of district and private nursing, and is a Certified Midwife.

SCHOOL NURSE.

Open-Air School, Plymouth.—Miss Muriel E. White has been appointed School Nurse under the Plymouth Education Authority. She was trained at the Bristol Hospital for Sick Children and the Royal Infirmary in the same city, and has had experience of private nursing.

HEALTH VISITOR.

Borough of Chatham.—Miss M. A. Bell has been appointed Health Visitor. She was trained at Brownlow Hill Infirmary, Liverpool, and has held the position of Temporary Health Visitor for the Invalid Children's Association in that city. She has also had experience of private nursing.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

To be Staff Nurses: Miss M. B. Brodrick-English, Jan. 6th, 1923; Miss L. A. Clancy, Jan. 10th, 1923; Miss H. Wilson, Jan. 15th, 1923; Miss B. J. Caines, Jan. 17th, 1923.

QUEEN ALEXANDRA'S MILITARY FAMILIES NURSING SERVICE.

Miss D. Filmer to be Staff Nurse, Jan. 1st, 1923.

THE PASSING BELL.

We much regret to record the death of Miss Margaret J. McLaren of the South Kensington Nurses' Co-operation. Miss MacLaren was trained at Guy's Hospital, and when war broke out went with the 5th Unit B.R.C.S. to France, October, 1914. Transferred six months later to Queen Alexandra's Imperial Military Nursing Service Reserve, she was in France until 1917. Transferred to Chatham Military Hospital and demobilised April, 1919. On demobilisation joined the South Kensington Nurses' Co-operation. Passed away on August 11th, 1923, after an operation in a Nursing Home. She was a sister of Miss Mary McLaren, Matron, Amoa House, Cleland, Lanarkshire.

LETTERS TO THE EDITOR.

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

NATIONAL MILK CONFERENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am glad to see in last week's Journal that the National Clean Milk Society has convened a National Milk Conference, to be held in London in November. A variety of interesting and important subjects are put down for discussion, but there is a very important one which I do not see mentioned, and which might with advantage be discussed. I refer to clean cans, for it is obvious that however great and scrupulous care may be taken to keep the milk supply clean, if it travels from country to town in cans which are not above suspicion such care is unavailing. From information given to me when staying with friends in a pastoral county, who are in a position to know, many milk cans are not only not above suspicion, but are in a condition which renders them a danger to the community.

I understand that frequently no attempt is made to cleanse cans before they are returned, and consequently they arrive with decomposed milk clinging to them, and in a condition, in short, in which it is almost impossible to render them really sterile. If only some plain cold water were put into them they would not, it is pointed out, be so bad. As it is they are in a highly dangerous condition.

May not this condition account for some of the cases of what is known as "epidemic diarrhoea" when the milk supply is not above suspicion? It is easy to understand that milk may quickly become tainted during a long and hot journey if the cans in which it is contained are not immaculately clean, and arrives at its destination in a really dangerous condition. No amount of bottling in sealed glass bottles will then avail.

I commend this point to the National Clean Milk Society. It is so important that it might well be the subject of legislation. Perhaps one of our women M.P.s would take a hand.

So far as the infantile population is concerned it affords just one more lesson as to the supreme importance of breast-feeding and the resulting avoidance of the dangers which beset our babies from contaminated milk.

Yours faithfully,
CERTIFIED MIDWIFE.

KERNELS FROM CORRESPONDENCE.

Mother of Probationer.—"My daughter, who is in training in one of the leading general hospitals, and very happy in her work, writes how difficult it appears to secure the right type of girl for training, and how the probationers come and go.

In this district many of the likely girls are throwing themselves heart and soul into the Girl Guide movement; they love the variety, jaunts, uniform, and authority. Girls in their teens become officers and have no real drudgery. I have spoken to several about the shortage of probationers; but nursing, with its long and arduous probation, does not appeal to them at all. The fact that the Girl Guides, like the V.A.D., is a Society movement, has very great influence with those on the fringes of Society. Snobbish, but a fact."

Matron writes: "What is wrong with nursing? I know that the discipline and regularity of the training is distasteful to many modern girls; but those who have persevered and obtained their certificates write over and over again, 'I am giving up nursing.' The popular alternative seems to be poultry farming. Of course, after a time that too may pall. On the face of it, it seems that the income to be made from poultry farming is negligible to that which can be secured by practising nursing, even if the old proverb, 'Cobbler, stick to thy last,' were not a very sound one, and worthy of observation."

REGISTRATION OF INTERMEDIATE NURSES.

The only Nurses who are now eligible for registration are what are termed Intermediate Nurses—those who have completed their three years' training and been awarded a Certificate since November 1st, 1919. The term of two years' grace for Existing Nurses has terminated.

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.

September 1st.—Describe the daily care which should be given to the feet to keep them in good condition, and the principal indications for consulting (1) a chiropodist, (2) a medical practitioner.

September 8th.—What are the causes of malnutrition, its effects, and some of the remedies?

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.

C.M.B., SCOTLAND.

The following are the questions set at the July Examination of the Central Midwives Board for Scotland:—

1. What signs in a primipara a fortnight before term would suggest that the patient was a rickety subject and had a contracted pelvis?
2. What are the causes of rupture of the uterus? What are the signs of threatened rupture, and what are the indications of actual rupture?
3. How would you recognise that a woman was in labour?
4. What would make you suspect that a pregnant woman was suffering from gonorrhoea? What are the dangers to mother and child after labour and how are these dangers prevented? What are the midwife's duties in such a case?
5. What are the differences between human and cow's milk? Give one method of preparing cow's milk for an infant a week old, with quantities.
6. What leads to inflammation of the breast? How would you recognise it? What are the rules of the Central Midwives Board dealing with this condition?

THE BABY BONUS IN AUSTRALIA.

The question of the influence of a money grant to mothers at the time of their confinements is one which is of interest all the world over, as what is done in Australia to-day may be done elsewhere to-morrow, and, as Australia has now had over ten years' experience of this system, its experience is available for other countries.

A paper read before the All-Australian Women's Conference, on the "Baby Bonus," held at Melbourne in the spring, by Dr. Edith Barrett, representing the Bush Nursing Association, and now published in pamphlet form, is thus of much interest. It is entitled:—

"IS THE MOTHERHOOD OF AUSTRALIA GETTING THE BEST VALUE FROM THE £5 MATERNITY BONUS?"

Dr. Barrett said, in part:—

The National Council of Women of Victoria has always been interested in this bonus. When first proposed we waited as a deputation on Mr. Fisher to ask that, instead of the bonus, arrangements should be made so that every woman should have proper care and treatment during her confinement, but the deputation was not successful. Now we have had several years' experience, and have to look at the results and see what has been achieved. The following paper aims at showing that the baby bonus has not achieved its object, and that the motherhood of Australia is not getting the proper value for the £5 bonus.

The Maternity Bonus was introduced on October 19th, 1912.

There is no doubt it was thought at first that it would only be claimed by those who were not well-

to-do. It is, as a matter of fact claimed now by practically all women who give birth to children, irrespective of their financial position. For the year ending June 30th, 1922, the bonus was paid in the Commonwealth to 138,140 women. The total expenditure, including administration, was £700,000, of which approximately £15,500 was expended on administration.

When it was introduced it was supported by very varied arguments. Those who took it most seriously asserted that it would increase the birth-rate, or at least arrest the decline; that it would diminish the maternal and infantile mortality, and render a difficult and dangerous period in woman's life safer, and thus conduce to the national welfare.

Other people, fairly numerous, took the view that money spent in this way would do none of these things; that, if it were desired to effect the beneficial results mentioned above, the money could be better spent in other ways by providing institutions to which women could apply for instruction and help. More than ten years have passed and it is now possible to form some idea of the result.

Dr. Barrett concludes, and gives figures in support of her conclusions that, if the matter is regarded seriously, from the national standpoint and not of that of party politics, that the Baby Bonus has been a complete failure. Yet the enormous sum spent annually, namely, £700,000, if applied differently, might result in vast amelioration. In New Zealand there are Maternity Homes, which, though they have been criticised, have a very definite value. They are clean, wholesome, and economical. Their costs amounts to about £5 per confinement.

Dr. Barrett considers that:—

"The relatively high infantile mortality in Australia is a standing disgrace, and the remedy is almost entirely educational. When all mothers have proper midwifery conditions and ante-natal and post-natal treatment, and will endeavour to nurse their infants for the first six months of life, and when venereal diseases have been brought under control, this blot will largely disappear. But this cannot happen until all women understand the nature of the problem. The instruction should be begun in the senior classes of the schools, and completed at clinics. The Baby Health Centres are doing excellent work, and, developed judiciously, should provide a great deal of the educational requirements. It is probable that all these activities could be carried out for less than £700,000 a year. It is certain that the work could be well done for £700,000. One hundred bush nurses, for example, can be provided for about £20,000 a year. Are we to continue on our present plan, with a mortality to mother and child which is a standing disgrace to Australia, or are we, as women, to face the facts, and lead the world in a sane and humane development?"

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,848.

SATURDAY, SEPTEMBER 1, 1923.

Vol. LXXI

EDITORIAL.

THE PLACE OF THE MISSIONARY NURSE AS AN EDUCATOR.

At the recent Conference of the International Council of Nurses at Copenhagen Professor Isabel Stewart, of Teachers' College, Columbia University, New York, drew attention to the conspicuous contribution of missionary nurses to the training of nurses. It is unquestionably true that to the farthest bounds of Empire, and beyond in foreign countries, missionary nurses have been pioneers in this connection. When railroads in Central Africa were unknown they were at work on the shores of Lake Nyasa; in India, in Thibet, in Corea, in the far north and the far south of the great American Continent, they have demonstrated that the Great Commission given to the Church of Christ on earth was not only to preach the Gospel but to heal the sick, and they have enlisted in this service the people of the countries in which they work, training them in habits of routine and order which are so hard a discipline to races which have never before practised them, and teaching them the technical side of nursing work, in which numbers of native races often develop a wonderful facility. It is not surprising if the reliability, initiative, self-forgetfulness, and other qualities which go to the making of a good nurse in addition to technical proficiency, are products of slower growth.

Perhaps the most striking instance of the development of nurse-training by missionary nurses is to be found in their work in and for China, as will be seen in the Report which we publish on page 138, in which Miss Cora E. Simpson states:—

"Modern nursing in China is of recent origin, was started, brought to the present state of development, and is still in the hands of Missionary nurses. This is the one country

in the world where Christian nurses were free to establish ideals and carry them to a full fruition unhampered. In just ten years' time the scattered groups of nurses were organised, had put over a programme for the registration of schools, uniform curriculum, National diploma and examination, established a Journal of Nursing, built up a great Association with her own graduates, received into full membership, made themselves a National power, and brought the work of nurses from 'no word in the language for nurse' to the Association's full membership in the International Council of Nurses, which is a record unsurpassed by any Nurses' Association in the world. This record demands the world's tribute to the work the Missionary nurses have been quietly doing in the past dozen years."

The seed sown in China has no doubt fallen on fruitful soil, for China is one of the most intellectual of the nations of the world, while the manual dexterity and artistic feeling of her people are evidenced in her beautiful works of art, in porcelain, in silks, and priceless embroideries, which are universally admired and desired, but cannot be reproduced by hands clumsier than those which have won for China an undying fame. The foundation upon which to develop nursing on a very high level is thus a part of the heritage of Chinese men and women.

When, therefore, we speak of the development of nurse training throughout the world do not let us forget how much that development has been stimulated by missionary nurses, who devotedly, unselfishly, and with heroic courage are, by precept and practice, demonstrating to nations where the word "nurse" was a short time since unknown, the ideals of which the true nurse is the living embodiment.

OUR PRIZE COMPETITION.

DESCRIBE THE DAILY CARE WHICH SHOULD BE GIVEN TO THE FEET TO KEEP THEM IN GOOD CONDITION, AND THE PRINCIPAL INDICATIONS FOR CONSULTING (1) A CHIROPODIST, (2) A MEDICAL PRACTITIONER.

We have pleasure in awarding the prize this week to Miss M. Ramsey, S.R.N., Enmore Road, South Norwood, S.E.

PRIZE PAPER.

To keep the feet in good condition, daily cleansing is absolutely necessary. Feet which perspire very much—a common and trying ailment—should be frequently washed in hot water; then dry thoroughly and put a little methylated spirit into the palm of the hand and rub over the feet, being careful that this is done far away from a fire or a lighted candle or lamp. The feet will not need to be dried, as the spirit very quickly evaporates. Dust with boracic powder before putting on the stockings.

Again, some people find the best remedy for aching and tender feet is to bathe them in almost cold water once a day. Let the water cover the ankles and it is surprising how it strengthens as well as soothes them. Bathing them in water, to which has been added some Tidman's sea salt, or boracic acid, is also good, but the plain luke-warm water answers just as well. After soaking the feet thoroughly, rub gently on the tread of the foot with pumice-stone. This prevents hard skin from accumulating and is preferable to cutting with a knife, which is often done and is a risky proceeding unless one is extremely careful. The nails should be kept fairly short.

As to foot-gear, the feet are a most important part of the body, and perhaps the most neglected. Cashmere or woollen stockings are the best for wear, also good hygienic boots and shoes which need not be ugly, even if they do have good, strong soles, with patent rubbers attached. These may be rather expensive in the first place, but a great saving in the end, as they will wear out several pairs of ordinary soles. Thin shoes will give endless colds, with very likely more serious consequences; pointed toes and high heels often cause bunions, which are very painful, ugly, and practically impossible to cure; tight shoes induce corns, also very painful and almost equally difficult to cure.

People whose occupation involves long hours of standing find much relief from soaking the feet in a foot bath, adding to each gallon a piece of washing soda as large as a pigeon's egg. The water should be as hot as can be

borne, and as it cools, more hot water should be added by degrees. After ten minutes put the feet into tepid water minus the soda and dry thoroughly; if there are any little cracks under the toes, paint with tincture of myrrh and water in equal parts. It will smart for a minute; then put on dry talcum powder, and massage the foot upwards with powder. Borax or bicarbonate of potash are also good to put in the foot bath. Rest the feet by putting them up, when possible.

Amongst the minor troubles to which the feet are subject, are chilblains. The symptoms are well known. The patient complains of burning and itching and when the stocking is taken off the parts are found to be red, shiny, swollen and sensitive. The remedy is to have shoes sufficiently large, with soft woollen or cashmere stockings. Then as to treatment, bathe the foot with warm water, wash with a good soap, then rub briskly, dry thoroughly. Repeat twice daily, if necessary. If the chilblains are broken, they must be treated with a little soothing salve.

Indications for consulting a chiropodist.

- (1) Corns, bunions, and callosities.
- (2) Toenails inclined to ingrow.
- (3) Footsore feet.

Indications for consulting a doctor.

- (1) Cold and clammy feet continuously (perhaps due to general debility).
- (2) Inflamed ingrowing toenails.
- (3) Severe sprains.
- (4) Inflamed feet.
- (5) Flat-foot.
- (6) Feet which perspire freely.
- (7) Where much swelling is present.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. Bielby, Miss M. James, Miss J. Wright.

Miss Bielby writes:—"The first essential to retaining normal feet is shoes constructed on lines securing absolute freedom from pressure, allowing straight toes, the natural use of every joint, muscle, and tendon, and free circulation. The second is that the skin of the feet be kept perfectly clean and supple, which may best be achieved by the daily bath. With a tendency to the formation of callus, the affected area should be rubbed over with smooth pumice-stone in the bath. The third essential is daily exercise of all the muscles of the feet, the benefit of this depending on pointing the feet in a straight line, not outwards."

QUESTION FOR NEXT WEEK.

What are the causes of malnutrition, its effects, and some of the remedies?

MEMORANDUM ON CANCER.

I.—CHARACTERISTIC FEATURES AND NATURAL COURSE OF CANCER.

We have received from the Ministry of Health a Memorandum on Cancer, intended primarily for the guidance of Local Authorities, prepared by the Departmental Committee on Cancer appointed by the Minister of Health. The Memorandum states that knowledge of some of the main facts of cancer (negative as well as positive) such as are indicated in this Circular—may usefully be spread through the ordinary agencies of public health departments, notably by instruction at welfare centres, by midwives and maternity nurses, and by social welfare workers. Subjoined are some of the principal clauses of the Memorandum.

In this Memorandum the term "Cancer" is applied to a group of morbid conditions known to affect man and lower animals in all parts of the civilised world. The members of this group differ widely in naked eye and microscopical appearances. They also differ in the age of the individuals affected, in the rapidity with which they run their course and in their liability to become generalised throughout the body. But they all agree in that (i) they are manifestations of disordered overgrowth of some tissue of the body, (ii) they are at first local, (iii) they are not encapsuled, (iv) they progressively invade the deeper parts, (v) they readily undergo degenerative changes, (vi) they tend to become disseminated to distant parts of the body, (vii) they lead sooner or later to the death of the individual in the vast majority of cases.

III.—PROCLIVITY TO CANCER.

In a broad sense, liability to cancer is not an attribute of any particular social class, profession or occupation. It is to be inferred, therefore, that the occurrence of cancer depends, to an important degree, on personal predisposing factors. It is right, however, to point out that *hereditary* predisposition to cancer has not at present been proved to be of any practical importance in man; that it cannot be asserted with scientific authority that the use of any particular article of food increases the liability to cancer, or prevents it from appearing; that no known drug or preparation will prevent its appearance, or cure it when present; and that no danger of cancer has been proved to result from inhabiting houses or districts in which cancer happens to have been exceptionally common. There is no evidence to show that cancer is an infectious or contagious disease.

IV.—CHRONIC IRRITATION AS A DETERMINING FACTOR IN THE APPEARANCE OF CANCER.

One certain fact about cancer is that it frequently follows on chronic and prolonged irritation. Not all tissues, however, are equally liable in this respect. The palm of the hand, for example, in spite of its exposure to chronic irritation of all kinds, is probably never the seat of cancer. In the female breast cancer occurs far more commonly in the deeper parts of the gland than in the nipple, which is more exposed to injury. Some tissues show a special liability to develop cancer during chronic irritation, such as the skin of the face, the lips, insides of cheeks, tongue, lower part of the bowel, neck of womb. Certain varieties of chronic irritation, too, are more liable to be followed by cancer than others. Thus, in the lip long continued irritation by a clay pipe is particularly dangerous; in the tongue, irritation by a jagged tooth or badly fitting tooth-plate; in the womb, the chronic ulceration which may follow confinement. Again, syphilitic disease affecting the tongue or female external generative organs, or tuberculosis of skin (lupus) affecting the face, particularly if it has necessitated prolonged treatment, is liable to end in cancer. And lastly, workers in tar such as briquette makers, workers with anilin or paraffin, chimney sweeps, and mule-spinners are apt to suffer from cancer in special parts of the body as a consequence of repeated irritation by the particular agent concerned.

This liability of cancer to follow chronic irritation of so many different types is remarkable, and leads to the supposition that beneath them all there lies some common factor—as yet unrecognised—which is fundamental to the passage of a chronic inflammatory and non-cancerous condition into one that is definitely cancerous. In one variety of cancer (rodent ulcer) the distribution of the new growth is such that it suggests a close relationship with the nerve supply of the affected part. How far this is true and how far modifications of the body itself as distinguished from the chronic irritant play a part in the ultimate production of the cancer it is impossible to say in our present state of knowledge.

V.—PROPHYLAXIS.

While considerations such as those in III above show how far we are from being able to say how cancer is to be avoided, those in IV indicate that there are at least some provocative causes of cancer which can be guarded against. Since cancer occurs more commonly in certain sites, it is prudent to notice and

remove causes of chronic irritation in these sites. Apart altogether from cancer, people should attend to these conditions in the exercise of common care for their general health and fitness.

In this category, for example, and for reasons just given, come the removal of rough stumps of teeth or replacement of badly fitting dentures; a change of habit if pipe-smoking is found to produce soreness on the same spot of the lip or tongue; an alteration of clothing which causes irritation of particular regions of the body—for example, the breast; the avoidance of constipation and other like matters. On the same basis the possibility of establishing a chronic irritation in a region liable to cancer gives an additional reason for obtaining advice and treatment in disorders of the stomach, bowels, or womb.

VI.—DIAGNOSIS OF CANCER.

Early diagnosis is of the greatest importance. This means not only diagnosis of the actual existence of cancer, but, even more, diagnosis of the existence of abnormal conditions that are common precursors of cancer. Cancer itself in its early stages is almost invariably unaccompanied by pain, and is sometimes painless throughout. This painlessness of cancer in its early stages is one of its most insidious dangers, since it leads the patient to delay seeking medical advice. Were cancer as painful in its early stages as toothache, there would be far fewer of those pitiable cases in which the patient first seeks advice when the cancer has reached a stage beyond all but palliative treatment.

Early diagnosis obviously depends upon co-operation between the patient and the doctor. Medical advice should be sought at once particularly if a tumour or lump is found in the breast, if an ulcerated condition exists on the tongue, lip or skin which does not heal in a few days, if there is persistent hoarseness, if a mole or wart shows a tendency to grow, if blood or mucus is passed with the stools, if there is bloody or offensive discharge at other than the normal monthly periods, especially at the change of life or after it has passed. Even with the greatest care and skill doubtless cases occur; but only after careful medical examination can it be decided whether such conditions are or are not indicative of cancer, and those who seek advice in these circumstances are taking a wise course quite apart from cancer possibilities. An abnormality is there, and whatever it is due to it should be treated and not nursed in secret.

NURSING ECHOES.

The final competition for the "Ross" Lawn Tennis Challenge Cup will take place at the Park Hospital, S.E.13, on Tuesday, September 4th, at 2.30 p.m., and the Matrons of the Metropolitan Asylums Board are issuing invitations for the event, which is sure to be enjoyable, and the contest keen for possession of the Challenge Cup.

A Course of seventeen Lectures on Tuberculosis will be delivered to Trained Nurses, Health Visitors, and Social Workers, at the Hospital for Consumption and Diseases of the Chest, Brompton, S.W.3, on Tuesdays and Fridays in October, at 8 p.m., beginning on October 2nd and ending on the 22nd. The lectures will be delivered by well-known medical experts, with the exception of that on October 20th, when the Matron of the Hospital, Miss Redl, will lecture on "Home Nursing of Tuberculosis and Dispensary Management." Demonstrations will also be given in the Laboratory on "Bacteria and Staining," in the Museum on "Pathological Specimens," in the Wards on "Nursing," and also in the Dispensary and Out-patient Departments. The fee for the Course will be £1 1s., for a single lecture 2s., or for the Course, with Demonstrations and Examination, £2 2s. Further information may be obtained from the Matron of the Hospital.

The opening of the new Nurses' Home in the grounds of the Cowley Road Poor Law Hospital, Oxford, recently took place in the presence of many interested friends, amongst those present being the Mayor and other City Officials, and Mr. Young, Inspector from the Ministry of Health.

The Provost of Oriel said that for the first time they had really shown that they appreciated the services they owed to their nurses. The Board had long felt that it was not proper that their nurses should be accommodated, as they were, on the topmost floor of the infirmary, and had been considering the question of building, or renting, a nurses' home, and whilst they were thinking and hoping that in four or five years they might be able to do so, that house suddenly came into the market. It had every advantage—sunshine, fresh air, and was surrounded by country on three sides. It was almost in their own grounds, and gave that air of quietness which was needed for nurses resting after their night's nursing. The Board did not hesitate for a moment, and

it was never more unanimous than when it voted to acquire the house. The Ministry of Health, thanks to the good offices of Mr. Lowry, at once supported them, and they hoped that for a long time it would be a source of comfort and convenience to the nurses. It was well called a Nurses' Home, and he hoped it would unite in itself all the best qualities of the best home, and that it would be the scene of mutual concession and mutual respect, and that the nurses who lived there from time to time would combine in a life for the common good, strengthening one another in goodness and knowledge, and growing more and more in real patience and sympathy with those entrusted to their care in the neighbouring building.

At the monthly meeting of the Committee of Management of the Cork Mental Hospital the minutes of the House and Finance Committee stated that it was recommended that a fine of 10s. be imposed on Attendant Jerh. Hickey, who was seen by the Resident Medical Superintendent diluting with water the milk provided for the patients at the workshop.

The Chairman, Mr. P. Murphy, M.C.C., expressed the opinion that the fine was definitely fixed at 20s. They had reports about adulterated milk being sent into the institution, and that was bad enough without one of their employees increasing the deficiency by adding water to the milk.

Mr. Good explained that the attendant responsible found the milk had been accidentally spilled, and he put in some water in order that the patients would not be deprived of their allowance. His only neglect was that he did not report the accidental upsetting of the milk.

Attendant Hickey was then called before the meeting, and said the milk was accidentally spilled by one of the patients. He did not report the matter. He was new to the job. He tried to carry on and stretch the milk as far as possible, and for that purpose he added some water. While he was doing so the Resident Medical Superintendent came on him.

Prof. Stockley inquired what would have happened if the matter had been reported.

The Resident Medical Superintendent said the milk would have been replenished. The attendant did not want to go to the bother of reporting the matter.

The attendant was fined 10s.

The Resident Medical Superintendent also mentioned that he had received a communication from the Attendants' Organisation registering an emphatic protest against the action

of the Committee of Management at its July meeting in promoting a junior third-class attendant to relieve an officer in the stores and setting aside the applications of first-class men, many years his seniors, without even giving them a chance to prove their efficiency. They asked that their protest be recorded, so that it should not be in the power of the committee's successors to taunt them with having allowed the transaction to pass unchallenged. The committee having now trampled upon the conditions of promotion already existing, they respectfully invited it to define its position regarding promotion in the future. If it was the intention of the committee that positions which involved promotion were to be henceforth filled by the attendant who received the greatest number of votes at the board meeting they felt it their duty to warn the committee that the system would not ensure either efficiency or contentment amongst the staff, but was likely to lead to a repetition of the old degrading system of canvassing and jobbery which the committee were so anxious, at one time, to put down.

The Chairman: That is a bit of cheek all right.

Mr. Good agreed.

After considerable discussion it was agreed to defer consideration of the matter pending a report from the Resident Medical Superintendent and the storekeeper.

The *Zululand Times* of Thursday, July 5th, reports that "Sister Jeane Macdonald, of the King Edward VII Order of Nurses, left on Friday evening last for Nongoma, on a short holiday. While at Empangeni Miss Macdonald made a number of friends, who will regret her leaving the district. In her professional capacity, Miss Macdonald was a splendid example of the high standard which the present-day Nurses have attained." Before taking up work in South Africa Miss Macdonald was a Member of the Staff of the Registered Nurses' Society, 431, Oxford Street, London, W.1.

THE NEW MINISTER OF HEALTH.

The King has been pleased to approve the following appointments:—

The Right Hon. Arthur Neville Chamberlain, M.P., to be Chancellor of the Exchequer.

The Right Hon. Sir William Joynson-Hicks, Bt., M.P., to be Minister of Health, in succession to Mr. Neville Chamberlain.

THE INTERNATIONAL COUNCIL OF NURSES.

CONFERENCE AT COPENHAGEN.

(Concluded from page 123.)

WEDNESDAY, AUGUST 1ST.

9.30 a.m.—Morning Session.

MISS CLARA D. NOYES (Director Nursing Service, American Red Cross) presided over the morning session.

Before the proceedings began, MRS. HENNY TSCHERNING, President of the Danish Council of Nurses, offered congratulations to Miss Cecilia Lütken, Matron-in-Chief of the Danish Army Nurse Corps, and President of the Copenhagen Division of the Danish Red Cross. Twenty-five years ago her help had been asked for in a Military Hospital, and she had left the Kommune Hospital with only a small basket, saying that it would take all she required for the two months for which she expected to be away. She had never come back, but had devoted her life since then to the organisation and improvement of Military Nursing. Those present heartily joined in the congratulations offered by Mrs. Tscherning, and Miss NOYES contrasted conditions in America, where it was often difficult to keep head nurses in an institution for one year, with the stability of the nursing service in many hospitals in European countries, where nurses not infrequently spent the whole of their working days in the service of one hospital.

RECENT MOVEMENTS IN THE NURSING WORLD OF U.S.A.

Speaking on the above subject, MISS NOYES referred to two important matters which were a very substantial contribution to the movements in the nursing world:—

(1) Most of those present might, she said, know of the Memorial School at Bagatelle, Bordeaux, in commemoration of American nurses who died in service during the great war. That was thought by their colleagues to be the most conspicuous, the most appropriate, memorial that they could erect, and American nurses had gathered 50,000 dollars, which were held by a Committee in Paris to erect a school in France, which should have all the essentials of the best schools. Their choice had fallen on Bordeaux as the place where the School should be built, where such good work had been done in the School under the direction of Dr. Anna Hamilton.

(2) Army Nurses in the United States of America had been given rank, determining the position of nurses in the Army, with a Superintendent at headquarters. It had taken 15 to 20 years to obtain this rank.

The Red Cross in America looked to the American Nurses' Association for assistance, and its Nursing Service was graded by nurses. When it was thought desirable that the Nurses' Associations should co-operate to have a national headquarters the Red Cross promised financial assist-

ance for a year. In a year's time it was not certain whether the nurses could raise money for the second year, but this was done by increasing the annual dues.

American nurses were now engaged in raising a fund for a memorial in Washington to Jane A. Delano—something which would express nursing from its earliest inception. The required sum of 35,000 dollars was now practically complete.

In regard to education and legislation, there were too many poor schools. There were laws in regard to registration of nurses in 48 States. In South Carolina the nurses were fighting the law with the object of getting nurses placed on the State Board of Examiners. Since women's suffrage had been in force the nurses had found its value in their public work.

REPORT OF THE ROCKEFELLER COMMITTEE FOR THE STUDY OF NURSING AND NURSING EDUCATION.

PROFESSOR ISABEL STEWART (Teachers' College, New York), who was the last speaker, said she was glad Miss Noyes had told those present of some of the difficulties in America. Wherever she had gone she found the impression that everything was easy there.

Speaking of the Report of the Rockefeller Committee, Miss Stewart said that the conditions at the back of it were that there were 1,600 Nursing Schools in the United States of America, some in which the conditions were bad, since every hospital having twelve patients, or a doctor running a private hospital, could start a nurse training school. All hospitals wanted students and depended almost entirely on pupils for the nursing of their patients.

The scarcity of students was acute before the war. There were not enough to do the work of the hospitals. Now the scarcity was greater. The position was that while the colleges were full of young women the hospitals were suffering severely, and taking in as pupil-nurses whoever they could get.

In an influenza epidemic the situation was acute, and doctors advocated diluting the quality of nurses and increasing the quantity. It was stated that 100,000 "sub-nurses" were required, and there were wild orgies in the Press; it was alleged that nurses had their unions, that they were inspired by jealousy, and that the public were suffering because they insisted upon the three years' standard of training.

There was criticism that nurses were over-trained, especially from some medical men. It was also said that the long term was necessary because nurses were not intelligent enough. Much interest in nursing as a career was being taken by well-educated women, but there was dissatisfaction as to the conditions of service. Those responsible for training nurses were met with criticism from outside, from doctors, from within. Their own teachers were critics; they were up against the situation and it had to be met.

The Rockefeller Foundation were willing to help to subsidise nursing education, but naturally wished

for information as to the position. They went to doctors, and were told that "bed-side" nurses were required. They went to nurses and were told quite different things.

Finally, Miss Nutting appealed for an investigation of the facts, and that a conclusion should be come to on the basis of those facts. In conformity with this appeal a Committee was appointed with Dr. Winslow—a sanitarian—as Chairman, and Miss Josephine Goldmark as investigator. It took a long time to gather the material, but very soon a foundation was found in the hospital situation. All kinds of facts were gathered together—where the scarcity was, whether the training was adequate, and so forth. A few typical schools were taken, and all kinds of statistics gathered, and representations from persons of all shades of opinion. The Committee arrived at the conclusion that nurses were not overtrained, and that they had done a conspicuous piece of work, particularly having regard to the handicaps from which they suffered, and the fact that financial support for their professional education was lacking. The Committee were of opinion that the present standard must not be lowered, that the training should be strengthened rather than weakened, that nurses are used by a hospital for its own requirements and exigencies and that much of their work is relatively unproductive, that non-educational routine should be eliminated, that better supervision of nurses in training was needed, that teaching in hospital wards was weak and instruction in the wards required, and that given these conditions it might be possible to reduce the period of training to two years and four months for basic training only, with an additional eight months of special training. That was now in the experimental stage, but Miss Stewart added that very few hospitals were found which were willing to experiment.

The Committee were further of opinion that every effort should be made to develop University Schools.

The question of the registration of attendants was also referred to by Miss Stewart. The Committee were of opinion that there was evidence to show that large groups of patients did not need expert nurses, and that chronic cases often could not afford to pay fully trained nurses to stay with them. Private nurses, in reporting their cases, said that at least one-third of the patients they attended did not need a trained nurse.

It was, therefore, proposed that there should be a subsidiary group of persons who might be called Nursing-Aides, who would be trained for from eight to twelve months. Nurses did not like the proposal. They had, however, got to see the facts as they were, and then whether they could be remedied.

There were three stages, Miss Stewart said, in the evolution of the nursing profession:—

1. The stage in which people picked up knowledge, there being no systematic instruction.
2. The apprenticeship stage.

3. The stage when a student was in hospital primarily for her own benefit.

Discussion.

MISS NOYES said those present had listened with interest to Miss Stewart's speech, and all were, no doubt, burning to ask questions.

In reply to questions by the BARONESS MANNERHEIM, MISS STEWART said that during the Preparatory Course the hospital did not depend on the work of the students in the wards at all, but the students' interest was increased by their work there. The full course of training in affiliation with a university was for five years. A girl of eighteen is qualified to enter a university and the combined course is two years of college work, two years (or two-and-a-half years) in a hospital, and the remainder of the time in the university. The first two years spent in the university had a broadening influence and provided a cultured background for nursing. At the end of five years the nurse received a diploma from the hospital, and a degree from the university. Sixteen universities in the United States were now giving this training, taking the immature girl, and giving her a cultured background.

MISS NOYES said that the question of the shortage of nurses was one of supply and demand, also it was affected by the alluring opportunities in so many other directions.

SISTER BERGLIOT LARSSON (Norway) said that when reading the Rockefeller Report, though admiring it, she thought it a great blessing to belong to a small country. She thought that the proposal to cut down the training to two years must be inspired by panic, and that the nurses who had to get so much into two years would not have time to live. "As for the private nurses, how would it be possible to keep them all the time to acute work? They would die."

MISS H. L. PEARSE (Great Britain) enquired how the health of the student stood the test.

MISS STEWART said it was the way of the modern nurse to take responsibility lightly.

THE COMIESSIE D'URSEL (Belgium) spoke of the "formation morale" (educative training), the putting of the pupil into the right atmosphere. The training of character and discipline was most necessary.

MRS. TSCHERNING (Denmark) said she had recently had a visit from a Danish nurse working abroad who said she could not agree with the shortened training. In Denmark they were accustomed to nurse their patients, and hospital authorities had told her that they would take as many Danish nurses as the Danish Council of Nurses could send them.

MISS STEWART (U.S.A.) said that hospitals were apt to take advantage of students by making use of them, and the students would go crippled through life for want of adequate training.

MISS MEJAN (Holland) said she always advised young nurses not to stay in their own country. It was better for them to go abroad and see more.

MISS MUNCK (Denmark) said the question was

one of a very practical nature. Nurses had to be taught the serving of trays, the dusting of beds, &c. Arrangements must be made for them to attend lectures. If they only went to lectures when nothing was going on they would not go at all.

SISTER KARLL (Germany) said that during the revolution in Germany the attendants thought they would like to rank as trained nurses in hospitals. They attempted to do so, but very soon they were back in their right place. They found they did not like the work and were not suited to it mentally.

MISS A. W. GILL (Great Britain) enquired as to Registration conditions in the United States.

MISS STEWART (U.S.A.) said that the minimum training recognised was for two years. Many States had a three years' law. If the plan recommended by the Rockefeller Committee were adopted some of the laws would have to be changed.

If the registration of attendants after a short term of training were recognised, there was a danger of their underselling the private nurse.

SISTER KARLL (Germany) asked whether it would not be possible that hospitals should not be permitted to have schools of nursing without authority. That would be the best protection for trained nurses.

MISS NOYES (U.S.A.) said she wished they might have such laws. There were 48 States in the United States of America, a country 3,000 miles wide, and equally as long, and stretching from Alaska to the tropics. Through the southern part, where they had small schools, the situation was a difficult one.

UNIVERSITY UNDERGRADUATE SCHOOL OF NURSING.

MISS STEWART then said that the Yale University School of Nursing was an outgrowth of the Rockefeller Report (which recommended the development and strengthening of such schools as of fundamental importance in the furtherance of nursing education), the Rockefeller Foundation being asked to promote its establishment.

Yale was a university which stood in the first rank, as Harvard and Princetown, and as Oxford and Cambridge in Great Britain. The authorities called Miss Goodrich, one of the most brilliant educationists in America, to be Dean of the School. The condition of its foundation was that the experiment should be along the lines of the Rockefeller Report.

Miss Goodrich believed that the pupils in training should be a supplementary staff. From the beginning emphasis would be laid on preventive work, and every endeavour would be made to make the pupils realise its importance. She looked forward to a brilliant and successful career for Miss Goodrich in her capacity as Dean of the University School of Nursing at Yale.

MISS NOYES said that Yale was a very conservative University. She was glad they had broken through the crust. It was an extraordinary concession.

1 p.m.—Afternoon Session.

MISCELLANEOUS BUSINESS.

BARONESS MANNERHEIM presided when the Conference reassembled, over the afternoon and final Session, which was devoted to miscellaneous business.

MISS STEWART said that after the discussion on the previous day she felt very strongly that Miss Olmsted was in a difficult position, and that some way should be found by which she could obtain advice, with facility, when she so desired. She thought the subject might be open for discussion.

MISS OLMSTED said it never entered into her head to try to force an issue. Perhaps her method of expression was unfortunate, but she felt the great need for help and advice. She admitted she had misunderstood the International Council of Nurses.

MISS NOYES said that she knew well about the kind of advice Miss Olmsted was soliciting. She was in an isolated position. A great deal, however, could be done by correspondence when an Advisory Committee could not be called together. She knew the kind of questions that came to a Red Cross office; they were often difficult to answer because the people who asked them did not know what they were talking about. She was wondering whether the League could not afford to give her an expert of rare and unusual experience in nursing education in the Paris office.

MISS STEWART asked whether the League of Red Cross Societies would pay the expenses of the members of an Advisory Committee appointed, and was answered in the affirmative.

MISS STEWART also urged the desirability of more frequent Conferences under the auspices of the International Council of Nurses.

THE PRESIDENT spoke of the projected Conference at Buda Pesth next year under the auspices of the International Council of Nurses. Miss Newton, one of the new Hon. Vice-Presidents, was going there shortly, and she hoped would get into touch with those who would forward the project.

MISS NOYES stated that the American Nurses Association would meet next year, probably at Detroit, in May or June. It was important that there should be no conflict in the dates of the two meetings.

MRS. NORRIE (Foundation Member, Denmark), read a statement in regard to the relation of Societies internationally organised to the International Council of Women.

MISS BREAY said the question was one which came up when the Council was founded in London in 1899, and the late Mrs. May Wright Sewall, Founder of the International Council of Women, expressed the opinion that the National organisations should affiliate to their respective National Councils of Women, before an International Council entered into direct relations with the International Council of Women.

THE PRESIDENT asked Mlle. de Joannis to tell

the Conference something of the new School for Nurses in Paris under the auspices of the American Committee for Devastated France, of which she would be Directrice, and Mlle. de Joannis spoke of the deficiency in the supply of trained nurses in France. The question of establishing this training school had been brought before leading medical men in Paris, and all of them were agreed as to the absolute necessity of having well-trained women as nurses.

Some further discussion on Miss Stewart's address on "Nursing Education" then took place, in which the Comtesse d'Ursel (Belgium), Miss Isabel Stewart (U.S.A.), Miss Helen Pearse (Great Britain), and Sister Bergliot Larsson (Norway) took part, after which the Conference concluded its deliberations.

VISIT TO THE BISPEBJAERG HOSPITAL

Awaiting the members of the Conference at the Hospital gates was a roomy *char-à-banc*, into which, by Miss Reimann's good offices, all were comfortably packed, and whisked away to the Bispebjærg Hospital, which is some three miles out of Copenhagen. Here the guests were received by Miss Charlotte Munck, the Matron, and members of the medical staff, and a sumptuous tea was provided before the members of the Conference were taken round this fine Hospital, one of the most modern and wonderful hospitals in Copenhagen—which is saying a great deal.

SOCIAL FUNCTIONS.

The last of the Social Functions at which our Danish friends received us with splendid hospitality was the banquet given by the Danish Council of Nurses at the Nimbs Restaurant, Tivoli. The President, Mrs. Henny Tscherning, presided, everything was gay, everybody was happy. In welcoming the guests Mrs. Tscherning said that during the Conference the Baroness Mannerheim and Miss Olmsted had found one another, Miss Olmsted had found a mother, and the Baroness a child. She hoped and believed she would be a good child.

TELEGRAM FROM THE DIRECTOR OF HOSPITALS.

During dinner the following telegram was received by Baroness Mannerheim and read by her :—

Friherreinde Sofie Mannerheim, President of the International Council of Nurses, Nimbs Selskabslokaler, København.

The Director of the Hospitals of the Municipality of Copenhagen sends to the International Council of Nurses his most cordial greetings, and wishes to express that the Copenhagen Municipal Hospital has been greatly honoured by your having desired to hold your meeting at the oldest hospital in our city—in our Mother Hospital. I desire to express my best wishes for a good and sound development of sick nursing in all the countries which have been represented at the meeting.

K. M. NIELSEN.

Baroness Mannerheim also read the following reply, which was approved :—

Director Nielsen, Municipal Hospital, København.

The International Council's Delegates and Guests much touched by your kind message. Feel the impossibility of expressing their gratitude for the wonderful hospitality extended to them. Can only say, *Mange, Mange Tak*.

S. MANNERHEIM.

Everyone present, led by Baroness Mannerheim, then repeated with emphasis the words *Mange, mange tak* (Many, many thanks), and the telegram was dispatched forthwith to Director Nielsen.

The first toast, "The President of the International Council of Nurses," was proposed by Miss M. Breay, Treasurer of the I.C.N., who said that no eloquence was needed to commend the toast of the Baroness Mannerheim, which she had the honour to propose, "The Baroness Mannerheim—To our next merry meeting."

The President then in a very cordial speech endeavoured to express to Mrs. Henny Tscherning and the Danish Council of Nurses something of the gratitude all present were feeling for the wonderful hospitality and kindness shown to them.

Miss Munck spoke of Miss Lütken's fine work in the Army, and Miss Noyes made an eloquent and amusing speech. Miss Olmsted said when she came to Copenhagen she was an old woman, but she had been born in the last two days. Because she was so young she could not say much, but she would say to her mother, and the members of the International Council, who she hoped would be her aunts, "I thank you."

Other speakers were Sister Karll and the Comtesse d'Ursel. And then we went to Tivoli, where revered Matrons entered into the fun and frolic.

HON. TREASURER'S REPORT, 1923.

In addition to the Financial Statement, Miss M. Breay, Hon. Treasurer International Council of Nurses, presented the following Report to the Executive Committee of the International Council of Nurses at its meeting on July 29th :—

Madam President and members of the Executive Committee of the International Council of Nurses, —I have presented to you our Financial Statement at the present time, but I think you may like to know something more of our financial position.

In our early days, when the foundations of the Council were being laid our income was derived from individual donations, and we owed our financial stability largely to the generosity of our first Hon. Secretary, Miss Lavinia L. Dock, and to an anonymous donor in Great Britain.

Later, as National Councils of Nurses became affiliated to the International Council, the source from which we derived our reliable income was, and is, from the annual dues of the affiliated National Councils.

To these are now added another regular and very generous source of income. When Miss

L. L. Dock compiled the third and fourth volumes of "A History of Nursing" she consulted with members of the Affiliated National Councils in the various countries and obtained from them information as to the history and development of nursing in those countries, though we know that she also visited many of them and studied nursing conditions there for herself. But, as an acknowledgment of the help she then received, she has always given the royalties on these two volumes to the International Council of Nurses. We received the first in the Triennial Period, 1915-1918, and have received in all £91 10s. We have also received a discount on the volumes of the "History of Nursing" sold in Great Britain from Messrs. Putnams, and £10 4s. as interest from money placed on deposit with our bankers.

The Congresses organised at the same time as the Quinquennial, and later the Triennial, Meetings of the Grand Council, have always paid their way by the sale of tickets, and sometimes have left a balance in hand. At these Congresses, organised, as you will remember, by the National Council of Nurses in the countries in which they have been held, we have been shown the greatest kindness and hospitality, and we have extended cordial invitations to others interested in nursing, though not necessarily nurses, to attend as fraternal delegates.

In regard to our official organs, the organ of the affiliated National Council in each country has been recognised, and permitted us to use its columns as the official organ of the International, thus saving us an enormous amount of expense in the way of printing; and for our International Headquarters, by the kindness of the President of the National Council of Great Britain and Ireland (Mrs. Bedford Fenwick) a fine room has been placed at the disposal of the Council free of cost for the last 24 years, where numerous documents and records and the nucleus of an international library are stored. Miss Dock, when in England, has used this room for doing all her International work and for interviewing visitors. Constantly there are callers from various parts of the world asking for information, which is supplied to them by experts.

With the professional help gladly rendered in the various directions I have indicated, we have been able to keep well within our income—a self-supporting, self-governing, and therefore self-respecting, body, of professional workers.

RESOLUTIONS.

To Dr. Anna Hamilton,

HON. VICE-PRESIDENT FOR FRANCE.

The Executive Committee of the International Council of Nurses desires to express to Dr. Anna Hamilton its sincere regret at hearing of her present disability, and hopes that the much-needed rest she is now taking will result in her restoration to health, and wishes all success to the Florence Nightingale School for Nurses at Bordeaux.

To Miss Lavinia L. Dock, R.N.,

Foundation Member and First Hon. Secretary.

The Executive Committee of the International Council of Nurses desires to express to Miss Lavinia L. Dock, late Hon. Secretary of the Council, its regret that she is unable to be with them on this occasion, and to assure her that her great interest, and the personal touch of her work for the professional advancement of nurses will be kept for ever in the memory of all those whose interests are closely allied with those of the International Council of Nurses.

The interpretation of "international hospitality" as an object of the International Council of Nurses by the Danish National Council, leaves with those who enjoyed it, a warm glow of pleasure, wonder and gratitude. *Mange, Mange Tak.*

MARGARET BREAY.

NURSING ASSOCIATION OF CHINA*

By Miss Cora E. Simpson.

China, with her four hundred million people, 5,000 years of written history, great areas untouched by any medical work, all diseases known to humanity running riot, and with no place in her past history for the nurses, make it a wonderful place in which to develop nursing ideals. Modern nursing in China is of recent origin, was started, brought to the present state of development, and is still in the hands of Missionary nurses. This is the one country in the world where Christian nurses were free to establish ideals and carry them to a full fruition unhampered. In just ten years' time the scattered groups of nurses were organised, had put over a programme for the registration of schools, uniform curriculum, National diploma and examination, established a Journal of Nursing, built up a great Association with her own graduates, received into full membership, made themselves a National power, and brought the work of nurses from "no word in the language for nurse" to the Association's full membership in the International Council of Nurses, which is a record unsurpassed by any Nurses' Association in the world. This record demands the world's tribute to the work the Missionary nurses have been quietly doing in the past dozen years.

The first Missionary Hospital in the world was opened by Dr. Peter Parker in Canton in 1835, and now has in connection one of our Registered Schools of Nursing.

Miss Elizabeth McKechnie, the first nurse to come to China, reached Shanghai in March, 1884. She is still living, and is a member of the N.A.C. The first nurse trained abroad was Miss Elsie Mawfung Chung, trained at Guy's Hospital, London. She is now Mrs. Lyon, of Tientsin. The first book translated was Mrs. Isabel Hampton Robb's "Principle and Practice of Nursing." The translation was begun by Dr. Eleanor Chesnut, of Lienchow, Kwangtang. She

* From the *Nursing Journal of India*.

was killed before the book was completed, but the work was finished by Dr. Bliss Boggs.

The real origin of the Nursing Association of China is: In 1908 I sent a letter of inquiry about nurses' work to Dr. Coursland, of Shanghai. My letter and his reply were put into leaflet form and sent out in the *China Medical Journal* of that year as a call to the nurses to form an Association. The N.A.C. was started in 1909, with Mrs. Hart, of Wuhu, and Miss Henderson, of Wusih, as the first President and Secretary. In the summer of 1912 a committee, consisting of Misses Gage, Clark, Simpson, Hope-Bell, Harris, Lowe, and Murdoch, met and prepared a programme for a uniform standard curriculum, Registration of Schools, National examination and diplomas, and from that date there has been a steady, healthy development of the Association.

The first National Convention was held in Shanghai in 1914. At that Convention the word for "nurse" was first adopted, and has since passed into the language of the people. The first National examination was given in 1915. The diplomas were secured that year by two boys and one girl.

The Nurses' Page in the *China Medical Journal* was continued until 1920, when the *Quarterly Journal for Chinese Nurses* was launched, under the Editorship of Mrs. Hern and Miss Pumphrey. It is now the official organ of the Association. Many text-books have followed the first translation. Now we have Maxwell & Pope's "Practical Nursing," Blumgarten's "Materia Medica," Freidenwald's "Dietetics for Nurses," De Lees' "Obstetrics for Nurses," Hopkins's "Bandaging," Stinson's "Drugs and Solutions," Bundy's "Anatomy," Aikin's "Ethics for Nurses," Andrew's "Midwifery for Nurses," Rowley's "Operative Midwifery," Reid's "Bacteriology in a Nutshell," Massage, Chemistry, and many Quiz books, besides Children's nursing, Chinese dietetics, and several written only in Chinese.

After a nurse has secured the Association's diploma (three years) she may enter for the normal Midwifery diploma, and after she holds that she may still sit for the diploma in operative midwifery. Nurses are received into full membership after securing the Association's diploma in nursing.

The Association has seventy-six Registered Schools of Nursing established at different places in China and many more applying for registration. The demand for our graduates is so great that it is impossible to supply the calls. They are wanted for hospital positions, Instructors, Matrons, Ward Sisters, School Nurses, for Health work, and the Army and the Navy, as well private duty secures many of them.

Chinese young men and women take to nursing very readily and make splendid nurses. They are patient, kind, painstaking, faithful to duty, and do splendid classroom work as well. The nurses' course, curriculum, and examinations are all given in the Chinese language. English is taught in most schools as an elective.

The National Convention is held every two years. At the last one, held in Hangkow in 1922, the Minister of Education placed a special car at the services of the nurses from Peking because the nurses' work was a great Educational Convention. The Governor of Canton paid the expenses of six of his nurses from Canton so that they could attend this great Nurses' Meeting. The Governor of Hupah, with his staff of some thirty high officials, attended one afternoon session of the Conference and addressed the nurses. General Feng wrote to one Superintendent that he wanted only N.A.C. graduates for his army, and would take all that could be supplied to him.

The Nurses' Association of China has a representative on the China Medical Association Council on Hospital Administration, and another representative on the Committee on Child Health, and still another on Relationships. The nurses attended their last Medical Conference, and were given a whole evening on their programme to present nursing. The Nurses' Association of China is a member of the China Council of Health Education, and her part in the National Health programme is to teach health to the people.

At the last Conference the work of the Association had grown to such proportions that nurses carrying full Institutional positions could no longer carry the work of the N.A.C., so a full-time Secretary was asked for, and is devoting all her time to this work. One of her chief duties is to visit the Schools of Nursing and Conventions, to interest people in nursing work. Organise the Chinese graduate nurses into Auxiliaries for training for National responsibility, and to carry the business management of the *Journal of Nursing*. A committee of Nursing Education has charge of all matters pertaining to the Schools of Nursing under the Association. Miss Gage, of Changsha, is the Chairman of this Committee. Miss Gregg, the President, is home for health reasons. Miss Gladys Stephenson, of Anluhu Hupeh, is the acting President. She is a woman of the highest ideal, and one of the most splendid nurses ever trained in Britain. Under her leadership the Association is making wonderful forward progress this year. Her motto for the Association for this year is "With God nothing shall be impossible."

The great need is for foreign nurses to come out as Matrons of Schools of Nursing to train the young people in nursing. Schools of Nursing registered under the Association have had to be closed, and new ones cannot be opened for lack of a Matron to care for and train the nurses.

Surely some of the nurses in the home lands can be spared to come over and help us. To-day is the day for the nurse in China: she is welcomed everywhere. She has a work no one else can do and a place no one else can fill.

When the final history of the Christianisation of China is written and the record of the service of love made known, not a little part will belong to the nurses of China, and the share they have had in the bringing of health and life to this great people.

REPORT OF THE SCHOOL FOR NURSES FOR FRENCH WOMEN IN PARIS AS PROPOSED BY THE AMERICAN COMMITTEE FOR DEVASTATED FRANCE.

Major Julia C. Stimson, Superintendent of the Army Nurse Corps, U.S.A., writes in the *American Journal of Nursing* :—

The following paragraphs from the latest printed report of the American Committee, which appeared in April, 1923, give in as brief a form as possible the situation at that time about the new school :—

" In the report for the period ending October 1st, 1922, considerable space was given to the need and plan for a model school for French nurses in Paris. It was pointed out that the Public Health Nursing of the American Committee in the Department of the Aisne had made a demonstration of the actual saving of lives that proper nursing could accomplish and that it had been possible to secure this proper kind of nursing only from the Ecole Florence Nightingale at Bordeaux, the one school for nurses in France which is training nurses along accepted American lines. That more graduates of such schools are urgently needed was stated, and that this need is recognised more and more by a group of the most progressive and well-known French doctors (headed by Dr. Calmette), who have evidenced their desire for a modern nurse training school in Paris by asking the American Committee to assist them in founding one.

" The preliminary survey of the situation was described and certain conclusions reached, which were in brief, that: (1) The need of a model training school for French nurses in Paris has been fully demonstrated. (2) The best known French doctors desire such a school established and will themselves support and assist in every way. (3) Dr. Oberthur, of the Hospital of Auteuil, probably will be able with a group of medical collaborators to expand the present hospital in such a way as to make it a desirable field of instruction and practice for the proposed new school. (4) The present Rue Amyot School, as the best theoretical school for nurses in Paris, offers an opportunity for co-operation with the new school for nurses that would be of advantage for each. (5) It is planned that the present Director of the Rue Amyot School, Mademoiselle de Joannis, will be the ultimate Directrice of the new school.

" Since the publication of this report, progress has been made along the following lines: (1) Mademoiselle de Joannis has completed a five months' course in Hospital Training School Administration at Teachers' College, Columbia University, New York, and also has made an intensive study of various well-known schools of nursing in New York, Washington, Baltimore, and Boston. In February she returned to the Rue Amyot School in Paris, and has continued to take an active part in all the conferences regarding the new school. (2) Miss Walker, Director of Public Health Nursing of the American Committee, went

to New York and upon several occasions in November, December, and January last met with the Sub-Committee on the formation of a school of nursing, which had been appointed by the American Committee. With a small group of Sub-Committee members and Mademoiselle de Joannis, she assisted in the preparation of a carefully detailed plan of organisation for the proposed school and of a budget. (3) The Sub-Committee appointed a temporary American Director of the new school, who sailed from New York on February 10th, with Mademoiselle de Joannis. The American Director was relieved from her present position as Superintendent of the Army Nurse Corps and Dean of the Army School of Nursing in Washington, D.C., for a period of three months, and was commissioned by the U.S. War Department, at the request of the American Committee for Devastated France, to study certain conditions in Paris and to make recommendations regarding the organisation of the new school and its relation to the groups of people concerned. (4) Many conferences were held and much time was given to the study of the present conditions of the Rue Amyot School and the Auteuil Hospital and other less closely connected associations, and also of the possible relationship of these organisations to the new school. (5) Propositions including conditions and contracts for the affiliation of the groups concerned now are being considered, as is also a temporary plan for the present Rue Amyot School to take over at least part of the nursing of the present Auteuil Hospital as a beginning, around which the new school can be developed when the new school buildings and the new hospital buildings are constructed on the Auteuil site. (6) Payment of Frs. 200,000 has been made by the American Committee for the portion of the site owned by Dr. Oberthur on which the new school is to be constructed. (7) Agreements for the closest co-operation and affiliation have been made with the Ecole Florence Nightingale at Bordeaux and the School for Nurses of the American Hospital at Neuilly (the latter school accepts English-speaking nurses only, as the hospital is for Americans only)."

In the month following the printing of this report the following contracts were completed: (a) Between the American Committee for Devastated France and the Centre Français de Médecine et de Chirurgie (Dr. Oberthur's organisation) with regard to finances. (b) Between the Comité de Perfectionnement pour la Formation des Infirmières Françaises (Dr. Calmette's Committee), and the Centre Français de Médecine et de Chirurgie with regard to medical and surgical service in the new hospital. (c) Between a Committee representing the new school and the Centre Français de Médecine et de Chirurgie. Agreements between the Rue Amyot School and the American Committee.

On May 14th, the Sub-Committee in New York approved all contracts and plans as presented by the temporary American Director upon her return from Paris. This fact was cabled to the Headquarters of the American Committee in Paris,

where the details of working out the contracts and agreements are being put into effect.

Plans are under way for carefully worked out publicity and for University connection with the school, which probably will be undertaken before the new buildings are completed.

JULIA C. STIMSON.

REGISTRATION OF HEALTH VISITORS.

The Scottish Board of Health announce the opening of their Register of Health Visitors. Persons discharging on behalf of a local authority all or any of the duties of a health visitor under a scheme of maternity service and child welfare or of tuberculosis or otherwise, and also persons discharging all or any of the duties of a school nurse under a scheme of school health administration may apply for certification and registration. Forms of application will be supplied by the Board, 121a, Princes Street, Edinburgh. Intending applicants are advised to consult in the first place the "Conditions for the Certification and Registration of Health Visitors" issued by the Board and obtainable from H.M. Stationery Office, 120, George Street, Edinburgh. Price 2d.

APPOINTMENTS.

MATRON.

Industrial Settlements (Incorporated) for Disabled Soldiers and Sailors, Preston Hall, Aylesford, Kent.—Miss Annice Stuart Gray, R.R.C., S.R.N., has taken up the post of Matron. She was trained at Dundee Royal Infirmary, and has a good record of War service.

The post is one which holds possibilities for personal initiative, and quite different from the ordinary run of nursing work. To a person of insight and sympathy, which, we are informed, Miss Gray possesses in marked degree, the work will be congenial, and the Industrial Settlements should benefit much by her service, as she has had large and varied Nursing experience.

THE PASSING BELL.

Members of the staff of the Registered Nurses' Society, 431, Oxford Street, London, W.1, will learn with sorrow of the death of Sister Florence Tudor, S.R.N., the senior member of the staff. She passed away unexpectedly at Queen Mary's Hospital for the East End, Stratford, where she received every kindness and attention, on August 26th. Recently, she had undergone an operation there from which she made a good recovery, and went out to stay with friends, but was re-admitted a few days before her death.

Sister Tudor was trained first at the Milton Asylum, Woodbridge, Suffolk, and then at the Royal Free Hospital, Gray's Inn Road, London, W.C., gaining her Certificate in May, 1894. She joined the Registered Nurses' Society in June of the same year, since which time the whole of her working life has been spent in the care of private patients in connection with the Registered Nurses' Society. On behalf of the Society lovely red and white carnations and blue cornflowers were sent to the hospital to be placed about her, and, as directed by her will, arrangements are being made for the cremation of her remains.

THE HOSPITAL WORLD.

The Queen has contributed a large Chinese bowl for the bazaar which the Lady Mayoress is arranging at the Mansion House in the "Fleet Street Week" in aid of St. Bartholomew's Hospital.

Prince Henry has promised to visit Queen Mary's Hospital for the East End on October 13th to open the new Nurses' Home adjoining the Hospital in Bryant Street, Stratford.

The following clause incorporated in an Act passed by the Legislative Assembly of the State of Victoria, Australia, is worthy of note:—

"Every charitable institution and every benevolent society or organisation must register by approval of the Board. Unless legally registered, no person, or persons, can appeal for, nor hold themselves as willing to accept contributions on behalf of any charitable movement. The Board has power to close any unnecessary hospital or charity, to amalgamate any institutions serving the same purpose in close proximity, and determine the use to which any institution shall be put.

"No hospital or charity can make a general public appeal for funds without the sanction of the Board."

INTERNATIONAL UNION AGAINST TUBERCULOSIS.

The Council of Directors of the International Union against Tuberculosis recently held its annual meeting in Paris, at the headquarters of the League of Red Cross Societies. Twenty members of the Council from different countries met under the presidency of Dr. Dewez of Brussels.

Professor Léon Bernard, Secretary General, gave an account of the development of the Union since the Brussels Conference. It was decided that the following questions should be placed on the agenda of the Conference to be held at Lausanne in September, 1924:—

(1) Relations between pregnancy and tuberculosis, to be reported on by Professor Forssner (Stockholm).

(2) Do there exist naturally, or can there be produced artificially, saprophytic forms of Koch's bacillus which might become virulent tuberculosis bacilli? Report by Professor Calmette (Paris).

(3) Effects of the organisation of the anti-tuberculosis campaign in different countries on the decrease in tuberculosis mortality. Report by Sir Robert Philip (Edinburgh).

The report of Professor Bosançon (Paris) on the question of the "respective value of techniques for research of Koch's bacillus for diagnosis of lesions in human tuberculosis" gave rise to an interesting discussion. This report will appear in the next number of the *Bulletin* of the International Union against Tuberculosis.

A VILLAGE THANKSGIVING.

To recall the deliverance from the Great Plague which devastated the old-world village of Eyam (Derbyshire), in 1665-1666, and to offer thanksgiving for the self-sacrifice of the villagers, who remained in their homes to localize the plague, a special commemoration service was held on Sunday last in the picturesquely situated Cucklet Dell, about a quarter of a mile from the village. The following details are reported in the *Times* :—

"In this solitary spot the rector of Eyam of that day, the Rev. W. Mompesson, conducted services during the prevalence of the plague, instead of in the parish church. The Cucklet 'church,' as it is called, is a large, hollowed-out rock overlooking the hillside. It is now several years since the first commemoration service was held in the dell, and yesterday, as usual, thousands from near and far attended the service.

"The plague was taken to Eyam, in September, 1665, in a box of clothes sent from London to the village tailor, George Vicars, who lived in a cottage near the parish church. The house is still called 'Plague Cottage.' Nearly two centuries after the visitation stones bearing the names of the villagers who died of the plague were found near many of the houses. According to the parish registers, 250 out of a population of 330 lost their lives. The rector and the Rev. Thomas Stanley took the lead in helping and comforting the villagers in their distress.

"Headed by the village brass band, the usual procession was formed yesterday near the parish church, and on the way to the dell suitable hymns were sung. In the course of the simple service, tribute was paid to the self-sacrificing example set by the 'brave men of Eyam' of two-and-a-half centuries ago."

OUTSIDE THE GATES.

We take a quite special satisfaction (says *The Woman's Leader*) in making the following announcement. On September 14th will appear in this paper the first of a series of articles entitled "What I Remember," written by Mrs. Henry Fawcett, J.P., LL.D. During her long life, Mrs. Fawcett has been brought into contact with most of that which is best in the academic and political life of her time, and her recollections, which will extend back to her childhood's memories of the sea and its heroic lifeboat rescues and the outstanding personalities who influenced her, will have an interest for everybody, but most of all our readers, not only to those who for many years have regarded Mrs. Fawcett as their leader, but to the younger generation who has entered into the fruit of her labours.

The world is the poorer by the death of Mrs. Hertha Ayrton, a great scientist, not the least of whose services to humanity was the invention and presentation to the War Office of the "Ayrton Flapper," widely used during the War for the dispersal of poison gas in trenches and dug-outs.

BOOK OF THE WEEK.

DAMASCUS GATE.*

This very remarkable book cannot fail to delight intelligent readers. It is far above the average, and more than sustains the reputation which Mr. Raymond achieved in "Tell England."

Those who are aware of the author's association with Toc H. will understand the goal at which the book finally ends.

But it is the analysis of character that enthralled quite apart from the story itself.

Lella and Oscar, Henry Guard, Herr Mocken, Aunt Agatha, are all drawn with the accuracy of a pen which thoroughly understands human nature.

It is a pity that, there being so many good things in the book, it is only possible to indicate them briefly and quite impossible to do them justice.

Oscar Pool Shattery and Lella Shattery Pool were first cousins, not ordinary first cousins in any sense.

Oscar even at the age of eleven months was not of a retiring nature. Not at all. Ask Ruby Shattery, his mamma; ask Annie Ottley, the nurse parlour-maid; ask any unfortunate guest who comes to call on Ruby Shattery if Oscar is a retiring child?

Well, the child is father of the man. At seven years old he was the same, only more so, aided and abetted by his faithful ally, Lella, who ever remained his admirer and "mate."

Truly marvellous were their "parts," as Annie Ottley called their disturbing ways. "Them little comics. Did you ever see the like of them"?

At nineteen Lella and Oscar were still "mates." Love in the accepted term did not seem to enter into their vision. Lella fell in love with each successive curate of the church she attended, and finally married Henry Guard. It was at this time that she had visions of self-abnegation.

Lella liked discussing Lella. The Reverend Henry Guard was also partial to the subject. Her biggest difficulty was Thomas à Kempis.

"Have we *really* got to do all he says"? she asked.

Henry's own position was that he would sincerely try to go a good way with Thomas, and then leave the merciless old man to venture into his spiritual wilderness alone.

So he preached a gospel to Lella, which he himself was afraid to adventure, and Lella, being a shrewd girl, soon discovered that the handsome curate had feet of clay. But she continued to love him all the same.

Oscar, of course, was the first person she wished to tell of her engagement, but he forestalled her with news of his own.

"Hello, Lella," he said; "I was just coming to rout you out. You're the only person who'll understand. If I don't tell you I'll bust."

"Well, what is it"?

* By Ernest Raymond.

"Well, dash it all, Lella, I think I'm in love. I'm not sure, I think you'll have to help me out. But if I'm not quite in love, I'm almost."

"How topping! Who with?"

"Well, she's a Chiswick solicitor's widow's daughter."

After the first interview Lella gave it as her opinion that Dorothy was lovely, and her nose is "too, truly."

"Yes, she's a thing to possess, isn't she?" responded Oscar. "And, Lella, I've been thinking. What's so ripping about you is that you're such a wonderful audience; I mean you're such an appreciative listener. You are, really!"

Half-an-hour later Lella was walking back along the asphalt pathway with her own news undelivered.

She was happy, however, with that curious happiness that comes from having achieved a self-effacement.

Though Lella adored Oscar, she wondered if any woman could be frightfully happy with him. "It would want a big love."

Pretty, ordinary Dorothy proved a failure as the wife of dominating brilliant young Oscar.

Lella, who was big-hearted, prayed better at Oscar's wedding than she had done at her own.

"O God make them happy," she said. "Make Dorothy understand and give him what he needs. And make him gentle and patient with her. Bless and prosper his new engine." But, feeling this was too prosaic a word to offer to God, she altered it to "Bless and prosper his new enterprise."

Oscar and Lella both showed the Pool Shattery and Shattery Pool breeding in the great crisis of their lives.

After Dorothy's betrayal of him and the turning of the tide of public popularity, Lella had braved her husband's displeasure to stand by him.

In Oscar's final letter to her he wrote: "It's not a light thing to look at you and say 'never any more,' to know one is despised by all the world but one and to give up that one. It's really the only hard thing I've ever done." H. H.

TWILIGHT.

Twilight it is, and the far woods are dim, and the rooks cry and call.

Down in the valley the lamps, and the mist, and a star over all.

There by the rick, where they thresh, is the drone at an end,

Twilight it is, and I travel the road with my friend.

I think of the friends who are dead, who were dear long ago in the past,

Beautiful friends who are dead, though I know that death cannot last;

Friends with the beautiful eyes that the dust has defiled,

Beautiful souls who were gentle when I was a child.

—John Masefield.

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.

CLEAN MILK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was much interested to read the letter published in your issue of last week on the subject of milk cans. Does it not show how essential it is that practical commonsense should be brought to bear on every relation of life? We, as a nation, legislate to provide that the quality of milk and its percentage of cream must not be below a certain standard. We purvey it in immaculate tiled-lined shops, we deliver it in sealed bottles; we congratulate ourselves on the conditions under which milking has taken place, and all the time deadly germs may be multiplying within the sealed bottles, and a poisonous instead of a life-giving fluid may be delivered to unsuspecting customers, because the simple, the elementary precaution has not been taken of ensuring that the cans in which this milk travels to its destination are sterile and fit. I very much hope that legislation may be enacted making it compulsory that all empty milk cans to be adequately cleansed before being returned to the farmer who despatched them, and that steps are taken to inspect cans to be used for containing milk before they are filled and despatched. I am glad that your correspondent drew attention to this question. Nothing could be more important from the standpoint of the nation's health.

Yours faithfully,

PREVENTION IS BETTER THAN CURE.

REGISTRATION OF INTERMEDIATE NURSES.

The only Nurses who are now eligible for registration are what are termed Intermediate Nurses—those who have completed their three years' training and been awarded a Certificate since November 1st, 1919. The term of two years' grace for Existing Nurses has terminated.

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.

OUR PRIZE COMPETITION QUESTION.

September 15th.—What is the distinctive value of Night Duty in the scheme of training for nurses? What do you consider the advantages and the drawbacks of Night Duty?

The Midwife.

REPORTS ON PUBLIC HEALTH AND MEDICAL SUBJECTS ISSUED BY THE MINISTRY OF HEALTH.

A Memorandum on the Training of Midwives by Miss Janet M. Campbell, M.D., M.S., Senior Medical Officer for Maternity and Child Welfare, Ministry of Health, will shortly be issued.

The Memorandum, which is prefaced with a Note by Sir George Newman, deals with the proposed extension of the training period for midwives, the curriculum in the teaching of midwifery, the different agencies through which midwifery training is carried out, the suggested qualifications for teachers of midwifery, the position of "maternity nurses" and "handy women," and the relation of the midwife to the Public Health Service. It is written mainly for the information of Local Supervising Authorities, Training Institutions, Midwives and all concerned in their training, and is supplementary to Miss Campbell's previous Memorandum on the Teaching of Obstetrics and Gynæcology in the Medical Schools (Reports on Public Health and Medical Subjects, No. 15).

CHILD WELFARE AND HEALTH CAMPAIGN.

SOUTH AFRICA SENDS FOR A TRUBY KING NURSE.

Miss Jentie B. Paterson, Truby King nurse, will spend six months in South Africa. During that time she will tour the greater part of the Union, visiting various centres, under the auspices of the Child Welfare Societies of the Union.

Miss Paterson accompanied Dr. Truby King, the Director of Child Welfare in New Zealand, to Central Europe on behalf of the War Victims' Relief Committee, and last year the Minister of Health, New Zealand, arranged for her to accompany the doctor throughout both islands on a lecturing and demonstrating tour, under the auspices of the New Zealand Government and the Plunket Society. As our readers are aware, she is a trained nurse (Guy's Hospital), a certificated midwife, and a member of the Royal Sanitary Institute. She was a lecturer on anatomy and other subjects to the nurses in the training school at Guy's Hospital, and trained as a Truby King nurse at the Training Centre in London, under Dr. Truby King.

She is an able speaker, and, during the tour in New Zealand, lectured to parents, to nurses, to teachers, and to senior school children, on matters

of health and hygiene. A feature is made of lantern-slides, and general talks on health are made interesting to boys and girls. Drawing-room and afternoon meetings for women, for parents, for nurses, for midwives, for women's organizations, and for teachers and students, were arranged.

Meetings for mothers are, perhaps, the most important feature of the campaign, and at these meetings Miss Paterson gives an address and demonstration on mothercraft, followed by a discussion and friendly talk on family matters, with questions and answers.

Meetings for maternity nurses and midwives are also of great importance. The speciality of the Truby King scheme is breast-feeding and infant feeding, and specific advice is available for expectant mothers, and mothers with small babies.

The main aim and ideal of the campaign is to bring about a broad enlightenment and heightened interest in the health and fitness of the whole community—centring attention on mother and child—and on doing the best, physically, mentally and morally, for the rising generation throughout school life.

Miss Paterson's South African visit has the approval and support of the Union Department of Health, and of the Cape Province Education Department, and has been welcomed in other influential quarters. The visit is under the auspices of, and at the invitation of, the Child Welfare Societies of the Union.

An itinerary has been drawn up provisionally. According to present plans she will remain for the month of August in the Cape Peninsula, with headquarters in Capetown, and will visit Johannesburg and the Rand in September. Centres to be visited include Port Elizabeth, which has bespoken her for a fortnight at least, East London, Pretoria, Potchefstroom, Stellenbosch, Bloemfontein, Kroonstad, Kimberley, Maritzburg, Vryheid, Aliwal North and Oudsthoorn.

In Cape Town she gave a series of four special lectures to trained nurses and midwives (European only) and also lectured to coloured midwives.

THE CHILD WELFARE SYSTEM IN NEW ZEALAND.

New Zealand has the lowest infantile death-rate in the world, and it has been still further reduced this year.

America sent over a representative to study the Child Welfare system evolved by Dr. Truby King.

South Africa has sent for a nurse trained by Dr. Truby King himself while in London, and who has been studying his work in New Zealand for the last eighteen months.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,849.

SATURDAY, SEPTEMBER 8, 1923.

Vol. LXXI

EDITORIAL.

HOLIDAYS.

Most members of the Nursing Profession just now are thinking about holidays, the holidays they have just had, when they have returned with minds and bodies refreshed, and memories stored with pictures to be called up during the coming year, of lovely scenery, wonderful cities, works of art; of friendships made with congenial fellow-travellers; all these things enrich our lives and add to our happiness.

Or there are the holidays to come. Where shall the magic carpet take us? Limited by ways and means, which most of us in these days have to consider, there are yet many delightful holidays which can be planned to suit all tastes. For some a gay seaside place will appeal as providing the requisite environment; others find it "far from the madding crowd" in the solitude of lakes and mountains.

The first thing to decide is shall the time at our disposal be spent at home or abroad? Unquestionably, a holiday abroad has much to commend it. It need not cost more—it may, indeed, well cost less—than one spent in this country, yet the thorough change of scene, of food, of the people we meet, the interesting knowledge thus acquired holds a compelling attraction. We feel an indefinable elation and exhilaration as the boat casts off, and the shores of our island home recede. "The world is so full of beautiful things," it seems a pity not to adventure, and to see as many of them as possible.

But it may be, for one reason or another, we do not wish to cross the Channel or brave the uncertainties of the North Sea. Still, if we have enterprise, "this precious Isle set in a silver sea" holds innumerable possibilities. And do not let us forget that near its coasts are other islands supremely beautiful: the Isle of Man holds every variety of interest, in

lovely scenery of sea, lake, and mountain, of ruins, and museums of historical interest, of invigorating air, and delightful expeditions; the Isle of Wight is a garden of delight, and those who visit the Channel Islands and are untouched by their beauty, more especially by the splendour of the colouring, on land and sea, of Sark, must be unappreciative indeed of one of the fairest gems in the British crown.

If we do not adventure North of the Tweed what can be more restful than a holiday in the English Lake Country? We may leave the line, for instance, at Oxenholme, at Shap, at Penrith, and never see it again until, our holiday ended, we enter the train that takes us back to home or work, and, in the meantime, travelling by boat, or coach, or car, or on foot if we are good walkers, we shall have revelled in some of the most beautiful scenery the world can show. The grandeur of the lake and mountains of Wasdale, the peace of Crummock Water, the loveliness of Ulleswater, with its wonderful reflections, the serene beauty of Keswick, the attractions of Grasmere, more especially for lovers of Wordsworth, the beautiful valley of Mardale, the drive from Patterdale to Windermere, and others of equal grandeur and loveliness, are not only a delight when we actually enjoy them, but provide us with pictures which, stored in the back of our minds, can be brought out and enjoyed again and again when we have returned to great towns and cities. Not to know Lakeland is to miss a delight within reach of most, which we are the poorer if we have not enjoyed.

One thing which will add to our enjoyment is to "travel light." We need so little, we take so much, and find ourselves encumbered by unnecessary impedimenta. Then let us include in our equipment a faculty for enjoyment, and a spirit of adventure and enterprise, and then, come rain or shine—but shine for choice—the success of the holiday, which we hope will invigorate us for another year's work, is assured.

OUR PRIZE COMPETITION.

WHAT ARE THE CAUSES OF MALNUTRITION, ITS EFFECTS, AND SOME OF THE REMEDIES?

We have pleasure in dividing and awarding the prize this week between Miss Ména M. G. Bielby, Cranford, Middlesex, and Miss Beatrice Allbutt, Hove Villa, Brighton. Both Papers are of equal value.

PRIZE PAPERS.

By MISS MÉNA M. G. BIELBY.

Causes.—The commonest causes of malnutrition are improper food, lack of sunlight, pure air, sleep, vitamins, and open-air exercise. Insufficiency of means to purchase necessary nourishment is less often a cause than ignorance concerning the wise selection of foodstuffs and their right cooking. Overfeeding, especially with white bread, cornflour, bought cakes and pastries—which usually contain deleterious matter—and unwholesome sweets, at all hours of the day, accounts for as much malnutrition as underfeeding does. A widespread cause amongst children is lack of milk, partly owing to its high price and partly to the fact that the money which should buy it is wasted, economically speaking, on alcohol, tobacco, meat, and other “luxuries.” Constipation, with its poisonous effect, is the ally of improper feeding.

Decayed teeth are at once a cause and a result, leading to poisoning of the whole system, and, by imperfect mastication, the failure of the first stage of digestion.

Other contributory causes are irregular feeding, insufficient drinking of pure water between meals, and the consumption of pickles, spices, pepper, vinegar, and other condiments, which are eaten daily by the children of the industrial classes.

Of all causes of malnutrition alcohol is the most prominent, even when taken in small doses, either directly or indirectly through the parents, in all classes. This is responsible for many organic diseases, and the faulty metabolism to which so much malnutrition is traceable. Alcohol has an inhibiting influence on metabolism, especially by delaying oxidation or causing its deficiency, thus hampering the body by the presence of many effete substances. It creates want of appetite, injures the whole of the mucous membrane, and leads to defective lactation and defective ovulation. Thus alcohol taking by the mother is wholly disastrous to the child. A great deal of infantile malnutrition is really due to ante-natal infection with syphilis and parental alcoholism. The tobacco habit, too, hinders nutrition; in

the case of young children, by inhaling the fumes.

Effects.—The most obvious effects are rickets, tuberculosis, chest diseases, and a liability to all the infectious diseases of childhood, and constantly recurring “colds.” Adenoids, enlarged tonsils, neurosis, anæmia, and general debility are common results. Malnutrition provokes the incipience of potential disease, and is often the forerunner of severe illness. Defective growth, arrest or failure of brain development (up to the age of thirty years), mental deficiency, and insanity are other effects, in their turn leading to incalculable waste of funds subscribed to voluntary hospitals, and State funds. The dullard cannot receive education, and adds to the sum of immorality, venereal disease, insanity, and race degeneracy.

Remedies.—The most urgent are pure air and sunlight in the home. Total abstinence from alcohol and tobacco. Breast feeding by a properly fed mother. Whole wheat should be used for bread, puddings, and cakes, as in white flour all the nourishment except starch is absent. Fresh food, conservatively cooked instead of the nutriment being wasted by wrong cooking, including lettuce, spinach, raw apples, oranges, lentils, barley, and oatmeal should form the daily diet instead of tinned foods. Nature provides valuable green food free wherever sting-nettles and dandelions grow. Children under seven should be chiefly dairy-fed. Every growing person needs a quart of milk daily. Dripping, butter, cod-liver or olive oil, or herrings, supply essential fat. Pure food and the abolition of flies are necessary.

Environment plays an important part in nutrition. The child who, in addition to his material needs, secures love, joy, and harmonious surroundings generally, thrives better than that child who, while his material wants are supplied, is starved in the psychic side of his nature, or who grows up in a loveless, sordid atmosphere, in fear of harshness or violence.

By MISS BEATRICE ALLBUTT.

Malnutrition is a condition usually occurring in connection with some disease or abnormal condition. It may be due to improper, insufficient or unsuitable food, chronic constipation, defective animation, foul air, overwork, sleeplessness, tuberculosis, various diseases of childhood, such as marasmus, rickets, infantile scurvy, and congenital disease. Nutrition is often disturbed in nervous diseases, nutri-

tion of the muscle depending so much on the nerve cells, and that of the skin and joints is controlled by fibres running with the sensory nerves.

An ill-nourished person will be thin and emaciated; there will be loss of weight, poorness of blood, and general debility, so that the organs fail to perform their work through poorness of materials. The muscular activity will decrease, bones will appear prominent, as they will be unprotected by the necessary quantity of muscle and fat. Growth will probably be stunted, there being not sufficient repairment to admit development; or too rapid growth will soon outgrow the strength of a badly nourished individual.

A diet should be chosen accordingly. In many wasting diseases, the causes of which cannot be removed, a well thought out diet may help considerably towards maintaining the nutrition, such as supplying the necessary foods in a modified form, and cutting down any excess material which is too quickly manufactured, and will tend to promote that particular disease from which the patient may be suffering. A poorly nourished person may require a larger supply of fats and oils than can be digested; these may be had in various forms other than in their original state, which may be satisfactorily given without causing any digestive disturbance.

Each person should be subject to the quantity of food they are able to assimilate, and which prevents loss of weight and subsequently increases weight. Extract of malt, with or without cod liver oil, is beneficial in most cases; light massage may be given with the use of oil. Many patent foods are given without fresh milk, and meat juice or fruit juice may be given. For the relief of chronic constipation, abdominal massage may be good, small doses of liquid paraffin, and a laxative diet.

It is necessary that the food be properly digested, and converted into chyme and chyle before it can be absorbed into the blood; it is therefore well that any signs of indigestion be taken as a warning and the cause, if possible, removed.

The amount of leucocytes will be weakened and lessened through lack of nutrition; therefore germs are likely to enter the body and set up illness, as they will meet with little resistance. The inability to absorb food will result as badly as the lack of it; the blood will become poor from starvation, and the number of red cells be greatly reduced causing diseases of the blood. Iron is a

specific for chlorosis, usually Bland's pills, decreasing the amount until the hæmoglobin is normal. In pernicious anæmia, arsenic in the form of Fowler's solution is valuable. Rest in bed and light nourishing diet. Bone marrow extracts are also recommended.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Ramsey, Miss Jane Cooke, Miss M. E. Thorpe, and Miss A. M. Burns.

QUESTION FOR NEXT WEEK.

What is the distinctive value of Night Duty in the scheme of training for nurses? What do you consider the advantages and the drawbacks of Night Duty?

NURSING ECHOES.

We had the pleasure of inspecting the United Nursing Services' Club, Ltd., at 34, Cavendish Square, London, W., last week, after being most courteously received by Miss M. F. Steele, R.R.C., the very capable Secretary. We lay great stress on the value of "courtesy" where public officials are concerned, because our experience has sometimes been quite otherwise, and, as we know, "more flies are caught with honey than vinegar."

There is an atmosphere of professional responsibility in connection with this delightful Club for trained nurses, which merits the support of the profession, and we are pleased to know that membership has now been extended to members' professional friends, as it is realized that as the Great War recedes into the distance the original *clientèle* will naturally diminish.

No. 34 is a charming house, but is already too small to meet the needs of the Club. Thus a scheme for extension at the back is contemplated, and will soon be taken in hand. A larger restaurant and more bedrooms are required, and when you have passed through the tasteful, exquisitely clean rooms, and sampled the "home-made" dainties at tea, the reason for extension is apparent. Then we all know that no Club can meet the great expenses in London to-day unless there is room for a large membership.

The Directors and Committee are all nurses, to whose names D.B.E., C.B.E., and R.R.C. are almost invariably attached.

Considering the standard of the Club, the fees are exceedingly moderate. Entrance fee,

£1 1s. Town members pay £2 12s. 6d., country members £2 2s., and overseas members £1 1s. annually. Single bedrooms cost 6s. 6d. and double rooms 10s. 6d. per night. These charges include service, light, and baths. Gas fires on the slot system are in all the bedrooms, and bed or dressing rooms, including bath, are available at 2s. an hour, for changing for theatres or parties. Breakfast and luncheon *à la carte* are served from 1s. The Club Dinner, which we have heard widely praised, costs 3s. 6d.

The Rules are very simple, and made for the general comfort and good organisation of the Club.

The Secretary, Miss M. F. Steel, has evidently the keen eye of the "commander." Not a speck of dust anywhere—everything apparently in its right place—the lovely flowers arranged by "just the touch."

The International School of Nursing and Child Welfare for Russia, which is non-political, has been formed to establish in Russia a Training School for Public Health and Child Welfare Nurses.

The Committee, of which Sir William Hale-White, K.B.E., M.D., is Chairman, realising the importance of Health Education in all countries (the lack of which in Russia is a grave danger to the whole of Europe), have formulated a scheme for the training of Russian Nurses in the prevention of disease, the welfare of children, and the care of the sick. A scheme for establishing a Training School for Nurses was placed before the Department of Health and Education in Russia some time ago and gratefully accepted.

Among the chief reasons given as the cause of disease and high mortality by the Russian Health Department are:—

"Absence of general knowledge relating to nursing and the care of mothers and children."

"Impossibility of procuring executive *personnel* to give nursing instruction to nurse students."

The scheme includes a Central Training School in Moscow, from where nurses will be drafted to Hospitals, Child Welfare Centres, Homes and Districts, especially in the famine area. The trained Russian *personnel* would remain under the supervision of a visiting Superintendent for some months after appointment, who would advise and help in any difficulties in reorganising the nursing side of the work. The Child Welfare Centres would undertake the care of children up to fourteen years, and provide any necessary treatment of a special nature not obtainable in the ordinary

rations. At the same time they would be training nurses in the care of children, and in the prevention of disease.

The estimated cost will be £10,000 for one year. The Russian Government are supplying housing accommodation, wood, lighting, water, and free transport for equipment and medical supplies. They have also agreed to include the expenses of carrying on the Training School after the Unit leaves the country in their State Budget.

The prospectus states:—

"It is hoped that the people of England will give £5,000 towards the needed fund, and that the remainder will be subscribed from other countries. France has already guaranteed a considerable sum of money, and the scheme is being supported by organisations, private individuals, and nurses in Switzerland, Czecho-Slovakia, America, and Great Britain."

Miss Muriel A. Payne the Hon. Secretary, in a "Report of the Medical and Nursing Conditions in Russia," writes:—

"The Education of Nurses, both in the prevention of disease and the care of the sick, would go far to meet the terrible conditions now existing in the country. Quite 80 per cent. of the deaths among the children could be prevented if the nurses in charge had the knowledge. I studied this question very carefully last year in the area I had under my charge, where we were feeding 67,000 people a day. I was able specially to watch the results with the children in the Homes. Comparatively strong boys and girls died simply and solely for want of special treatment to help them through a period of sickness which should have only lasted a few days. In one Home, where some of the children had dysentery, the Matron fed them on a diet of oatmeal, cod-liver oil, and black bread. The children not yet infected were having their meals in the same room with the sick children. They all soon succumbed. During the whole time I was in Russia I was unable to save the life of one child under a year old, principally owing to the want of knowledge on the part of the women responsible for their welfare.

"There are thousands of people living in the villages of Russia utterly unable to obtain any medical assistance whatsoever. Typhus and such diseases spread unchecked throughout the country for want of education, nurses, and medical care."

When we turn to the Patrons and officials of the movement we find amongst the former a Bishop, the leader of the Labour Party, and a distinguished actress, but no Registered Nurse! A straw shows the way the wind blows. The whole appeal is for highly skilled *nursing*. It would appear that neither politicians, the Church, the Stage, or medical

science, without our practical aid, is capable of bringing relief. Why, therefore, are Registered Nurses not recognised and represented amongst the patrons?

Further information can be obtained from Headquarters, 20, Grosvenor Gardens, S.W.1.

At a recent meeting of the Steyning Board of Guardians Mr. Mews moved the adoption of the proceedings of the House Committee:—

The House Committee had before it a letter from the Inspector of the Ministry of Health (Mr. J. S. Oxley, C.B.E.) replying to a missive addressed to him by the Guardians, in reference to the difficulty experienced in obtaining probationer nurses since the period of training had been increased to four years, and the committee recommended that the General Nursing Council be informed of the difficulties and asked to consider the question of reducing the period of training to three years as formerly.

Infirmaries which are unable to rank as complete training schools, with a three years' term of training, will find difficulty in obtaining probationers for the affiliated scheme. This difficulty must be faced, as it is not fair to attempt to rank as a training school unless the clinical material for nurse training is available. Too many inefficient nurses have been turned out by such a system in the past.

To "bob" or not to "bob" the hair in hospital appears to rank as a matter of first class importance in the general press:—

A *Weekly Dispatch* representative made inquiries at London hospitals in order to discover whether bobbed hair was a bar to probationers, and the following are some of the replies:

THE LONDON HOSPITAL.—"We do not take nurses with bobbed hair."

CHARING CROSS HOSPITAL.—"We have no objection to bobbed hair—so long as the nurses are tidy."

ST. BARTHOLOMEW'S HOSPITAL.—"Nurses have a uniform, and bobbed hair is not part of it. We prefer probationers without bobbed hair."

ST. GEORGE'S HOSPITAL.—"We judge applicants on their merits: the question of bobbed hair does not enter into our deliberations."

THE MIDDLESEX HOSPITAL.—"We have no bar, but we object to bobbed hair on the grounds of untidiness."

THE LONDON TEMPERANCE HOSPITAL.—"We have no objection to bobbed hair nurses."

LONDON FEVER HOSPITAL.—"We are in

favour of bobbed hair, because it lessens the chances of infection, and because we have to wash our hair every time we go out to friends."

ST. JOHN'S HOSPITAL.—"We are very much against bobbed hair, and, while we do not bar probationers on this ground, we make it a condition that they must let their hair grow when admitted."

The *Insch Nursing Association* has provided its nurse with a motor-cycle. An excellent idea, to ride which should be much less tiring than using the ordinary cycle provided for district nurses.

Miss Jentie Paterson, Truby King Lecturer, opened her campaign in the interests of Child Welfare and Health in Cape Town in an atmosphere of great enthusiasm, and had a splendid "press," the *Cape Times* and the *Argus* devoting columns, including leaders, to reporting her teaching. At the opening meeting, held in the fine Banqueting Hall, the Chair was taken by the new Officer for Health for Cape Town, Dr. T. Shadick Higgins, and was supported by a most representative "Nursing" platform.

Miss Paterson was the guest to luncheon of Mrs. Bennie, President of the Western Province Branch of the Trained Nurses' Association, where she met the Matrons of the various hospitals of the Peninsula.

The *Cape Times* states editorially:—

"The European infantile mortality rates in both England and South Africa are seen still to be disastrously high when compared with New Zealand's figures. Sixteen years ago, when Dr. Truby first started his magnificent work, the New Zealand infantile mortality rate was about 80—the present English rate. To-day it is 41. It is obvious that South Africa must look to New Zealand for enlightenment in this vital matter of child welfare. We have only to learn how New Zealand has organized the care of mothers and children and to put the lessons to practical use, and we can save nearly half the babies that now die. New Zealand has, however, no mysterious secret to impart. The knowledge that is hers is also ours. But what New Zealand has done is to organise the dissemination of this knowledge throughout every stratum of society. She has taken the pains to teach mothers how to be mothers; she has placed sound practical knowledge at the disposal of every woman; and she has not made the mistake of imagining that only the women of the poorer classes need teaching in maternity matters. We sincerely hope that every woman in the Peninsula will make it her business to attend one or other of the many lectures Miss Paterson is giving this month."

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

We have been asked by several members to convey to Miss M. Breay thanks for, and appreciation of, her exhaustive Report of the Meeting of the International Executive Meeting, and Conference, recently held at Copenhagen, and indeed we are of opinion that not only the members of our own National Council, but those composing every affiliated Council all over the world, owe her a very deep debt of gratitude for this important bit of work. Miss Breay is now away from "Grub Street," enjoying her short holiday, so that we may say "thank you" for all her devotion to our Profession in her absence.

The Constitution of our National Council, membership of which is restricted to Trained Nurses, will be found on page iv. A meeting will be held early in November in London, to which self-governing Leagues and Associations of Trained Nurses may make application for admission, so that they may affiliate with, and be officially represented at, the forthcoming meetings of the International Council of Nurses.

If the Balkans are at peace, it is probable that an interim meeting may be held at Budapest next year—and then we must make an effort to be fully represented by official and fraternal delegates at Helsingfors in 1925. Would it be possible to arrange a Delegates Fund, in connection with our National Council? The matter will be down for consideration in November.

British Nurses need all the personal communication possible with their colleagues abroad, and travel is the most liberal and delightful method of education. We still suffer from insularity and nothing is more healthy for us than "seeing the world."

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

The members of the Executive Committee of the Canadian National Association of Trained Nurses, wish to announce that the Association has established a National Office at 609, Boyd Buildings, Winnipeg, Manitoba, Canada, with a full-time Executive Secretary in charge.

Any material relating to the undertakings of the National Council of Trained Nurses of Great Britain and Ireland, which we may wish to place on file in the National Office, will be

received with appreciation, and any information we may wish to obtain, which is available, will be gladly sent to us upon request.

The Constitution of the Canadian National Association of Trained Nurses, adopted in 1918 and revised in 1922, is very similar to our own, and provides that the Association shall consist of the nursing organizations whose members are graduates of training schools connected with hospitals; that is, to certificated hospital nurses. The training must include practical experience in caring for men, women and children, together with theoretical and also practical instruction in Medical, Surgical, Obstetric, and Children's Nursing.

The meetings and election of officers take place biennially. At other times the President may call an Executive Committee by request. The Association has as its official organ "The Canadian Nurses Magazine" issued by a Publication Committee of three members.

The Association has for many years been affiliated to the International Council of Nurses, and it will be remembered that when the International Meeting took place in London in 1909, the late King Edward VII granted special facilities to the Canadian Delegation to visit the Mausoleum at Frogmore, to place a wreath on the exquisite Tomb of Queen Victoria, a special privilege these very patriotic Nurses greatly appreciated.

We hope Canada may invite the International to foregather in the glorious Dominion before many years have passed.

INTERNATIONAL COUNCIL OF NURSES.

The following Resolutions were unanimously adopted at the recent meeting at Copenhagen:—

To Miss Adelaide Nutting, R.N.

The Executive Committee of the International Council of Nurses desires to express to Miss Adelaide Nutting their cordial thanks for her interest in the International work and professional advancement of Nurses, and to assure her that they are deeply conscious of the importance of her help and inspiration for the success of the International Council of Nurses in the future.

To Miss A. W. Goodrich, R.N.

The Executive Committee of the International Council of Nurses desires to convey to Miss Anna Goodrich, D. Sc., its pleasure and congratulations, on hearing of her appointment as Dean of the University School of Nursing at Yale, a position she is so well qualified to fill from her service in the cause of Nursing Education, and her interest in the professional advancement of nurses, and wishes her all success in the new and interesting work which she is now taking up.

LEAGUE NEWS.

The current issue of *League News*, which constitutes the Annual Report, including the names and addresses of the Members of the League of St. Bartholomew's Hospital Nurses, and is a delightful link with Bart.'s nurses all over the world, is naturally triumphant in tone, as its Nursing School took an active part in most of the Octocentenary Functions, and naturally recalled with pride that there were Nursing Sisters as well as Brothers for years before a medical staff was evolved and attached. We have reported the success of the Nurses' financial appeal in aid of the hospital, and their presentation of a cheque for £1,000 to found a League Bed for the sick, and now *League News* reports that our President, Miss Helen Todd, has been made a Governor of the Hospital, and has been presented with a bronze Commemoration Medal. On July 7th the Sisters and Superintendents attended the Committee Room, when they each received from the Treasurer, Lord Stanmore, the medal.

Quotes of letters of congratulation from members are inserted from Europe, Asia, Africa, Canada, South America, many of the United States of America, India, and the Federated Malay States.

The following little poem quoted from *League News* will find an echo in many hearts:—

St. Bartholomew's Hospital Octocentenary.

FROM AN OLD BART.'S NURSE.

Eight hundred years have passed across thy head
 Since Rahere first thy doors flung open wide,
 Which ne'er have closed: and may they thus abide
 When generations yet unborn are dead.
 Dear Bart.'s, though far away across the seas,
 You are a cherished memory to me;
 And on this joyous day I send to thee
 Blessings and wishes; but still more than these,
 Deep gratitude for all that thou has taught:
 Knowledge, and loyalty, and self-control.
 Thy sons and daughters never will forget
 Thy grey old walls, the fountain and the Square.
 Around the Seven Seas from Pole to Pole
 Are found thy children. Great to thee our debt;
 Heartfelt the greetings which to-day we bear.

MADELEINE COOPER

Lahore, India.

(M. B. Davies, 1903-1907).

To Miss E. Bryan falls the honour of commemorating our dear Founder.

"LEST WE FORGET—"

This is a momentous year for our Hospital, and the *League News* cannot run short of "copy," but I venture to hope that these few words re our Founder will not be crowded out.

The historic events of June, which, as I write, we are anticipating, will recall to many of us memories of "Isla Stewart," and thoughts of what those events would have meant to her—notably the building of the first instalment of the new Nurses' Home. But it is only just a little message from her I want here to pass on—imaginary—fantastic, perhaps, to some, but real to us.

I am living not far from where our Founder passed from the adventure of this life to the greater adventure of the life beyond, and I made a pilgrimage to the house in which the event took place.

Sad memories were crowded out by the beauty of the spot—the sun shining on radiant gorse, the birds singing—and I thought of the peace which must have fallen on her when, from the turmoil of the city and the burden of her work, she emerged to this beautiful country.

The house lies in a fork between two lanes with a triangular piece of grass in front, and as I stood and thought of her I suddenly found in the grass an isolated and exceedingly beautiful bloom of forget-me-not, and this is the message I felt she sent to me, and which I pass on to you.

The Isla Stewart Memorial Fund is being carefully conserved, so that a member of the League may have at her disposal financial aid to enjoy that most educative mental uplift of meeting, in International Conference, colleagues from all over the world when the opportunity next presents itself.

No member of the League can have read Miss M. Breay's brilliant Report of the recent Nursing Conference at Copenhagen without realising how important it is for the status of British Nurses that they should take part in these gatherings, and without experiencing a thrill of pride that the Report was written by a member of the League of St. Bartholomew's Nurses, and one who, by the by, not only does the work, but generously does it gratuitously.

NURSING AND NURSING EDUCATION IN THE UNITED STATES.

(Continued from page 126.)

Conclusion 4 of the Rockefeller Committee on Nursing and Nursing Education in the United States, is: "That steps should be taken through State legislation for the definition and licensure of a subsidiary grade of nursing service, the subsidiary type of worker to serve under practising physicians in the care of mild and chronic illness, and convalescence, and possibly to assist under the direction of the trained nurse in certain phases of hospital and visiting nursing."

This is a conclusion which has aroused considerable criticism, and, lest it be thought that we are not conversant with the conditions in America which led to this recommendation, we quote that of Dr. Richard Olding Beard in the *American Journal of Nursing*. Dr. Beard writes:—

"At the outset of its discussion of this subject the Report suggests a difference of opinion among physicians upon this matter. It affects those who call for higher education, and those who advocate lesser training for the nurse. It does not suggest any division of judgment among nurses. Its recommendations upon this subject

savor of compromise and are hedged about with precautions.

"As I have already said it disclaims an economic reason for the development of the sub-nurse. Upon a wage basis it admits no room for any material distinction between types of nursing service. Yet it proposes the institution of 'sub-nurses' with nine months' training and without high school education, of whom the public cannot expect a salary level much below that of the registered nurse, while the latter still carries a high school diploma and completes from three to five years of professional education, and would earn practically the same wage.

"It finds the sole argument for the institution of the 'sub-nurse' in the recognition of a distinct service she may render, and at practically the same cost as the graduate nurse, in the care of mild and chronic illness or convalescence.

"One cannot help but ask wherein society is to be profitted in receiving less valuable service at approximately the price of superior nursing. Apparently this will not lessen the burden of illness for those upon whom it falls most heavily.

"The distinction between the two types of illness to be served severally by the graduate nurse and the 'sub-nurse' is to be made, the Report suggests, by the physician; but how often is the physician not called in in 'mild cases'; how often does the mild case drift into the serious illness; how unexpectedly do serious and even fatal symptoms appear in convalescence; how difficult to handle, even for the most accomplished nurse, is the chronic patient!

"The Report surrounds the proposed institution of the 'sub-nurse' with difficult and involved safeguards and conditions. It recognises clearly that 'the dangers of a loosely defined and unregulated group of partially trained workers in the same field as a more highly educated type constitutes a real and serious complication.' It refers to graduates of short courses who 'after 48 hours' training have practised as graduate nurses, and received 5 dollars a day for their services! It says that the control of 'sub-nurses' after graduation 'is loose and unsatisfactory,' so the Report (in *Conclusion* 9) proposes legislation to regulate the education and the practice of the 'sub-nurse.'"

Dr. Beard points out that the Committee does not suggest how the expense of the course of eight or nine months' nursing education in small unaffiliated general hospitals is to be met, and that apparently it does not realise that the "sub-nurse" will not be able to return to the hospital the value of her education in nursing service—a value which the institution certainly receives in full during the three years of the training of the regular nurse.

"There yet remains the open question of the social demand for the 'sub-nurse.' There is room for doubt whether anyone wants nursing service of an inferior type. And there remains the larger doubt whether the young woman of good red blood and normal ambition is to be

found anywhere, in any material numbers, who wants to be a 'sub' of any kind. It has not yet been demonstrated that she does.

"With so clear an eye to the economics of the present nursing situation it is strange that the Committee has not realised the economic results of the invasion of the nursing field by a new and inferior type. As the figures of the Report show, the graduate nurse of to-day is unemployed, upon an average, one-fourth of her time. The estimate is further made that over one-fourth of her time is occupied with mild, convalescent, or chronic cases which are to be assigned, theoretically, to the "sub-nurse." This done, the graduate nurse would be left without employ for more than one-half of her time. The inevitable economic deduction follows that her present wage must be increased by one-third; or that, in the proportion of one-third of her group, she must go out of business. The inevitable end result is the reduction of the registration of student nurses in hospital services just when an increase is most needed, a reduction that would spell economic disaster to the hospitals—a deepening of the privation they have been suffering since the war. The economic shortsightedness of the proposition is astonishing.

"Hardly can we dismiss the revolutionary proposal of the 'sub-nurse,' not original, by the way, with the Committee, without reference to the Committee's own recognition that an inferior type of nurse has always been with us. If 150,000 practical nurses still remain in the United States why add to the mass of inferiority by the introduction of a new sort? It is one of the virtues of the practical nurse that she does not pretend to an education save in the school of experience and hard knocks; that she usually recognizes her limitations; that she seeks but a lesser wage. The 'sub-nurse' with her store of little knowledge will be dangerous simply because she does not know the end of her tether. No tag will efficiently label her. No law will keep her within safe bounds. No economy will be realised, as the Report admits, in her employ. The mere fact that a certain section of the medical profession wants, or think it wants, a less highly-trained nurse, is not enough."

Dr. Olding Beard has marshalled his arguments inexorably and convincingly. We do not think they can be gainsaid. We do not believe that the difficulty of attending chronic cases is to be met by creating an inferior type of nurse, but by the appropriate apportioning of cases. Anyone who has suffered from a chronic illness—for instance, rheumatoid arthritis—knows the comfort of being handled by an experienced nurse. We must remember that there are a large number of nurses who between 45 and 60 years of age are capable of doing good work, and have many years of experience behind them, who feel the strain of acute work, and are glad to take the milder and more chronic cases. Again, nurses who have had a long spell of acute work are quite glad, from time to time, to take a case which does not make so

large a demand upon their vital forces. Sister Bergliot Larsson told the International Council of Nurses recently that a nurse cannot do acute work continuously—"she would die." There is a strong case, therefore, for keeping the mild and chronic cases in the hands of graduate nurses, firstly because the patient will be best served, and secondly because this ought to be kept for those who, being efficiently trained, and with further experience are best qualified to give it. The question is mainly one of organisation.

(To be continued.)

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 365, June 9th.)

I closed my last article on this matter with the words, "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."

This referred to the Guy's Hospital scheme promoted by Sir E. Cooper Perry, entitled the "Incorporated Society for Promoting the Higher Education and Training of Nurses," which, signed by some seven financiers in the City of London, provided for the absolute control and subjugation of Nurses, and which, in a modified form, emerged in 1915 as the College of Nursing, Ltd.

To protest against the application of these wealthy laymen to the Board of Trade for the Incorporation of the Society the nurses of the day in England, Scotland, and Ireland held meetings of vigorous protest, and attended in force in a Deputation which was received at the Board of Trade Office on May 5th, 1905.

The Societies represented were:—

The British Medical Association.

The British Gynæcological Society.

Royal College of Surgeons of Ireland.

The Royal British Nurses' Association.

The Society for the State Registration of Trained Nurses.

The Matrons' Council of Great Britain and Ireland.

The League of St. Bartholomew's Nurses.

The Scottish Committee for Promoting the State Registration of Trained Nurses.

The Irish Nurses' Association.

The Metropolitan Infirmiry Matrons.

The Central Hospital Council for London.

For the London Hospital—Miss Mackintosh, Assistant Matron.

For the Signatories for Incorporation of the Society, only Mr. Cosmo Bonsor, Treasurer of Guy's Hospital, attended, together with Miss Swift, Matron, Guy's Hospital, Miss Catherine J. Wood, Sir Henry Burdett, and Miss Maule of the Midwives Institute.

A full report of the proceedings appeared in this JOURNAL on May 13th, 1905, and the cogent argu-

ments used by every speaker against the subjugation and control of the Nursing Profession by City millionaires and medical practitioners is as applicable to the College Constitution as it was to the Incorporated Society for Promoting the Higher Education of Nurses; so few alterations (excepting the name) appear in the Memorandum and Articles of Association of the two organisations.

The Deputation at the Board of Trade was received by Mr. Barnes, Comptroller of the Companies' Department, and in opening the proceedings he stated that an immense number of objections had been received to the scheme. A pile of these about a foot high was on the table at his side, and the President of the Board of Trade (Lord Salisbury) thought it only just and right that these objections which appeared so important to those who advanced them should be heard in detail. He explained that the Board's only power was to refuse the Society to incorporate without the word "limited," to omit which word the Society had applied for. (In 1916 the College dare not risk the inevitable opposition to such an appeal, and hurriedly applied for incorporation as a limited company.)

Sir James Crichton-Browne pointed out that the Royal British Nurses' Association, through its Royal Charter, had all the powers required, and pointed out that the Association opposed the application of the Society because "it was inopportune, and a gratuitous and unnecessary encroachment on the work of the Association, not only so, but it was vicious in principle. Two Bills for the Registration of Nurses were before the House. "Was it," he asked, "expedient that legal status should be given to this Society, whose object appeared to be to steal a march upon the registrationists (prophetic words, indeed!) so as to obtain, before the legislation which all hoped and believed was inevitable, that status which they could not afterwards hope to gain."

He proposed that consideration of the application should be postponed until after the Select Committee of the House of Commons, appointed to inquire into the expediency of Registration of Nurses had reported to the House.

[This suggestion was ultimately agreed to by the Board of Trade].

Mr. Charles Burt and the Hon. Sydney Holland (Lord Knutsford) advanced the views of the Central Hospital Council for London; the former thought the application should be refused at once, as it would be a close corporation, and would not satisfy the nurses, and he was quite sure it would not satisfy the hospitals. The Hon. Sydney Holland said the Society he represented objected to the principle of Registration altogether. The difference between the proposed Registration by the Society, and that by the State was that the former would probably fail, while State Registration would succeed. In relation to a Matron's reference being a necessity for registration, such a reference would be perfunctory; thus, at the London Hospital if they had anyone not particularly good they could shunt her on to the R.B.N.A.

("Shame.") This from indignant nurses. The Hon. Sydney appeared to thoroughly enjoy the protest. "What," he asked, "did Lord Rothschild know about nursing? Where were the nursing authorities? All the signatories to the Memorandum were laymen (pot calling kettle) with the exception of Mr. Cosmo Bonsor, who as Treasurer of Guy's knew something of nursing." Mr. Bonsor here repudiated all such knowledge; he "knew nothing." "Then, heaven help the thing," said Mr. Holland. "I thought that at least you did know something."

For the Royal College of Surgeons of Ireland Mr. Swanzy (Vice-President of the Royal College) made an admirable speech. He said the full control of the proposed Society was vested in seven laymen (same with the College) not in the nurses themselves; but nurses should govern themselves. . . . Any other system would be intolerable—it *is*—and contrary to precedent in other professions. Modern nursing owed its high standard almost entirely to women. Further, nurses should have control of the money they themselves contributed. (When does the G.N.C. intend to issue a balance sheet?) One mode of Registration on a sound basis would be acceptable to Ireland, but the present suggestion was absolutely unsound.

Sir Victor Horsley, on behalf of the British Medical Association, said the time was long gone by for private societies to carry out State purposes. The scheme provided for no representation of any kind for medical practitioners or nurses. They were absolutely with the R.B.N.A. as to the infringement of the Royal Charter. The medical profession was acting in the public interest in supporting State Registration. The nurses had been hardly used, and State Registration would for them be a measure of justice. (Not as administered by the College Caucus.)

Dr. Langley Browne, for the Midland Medical Society, said the present scheme was an attempt to make another corner in nurses on a larger scale. Lawyers, doctors, and even the clergy managed their own affairs, and the most acceptable method of organisation for nurses would be a well considered measure of State Registration.

Miss Isla Stewart, on behalf of the Matrons' Council and League of St. Bartholomew's Hospital Nurses, said the Government of nurses should be largely in their own hands. When the intentions of the City financiers (in conjunction with the officials of Guy's Hospital) were made public, a public meeting of nurses was held, when resolutions emphatically protesting against the attempt of the signatories to the Memorandum of the proposed society to obtain control over nurses were passed.

The chief reasons why the societies she represented objected were that the signatories were gentlemen who had no expert knowledge of nursing, and that no provision was made for the direct representation of nurses on the Governing Body. The government of the Nursing Profession was not a philanthropic scheme. There were large numbers of nurses, fully trained, competent to

carry out the necessary work, and to defray their own expenses.

ETHEL G. FENWICK.

(To be continued.)

APPOINTMENTS.

MATRON.

Bridgwater Hospital.—Miss Leah Gold, S.R.N., has been appointed Matron. She was trained in infectious work at Wollenford and Crowmarsh Isolation Hospital; and in general nursing at Chesterfield Royal Infirmary. She has held the positions of Ward and Theatre Sister, Home and Night Sister at Chesterfield; Night Sister and Assistant Matron at Wolverhampton General Hospital; and obtained a certificate for housekeeping at the General Infirmary, Salisbury.

Miss Gold holds the certificate of the Central Midwives Board.

St. Peter's Hospital, Henrietta Street, W.C.—Miss Ella Cantlow has been appointed Matron. She was trained at the Royal West Sussex Hospital, Chichester, and has since been Holiday Sister at St. Mark's Hospital, City Road; Theatre Sister at Tooting Military Hospital; and Housekeeping and Home Sister at Hampstead General Hospital.

LADY SUPERINTENDENT OF NURSES.

Montgomery County Council.—Miss Elizabeth Ford has been appointed Lady Superintendent of District Nurses. She was trained at St. Andrew's Hospital, Bow, E. She has held the position of Staff Nurse at the South Western Hospital, Stockwell; and of Health Visitor and Inspector of Midwives at Rochdale and Nuneaton. She has also been Matron of the General Hospital, Teian, Hupeh, China; and has since been Night Superintendent at Sculcoats Infirmary, Hull.

NIGHT SISTER.

Miller General Hospital, Greenwich.—Miss E. H. Darling has been appointed Night Sister. She was trained at St. Mary's Hospital, W., where she acted as Holiday Sister. She has also been Staff Nurse at the South London Hospital for Women; and the Victoria Hospital for Children, Chelsea. Miss Darling holds the Certificate of the Central Midwives' Board.

SUPERINTENDENT NURSE.

Parish of Devonport Infirmary.—Miss Matilda Church, S.R.N., has been appointed Superintendent Nurse. She was trained at the Holborn Infirmary, and was pupil and Assistant Midwife at St. Pancras Home. She has been a Maternity Sister in Charge, and also Staff Nurse at the County of London War Hospital.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Mary L. Tarver is appointed to Huddersfield Maternity Branch, as Superintendent; Miss Sarah Case, to Manchester (Ardwick), as Assistant Superintendent; Miss Elizabeth M. King, to Reigate and Redhill, as Senior Nurse; Miss Susie E. Bayliss, to Silvertown; Miss Annie B. Bower, to Penzance and Madron; Miss Amy E. Friend, to Woolwich; Miss Ann E. Hughes, to Exeter; Miss Lilian M. Mason, to Penzance and Madron; Miss Barbara A. Pirie, to Royston; Mrs. Betsy Teal, to Rothwell; Miss Gwen G. Williams, to Mytholmroyd.

The Editor will be obliged if, in sending appointments for insertion, ladies will state whether they are State Registered Nurses.

HOSPITAL WORLD.

The Duke and Duchess of York have arranged to visit Manchester on November 6 to receive the cheque which has been subscribed in aid of Manchester Hospitals through the Lord Mayor's Million Shillings Fund.

The famous tomb of Guy, the founder of the hospital in South London bearing his name, is to be re-opened for public inspection.

Guy was buried in the crypt beneath the chapel of the hospital, but as the only means of reaching it was through the Matron's kitchen little public interest was taken in the resting-place of London's benefactor. A new entrance has now been provided by the hospital authorities.

In addition to Guy, there lie buried in the crypt Astley Cooper, the famous surgeon; Joy, the first treasurer of the hospital; one or two students, and William Hunt, who made a handsome bequest to the hospital one hundred years ago.

A movement is on foot in Southwark to acquire the grounds of Bethlehem Hospital as a public park. The hospital governors consider the present accommodation as falling short of modern requirements, and are contemplating rebuilding the hospital on another site.

Brought in a state of collapse by a policeman to the Medway Infirmary, Chatham, John Frank Smith died next day. His last words to the nurses, it was stated at the inquest yesterday, were: "This is like being in heaven."

Sir Philip Sassoon, M.P., Hon. Treasurer of the Royal Northern Hospital, has received a donation of £400 from a gentleman who wishes to remain anonymous. The special appeal fund is now £2,600, but an additional £17,400 is required to reopen the 70 beds which have been closed (owing to lack of funds) in the Royal Northern group of hospitals.

Swansea Hospital has received the balance, after payment of duty, of the bequest of the late Mr. David Evans, a Swansea working man, who left £2,000, his life savings, to the hospital for the naming of two beds.

The Scottish Board of Health announce the opening of a register of health visitors. Persons discharging on behalf of a local authority all or any of the duties of a health visitor under a scheme of maternity service and child welfare or of tuberculosis or otherwise, and also persons discharging all or any of the duties of a school nurse under a scheme of school health administration, may apply for certification and registration. Forms of application will be supplied by the Board, 121A, Princes Street, Edinburgh.

If my husband shows off his airs I give him the baby to mind—that soon cools him down.—*A Woman at Bow County Court.*

LECTURES ON INFANT CARE.

A course of elementary lectures on Infant Care, especially intended for creche nurses and probationers, will be held at Carnegie House, 117, Piccadilly, W. 1, on Thursdays from 7.30 to 8.30 p.m., from October 4th to December 6th, 1923. The lecturer for the whole course will be Dr. Flora Shepherd, and the subjects for the first four lectures will be as follows:—

Thursday, October 4th.—"Elementary Anatomy. How the body is built up. The structure of the bony frame, muscles, nerves, blood and blood-vessels, and digestive organs."

Thursday, October 11th.—"Elementary Physiology. Simple principles of movement, growth, digestion, &c."

Thursday, October 18th.—(a) "Food and the requirements of the body"; (b) "Our general dietary."

Thursday, October 25th.—(a) "Milk. The difference between human milk, cow's milk, dried milks, &c." (b) "Patent and proprietary foods."

This course, which is in preparation for the elementary creche nurse's certificate, instituted by the National Association for the Prevention of Infant Mortality and the National Society of Day Nurseries, is equally suitable for voluntary workers in day nurseries. Matrons of creches, not less than two of whose probationers or other workers are attending the course, are invited to accompany their students free of charge. Fees for the whole course of ten lectures, 10s. Tickets, which are not transferable and must be applied for in advance, may be obtained from Miss Elsie Reed, Secretary, National Association for the Prevention of Infant Mortality.

LECTURES AT NOTTINGHAM.

A special course of lectures on Infant Care for all interested in infant welfare will be held in the Lecture Theatre, University College, Nottingham, from September 24th to 28th, 1923, inclusive. Two lectures will be given each day, from 12.30 to 1.30 p.m., and from 3.30 to 4.30 p.m. The syllabus is as follows:—

September 24th.—12.30-1.30 p.m.—"Toxæmias of Pregnancy." 3.30-4.30 p.m. "Puerperal Infection." By A. E. Giles, M.D.

September 25th.—12.30-1.30 p.m.—"Common Diseases of the Skin in Infancy." By E. F. Skinner, M.D. 3.30-4.30 p.m. "Venereal Disease." By E. B. Turner, F.R.C.S.

September 26th.—12.30-1.30 p.m.—"Tuberculosis as it affects the Mother and Infant." By R. C. Wingfield, M.B., M.R.C.P. 3.30-4.30 p.m. "Premature and Feeble Babies." By Dr. Jean Morton.

September 27th.—12.30-1.30 p.m.—"The Feeding of Children over one year of age." 3.30-4.30 p.m. "The Causes of Ear, Throat, and Nose Troubles in Young Children." By Eric Pritchard, M.D.

September 28th.—12.30-1.30 p.m.—"The Syphilitic Mother and her Infant." 3.30-4.30 p.m. "Hæmorrhages of Pregnancy and their Treatment." By Lady Barrett, M.D.

The Ministry of Health will allow approved expenditure to rank for grant, in respect of the fares and fees of health visitors attending this course of

lectures, who are employed by local authorities, in the neighbourhood. This applies also to midwives, for whom the County Council desire to pay, but only in respect of the lectures specially applicable to them. Fees: 10s. each person for the course; 1s. 6d. for a single lecture. Tickets may be obtained from Miss Elsie Reed, Secretary, National Association for the Prevention of Infant Mortality, 117, Piccadilly, London, W. 1, or from the Health Department, Guildhall, Nottingham. Students wishing for arrangements to be made for them for suitable board and lodging should apply immediately to Miss Dunne, Health Department, Guildhall, Nottingham.

“ALL AND SUNDRY.”

Dressed in the uniform of a hospital nurse, a girl named Peggy Jenner was remanded at Reigate on August 27th charged with obtaining board and lodgings by fraud.

It was stated that, saying she was at Charing Cross Hospital, she stayed at a Redhill hotel, and when the bill for £5 15s. 6d. was presented she was unable to pay.

Jenner told the Bench she had been on the stage and then in a situation as housemaid.

A constable said she belonged to Folkestone, but her mother and sister would have nothing to do with her.

When she appeared on remand the police said they had received an offer from a young chauffeur to marry the girl, if she were bound over. A further charge of stealing clothes valued at £6 having been preferred against Jenner, she was sentenced to a month's imprisonment in the second division.

Now that “all and sundry” may wear our “State” uniform, a few masqueraders more or less appears immaterial.

OUTSIDE THE GATES.

The whole world is grieving for the tragedy which has befallen Japan—that lovely flowery land, inhabited by an extraordinarily brilliant race.

Our sympathetic King has hastened to express by telegram to the Emperor of Japan the horror with which he has learnt of the appalling disaster to his country by earthquake, and its terrible consequences, and his profound sympathy in the overwhelming catastrophe, resulting in loss of life and property, and the untold sufferings to thousands of people.

The disaster is almost inestimable, and is reported to be the worst earthquake ever known. At least 300,000 lives have been lost, magnificent cities swept and destroyed by fire, and many persons and houses washed away by the seismic wave. Thousands of starving refugees urgently need help, and all is chaos! So far little authentic information has come through, and who is dead and who alive still remains to be told. Indeed, the calamity is of unprecedented magnitude, and help and sympathy of the whole civilised world must

be pressed into the service of what remains of Japan in an attempt to raise it from the dust.

Members of the International Council of Nurses will be wondering what has happened to their gentle little colleagues, with headquarters in devastated Tokio, and in other cities now swept off the face of the earth. Let us hope many have been spared death and are engaged in their mission of mercy.

SORROW, A LANGUID FLOWER.

When the lily, languid flower,
Crush'd by heavy ploughshare lies,
Seemeth bud nor leaf have power
Ever more from Earth to rise;
But let Heav'n bathe anew
The prostrate flower with morning dew,
Lo! the bent stalk up again
Riseth gradual from the plain;
And the splendour, snowy white,
Steepeth all her petals bright.

Metastasio.

STATE REGISTRATION OF NURSES IN INDIA.

THE NURSING JOURNAL OF INDIA reports that a meeting of trained nurses was recently held in Bombay to discuss the question of State Registration of Nurses in India. The chair was taken by Miss Macfarlane R.R.C., Lady Superintendent, St. George's Hospital, and papers were read by Miss Thacker, Lady Superintendent, Cama and Allbless Hospital Nursing Association, and Mrs. Mathew, Assistant Lady Superintendent St. George's Hospital.

Letters of regret at being unable to be present were read from Miss Ford, Lady Superintendent, Sassoon Hospital, Poona, and Miss Griffin, Hon. Secretary Trained Nurses Association of India.

About eighty nurses, European and Indian were present, representing most branches of the profession, and the following Resolution was unanimously passed.

(1) “Resolved at this meeting held on July 9th, at St. George's Hospital, Bombay, that State Registration of Trained Nurses for India should be adopted and applied in the same manner as the system already obtaining in the United Kingdom. (2) That the two Registers (U.K. and India) should affiliate with each other to mutual advantage.”

Copies of the above Resolutions were sent to the Surgeon-General, Bombay Presidency, to the Bombay Presidency Nursing Association, and to the Hon. Secretary Trained Nurses Association of India.

BOOK OF THE WEEK.

"THE MAN IN RATCATCHER."*

This book of short stories takes its title from the first, which is of a quality to make us anticipate a high standard throughout. "The Man in Ratcatcher" (Danny Drayton) disappeared when his world fell in ruins about him, and John Drayton & Son went smash for half-a-million. Later he was officially killed on the Somme, and under the name of John Marston ventured to attend a meet of the South Leicestershires, at which his heart was harrowed by the sight of the master's daughter. "He had told himself frequently that he had forgotten the girl who stepped out of the car with her father. Now he knew he had not forgotten—would never forget—and it was not the least part of the price he had to pay for the criminal negligence of his late father."

We meet him first in the jobber's yard, selecting his mount.

"A groom, chewing the inevitable straw, gave a final polish to the saddle, and then stood at the animal's head, waiting for the tall, spare man, with the bronzed weather-beaten face, who was slowly drawing on his gloves in the yard, to mount. Idly the groom wondered if the would-be sportsman knew which side of a horse it was customary to get into the saddle from; in fact, one Nimrod recently—a gentleman clothed in spotless pink—had so far excelled himself as to come to rest facing his horse's tail. But what could you expect these times, reflected the groom, when most of the men who could ride in days gone by would ride no more; and a crowd of galloping tinkers, with rank cigars and ranker manners, had taken their places? And the quods. It was a fair disgrace to turn out such 'orses from Boddington's. Only the crowd wot rode 'em didn't know no better; the 'orses was quite good enough—aye! too good—for the likes of them."

"Let out that throat-lash a couple of holes."

"The groom looked at the speaker dazedly for a moment; a bloke that knew the name of a single bit of saddlery on a horse's back was a rare customer these days.

"And take that iron-monger's shop out of the poor brute's mouth. I'll ride him on a snaffle."

"'E pulls a bit when 'e's fresh, Major," said the groom, dubiously.

"The tall man laughed. 'I think I'll risk it,' he answered. 'Where did you pick him up—at a jumble sale?'

"'E ain't much to look at, I knows, Major," said the groom, carrying out his instructions, 'but if yer 'andle 'im easy, and nurse 'im a bit, 'e'll give yer some sport.'

"Before he had gone fifty yards the horse's head had come up a little; he was walking more collectedly, looking as if he had regained some of the spring of former days. For there was a

man on his back—a man born and bred to horses and their ways—and it would be hard to say which of the two, the groom or the animal, realised it first. The groom's old pride in Boddington's felt outraged at having to offer such a mount to such a man. He turned as a two-seater racing car pulled up in the yard, and a young man stepped out. . . .

"Who was the fellah in ratcatcher I passed, riding that awful old quod of yours?' he asked.

"'I dunno, sir,' said the groom. 'Ain't never seen 'im before to the best of me knowledge. But you'll see 'im at the finish.'

"The other regarded his chestnut complacently.

"He won't like half a mile if we get going," he remarked. 'You want a horse if hounds find in Spinner's Copse—not a prehistoric bone-bag!'

"Then with a final hitch at his coat, he, too, went out of the yard. For a while the old groom watched him dispassionately, until a bend in the road hid him from sight. Then he turned to one of his underlings, and delivered himself of one of his usual cryptic utterances.

"'Ave yer ever seen a monkey, Joe, sitting on the branch of a tree, 'uggin' a waxwork doll?'

"Can't say as 'ow I 'ave, Garge,' returned the other, after profound cogitation.

"Well, yer don't need to; that monkey 'ud be the same shape as 'im on a 'orse.'"

It was when Molly Gollanfield's horse bucked and bolted, with the disused slate pit straight ahead, that the consummate horsemanship of the man in ratcatcher was put to the test.

"But it was the immaculate Dawson who suffered the greatest shock. He had just got his foot into the stirrup when he felt himself picked up like a child and deposited in the mud. And mounted on his chestnut was the man in ratcatcher.

"Keep back—all of you!' The tall, spare figure rose in the saddle and dominated the scene. 'It's a one-man job.' Then he swung the chestnut round, gave him one rib-binder, and followed the bolting black."

Then followed a grim race and Molly was saved but her rescuer lay at the bottom of the quarry. "All's well that ends well," and the man in ratcatcher had his heart's desire.

Two men tiptoed silently downstairs again after one glance through the sick room door.

"Damn this smoke," said David Dawlish, gruffly. "It's got into my eyes again."

"You're a liar, David," grunted Sir Herbert. "And a sentimental old fool besides. So am I."

P. G. Y.

WORD FOR THE WEEK.

How calm and quiet a delight

It is alone

To read, and meditate, and write,

By none offended, nor offending none;

To walk, ride, sit, or sleep at one's own ease,

And, pleasing a man's self, none other to displease.

Charles Cotton, 1630-1687.

*By Sapper (Cyril McNeile). Hodder & Stoughton.

LETTERS TO THE EDITOR.

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

DOCTORS AND UNCERTIFIED MIDWIVES.
To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I draw your attention to a leader which appeared in the *Lancet* recently under the above heading, since I have seen no comment upon it in the BRITISH JOURNAL OF NURSING, and it appears to call for one. In a case decided earlier in the year, but only lately appearing in the Law Reports, light is thrown on the amount of supervision which a doctor must exercise over a woman who acts as a midwife without being certificated.

Under the Midwives Act, as your readers know, it is a punishable offence for a woman not certified under the Act to attend women in childbirth "habitually and for gain," except under the direction of a registered medical practitioner.

In the case recorded in the *Lancet*, "five expectant mothers had engaged an uncertified midwife's services; qualified medical practitioners were also retained in each case, but they did not pay any professional visits until after the confinements which were attended by the woman alone. In these circumstances she was prosecuted under the section. The doctors who had been retained came and gave evidence on her behalf. They said she was in their opinion capable and trustworthy; they had given her no specific instructions; it was unnecessary to do so; she was acting, they said, under their direction in attending the confinements."

The magistrates before whom the case first came, came to the conclusion that no offence had been committed, and dismissed the case. The Lord Chief Justice, on appeal, pointed out that "in no case was there any professional visit by the doctor; in no case was there any professional enquiry, on any specific instruction. There was thus no evidence on which the magistrates could find that there had been any direction at all. Direction must be real and not nominal."

The comment of the *Lancet* on this decision is as follows:—

"This judicial homily deals, we take it, not so much with the abstract standard of doctors' conduct as with the conditions necessary to be established in a court of law if an uncertified midwife is to be found not guilty of an offence against the Act. But as there is no statutory definition of "direction," the decision is valuable. *It is only fair to add that the woman whose action was in question had formerly been a certified midwife, but her certificate had been withdrawn. In the eye of the law she may have been uncertified and unqualified, but the skill and experience which in time past had been sufficient to earn her certification*

were, doubtless, well known to the doctors under whom—if not under whose "direction"—she was serving."

It seems inconceivable that a paper of the standing of the *Lancet* should adopt such an attitude. If registered medical practitioners joined in the practice of a man who had been struck off the Medical Register by the General Medical Council, would it excuse them on the ground that "the skill and experience which had been sufficient to secure his registration was well known to them?" What action would the General Medical Council take in such a case? The argument appears to mean nothing more nor less than that the medical practitioners concerned knew that they were covering a woman removed from the Midwives' Roll, and if this principle is accepted, it is surely destructive of the Midwives' Act.

Yours faithfully,

CERTIFIED MIDWIFE.

KERNELS FROM CORRESPONDENCE.

PRAISE BE FOR MARGARET BREAY.

International Spirit.—"When will the members of our profession realise the debt it owes to Margaret Breay, S.R.N.? I have been a reader of THE BRITISH JOURNAL OF NURSING for thirty years, and her devotion to our interests cannot be estimated. If any other country possessed this quite wonderful woman—whose talents, time and money have always been expended upon its behalf, for the organisation of nursing on the high standards she has always advocated is a real national asset—she would have received thanks and national recognition ages ago. Here apparently we take everything without any adequate recognition at all. Presumably because she will not bow the knee to Baal and sell our birthright of professional independence for a mess of patronage pottage! The recent Report of the business transacted at Copenhagen—from which we gather that once more the College of Nursing, Ltd., attempted to confuse the issues, claiming to be a 'self-governing' body of professional nurses, when its Executive officers and Council are controlled by lay and medical men—might have misled the foreign members of the International Council had not Margaret Breay been present and emphasised the truth. If for nothing else, we 'internationals' owe her very sincere thanks for her expert knowledge of the Council's constitution, and for her splendid outspoken courage in defending our national rights. I note that Miss Lloyd Still attempted to argue that the College stands for 'self-government.' How is this possible when the seven signatories are *all* laymen and permanent members of the College of Nursing, Ltd., without any qualification for such authority whatever, with a layman as Chairman, four out of five executive officers—unprofessional persons—and a Governing Body composed of peeresses, hospital chairmen, and upwards of a dozen medical men? Then Miss Rundle, the Secretary of the College, claimed

'self-government' because the nurses are responsible for having elected unprofessional persons to the Governing Body. Neither of these ladies begin to understand what 'self-government' means, and the majority of the members of the College are too apathetic to wish to exercise authority over their own affairs, and are quite content to vote as they are advised.

Once more heartfelt thanks to Margaret Breay for her splendid advocacy of our right to a professional conscience, and for knocking the bottom out of the specious claims of the College. Let that institution cease tampering with the free nurses' organisations. If its members prefer outside control let them enjoy it, and leave us to manage our own affairs. Their representatives on the G.N.C. have ruined our State Register for a decade and have blocked our right to a 'prescribed' Syllabus of Training, and now our lovely harmonious international relations might have been disturbed by this 'apple of discord' had we not had the fearless advocacy of Miss Breay.

"Plagiarism by this group is as despicable as it is notorious. Apparently devoid of any creative faculty, they have no hesitation in attempting to absorb the credit for the work of women who have. State Registration, Matrons' Council Constitution, and now our International relations. Praise be for Margaret Breay, valiant protagonist for right and honour."

THE RETENTION FEE.

We have received quite a number of enquiries *re* the Retention Fee for State Registration, for which the Registrar has sent out the legal demand.

To quote:—

"I applied 13 months ago, paid a guinea; paid a 2s. 6d. Retention Fee a year ago, now another is demanded. Why? My name has not yet appeared on a printed register."

"It is hopeless to ask for the return of my Registration Fee, but as I consider I have paid it under false pretences (the first Statutory Rules), and although I applied more than a year ago, have never had my name appear. I do not see the Registrar has any right to write for another Retention Fee as I paid one last year."

"I suppose if I do not send another 2s. 6d. I shall have my name removed from the Register, and the sooner the better, now 'all and sundry' are to have their names placed upon it to delude the public."

"I think it is a shame of the *Nursing Mirror* to delude trained nurses *re* the value of registration by the State and by the College Company. If it had not been for the College our State Register would have been of some value to us. To be a member of the College gives a nurse no real legal status, but the younger nurses are so ignorant they believe what they are told in the employers' press. I do not intend to pay any more fees until my name appears on a printed Register."

[No one sympathises more deeply with the Nursing Profession in its acute disappointment with the depreciation of its status by the malad-

ministration of their Registration Act than the Editor of this (the State Registration advocate) Journal. We have no hesitation in affirming that the depreciation of the State Register on the initiative of the College of Nursing, Ltd., is a cruel wrong, and we are not surprised at all the bitterness the College policy has aroused. The deplorable lack of efficient organisation of the General Nursing Council business largely controlled by College members, in spite of its very extravagant expenditure, is also to be deplored; but we advise Registered Nurses not to deprive themselves of legal status because they have been so despitely used, but to unite to demand from the Ministry of Health that the Act shall be efficiently administered. The fact that we are paying for 35 officials when the routine work of the General Medical Council is efficiently managed by six; that close on 20,000 applicants are waiting to be registered; that thousands of certificates are yet unsigned by the two medical men who have monopolised so much personal power in our office; that the Register from July to December, 1922, due in January, 1923, is not yet issued; that a 2s. 6d. Retention Fee is now being demanded, presumably for 1923, although the fee for 1922 has so far been contributed in vain, are just a few items into which it is high time the Ministry of Health enquired. We hope the new Minister of Health will enquire from unofficial sources into the deplorable manner in which the Nurses' Registration Act is being administered by ignorant and autocratic persons, whose one idea of managing nursing affairs is apparently to suppress freedom of expression and action upon the part of the rank-and-file of the profession, and to deprive them of rights granted to them by Parliament. As soon as Parliament reassembles, thinking nurses should unite to demand a Select Committee to enquire into the whole nursing question, with a view to placing our profession in professional hands according to precedent established for men's professions. We know no training school which has a waiting list of highly-educated young women waiting admission for training; we know of hundreds which are admitting unsuitable women for lack of the right type. How the sick suffer under these conditions is an open secret. We have a right to remedy these conditions, and we should be given the power to do it.—Ed.]

OUR PRIZE COMPETITION QUESTIONS.

September 15th.—What is the distinctive value of Night Duty in the scheme of training for nurses? What do you consider the advantages and the drawbacks of Night Duty?

September 22nd.—What are varicose veins? How are they caused, and how treated?

September 29th.—Show how the tooth brush may carry infection from a diphtheria carrier and how it should be disinfected. What other articles may become vehicles of infection, especially in schools?

The Midwife.

THE CENTRAL MIDWIVES' BOARD.

At the August examination of the Central Midwives' Board 595 candidates were examined and 465 passed the examiners. The percentage of failures was 21.8.

REPORT OF THE MINISTRY OF HEALTH.

The fourth Annual Report of the Ministry of Health, 1922-1923, just published, contains the following reference to Midwives and Hospitals for Maternity Cases:—

MIDWIVES.

Some idea of the extent to which midwives are employed may be gathered from the fact that of the 782,266 registered births in England in 1921, no less than 419,655, or 54 per cent., were notified by midwives. The percentage was 48.2 in London, 61.3 in the County Boroughs, and 49.5 in the Counties.

Of the 51,565 women on the Midwives' Roll (England and Wales) on the 31st March, 1922, 12,442 gave notice of their intention to practise as midwives. 76.3 per cent. of this number are certificated, as compared with 73.4 per cent. in the previous year.

The aim of the Department is to secure in every district an adequate service of well-qualified and competent midwives, and this object is achieved in a variety of ways. In large centres of population there is generally a sufficient number of midwives practising independently, and no assistance is required from the Local Authority and the Department, except occasionally to make up the fee of an independent midwife to the ordinary fee of the district for some of the poorer women—e.g., those who do not receive maternity benefit.

In some quarters of large towns, however, and in some of the smaller Urban Districts, it is necessary for the Local Authority either to employ a midwife directly, or to guarantee her a fixed salary, in order to provide an efficient service for an area in which a living could not otherwise be obtained. In sparsely populated districts it is usually impossible for a midwife to maintain herself, owing to the small number of cases within her reach, and the service is generally supplied by midwives employed by Nursing Associations and engaged also in district nursing, and frequently also in health visiting, school nursing, and other health services. A considerable sum is paid annually by way of grant, either directly to Nursing Associations or indirectly in aid of Local Authorities' contributions towards the cost of this service.

The services of a trained midwife are now available for some 73 per cent. of the rural population of England. Owing largely to the financial strin-

gency of the present time, only 122 new District Nursing Associations were started during 1922, while 53 of the existing Associations ceased work; but it is hoped that with improving circumstances this rate of increase will soon be augmented, and that the proportion of rural areas still inadequately served may be reduced.

HOMES AND HOSPITALS.

At the end of the year under review the total number of maternity beds in Hospitals and Homes known to the Department was 1,879 in 128 Homes (67 municipal and 61 voluntary). This shows some increase upon the number of beds at the 1st January, 1922, viz., 1,675. These figures relate solely to institutions for maternity cases only; they do not include Poor Law accommodation or maternity wards in general hospitals. Homes for mothers and babies now number 100, containing beds for 1,334 mothers and 1,288 babies. There are also 34 Homes for children under five (including Residential Nurseries), with accommodation for 855. There are 39 Hospitals solely for children under five (including observation wards) with 636 beds, and 24 Convalescent Homes with 397 beds for mothers with babies or for children under five.

It is well known that there are a number of small institutions for the reception of maternity cases, which are run as profit-making concerns, and are not under the supervision of Local Authorities or of the Department. Complaints have been received from time to time that the conditions in some of these institutions are unsatisfactory. Powers have been obtained by Local Acts for requiring the registration and inspection of Lying-in Homes in their respective areas by the London County Council, the Middlesex County Council, and the Town Councils of Liverpool and Manchester. The Plymouth Corporation Bill of this Session contains similar clauses. The question of introducing legislation to make these provisions general is under consideration.

JOINT NURSING AND MIDWIVES COUNCIL (NORTHERN IRELAND).

Notice is hereby given that the Midwives Examination will be held in Belfast on October 9th and 10th. Entries must be lodged not later than two weeks before the date of the Examination
M. C. POOLE, Registrar.

AN "AMATEUR BABY."

A Greek father tiptoed up to the door of our premature nursery and whispered to a nurse:
"Can I see my amateur baby?"

Which, considering the workmanship on these unfinished mites, isn't such a bad break, after all.—*Bulletin of New York Nursery and Child's Hospital.*

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,850.

SATURDAY, SEPTEMBER 15, 1923.

Vol. LXXI

EDITORIAL.

A STATE UNIFORM.

For years, Registrationists have been looking forward to a protected State uniform. What type of dress had they in their minds as distinctive and suitable for the purpose? Something "worth wearing." Something which, dignified, distinctive, and in good taste, could be recognised at once. We meet a Navy, Army, or "Flying" Sister in the street: we know the corps she adorns with half an eye. We greet the blue and red, the grey and scarlet, and the tasteful horizon blue with respect wherever met. Thus we have waited patiently for the past three years for the General Nursing Council to select a uniform which we could recognise at home and abroad, and which could not be confused with any other.

So far as one can gather, only the coat-frock is yet on view, and having seen it, we regret to find it a mere little navy gabardine garment, trimmed with an infinitesimal bit of very narrow blue braid, with nothing to distinguish it from a dozen such garments turned out by factories and on sale in any draper's shop. It is insignificant and commonplace, and can never rank as the popular uniform of the Registered Nurse, because one meets dozens of nurses in navy gabardine every day, and every maid in her Sunday coat is at liberty to wear an almost identical trimming.

Without being garish, the State uniform should be unique and catch the eye. It is to be hoped it is not yet too late to select garments which will commend themselves to the Registered Nurses, so that the State uniform

may not end in a farcical travesty of what such a uniform should be.

During the late war, we were waiting for a train in the French war zone at 5 a.m. Even thus early some officers of high rank were parading the station. One was a perfectly beautiful creature. His uniform was exquisite even at that hour of the day. It consisted of a long true blue coat, fitting his slim figure like a glove, sparingly braided in black, with just a touch of narrow gold, but it was his shako which attracted the eye. This cap was dark blue, mounted on a lovely shade of fuchsia (rose purple) velvet and flat gold braid. The whole uniform was nevertheless sombre and in beautiful taste, and the idea flashed through our mind that a dress in such a combination of colour would make a really attractive and popular State uniform for the Registered Nurse to be.

When, therefore, we had, as Superintendent of the French Flag Nursing Corps, to fit out the group of nurses who passed out by the back gate of a hospital in the war zone, as the Germans rushed in at the front, and who lost all their belongings and arrived home after a terrible tramp almost in rags, we chose that fuchsia shade of ribbon to trim their blue hats, and with their long blue cloth coats of a sympathetic shade they presented an exceedingly charming appearance. Of one thing we are quite convinced, and that is that unless the Registered uniform is distinguished, attractive, and becoming it will never be sufficiently adopted to become a recognised State dress, and a great opportunity will be lost, and great disappointment experienced by hundreds of nurses, who have anticipated wearing with pride and pleasure a regular dress distinctive of their honourable standing in their profession.

OUR PRIZE COMPETITION.

WHAT IS THE DISTINCTIVE VALUE OF NIGHT-DUTY IN THE SCHEME OF TRAINING FOR NURSES? WHAT DO YOU CONSIDER THE ADVANTAGES AND THE DRAWBACKS OF NIGHT DUTY?

We have pleasure in awarding the prize this week to Miss M. Ramsey, S.R.N., Enmore Road, South Norwood, S.E.

PRIZE PAPER.

The distinctive value of night duty in a nurse's training is that she then realises her responsibility far more than on day duty. It is during the night when many serious cases are at their worst, and when the nurse's resources may be taxed to the utmost to procure rest and sleep for her patients.

Night nurses have special opportunities for helping their patients, and when a probationer realises what a great trust night nursing is, this helps to develop her sense of responsibility and powers of observation to a marked degree. The punctual administration of food and medicine; the careful observation of symptoms upon the immediate treatment of which life may depend; the living and the dying are literally left in charge of the night nurse, and are often wholly dependent on her.

Advantages.—More opportunities are available on night duty for the good management of the nurse to be of special benefit to her patients. For instance, a nurse can do a great deal when attending to the wants of one patient to prevent the others being disturbed, by using care to prevent sudden noises, with habitually quiet movements, and a quiet way of speaking, will go a long way towards enabling the patients to sleep.

With regard to operation cases, part of the preparation devolves upon the night nurse, and any encouraging remark that can be combined with the necessary attentions may prove more comforting to the patient at this particular time than the nurse herself can fully realise. Just a brief word when leaving the patient in the morning to the effect that she is glad to think his trouble will be over when she comes on duty again that night will not only show her patient that she is sparing a kindly thought for what lies before him, but will inspire him with the conviction that she has confidence in the result of the operation. This in itself may enable him to gather up a little more courage on his own account.

Again, in the usual way night duty does not provide the rush of work as on day duty. This, taken periodically, is a distinct advantage, and occasionally one gets time for a little study during the slack times.

It is a good asset if the night nurse is capable of writing a full, concise, and accurate report of what has happened to her patients during the night, as the doctor will want full particulars when the nurse is off duty.

Disadvantages.—If kept on night duty for too long at a stretch one is apt to get run down in health. After all, it is the exception for a nurse to sleep well during the day or to get sufficient sleep, and this is bound to leave its effects, especially when on night duty for three or four months continuously. For highly strung, nervous girls night work must be a great strain. It is a great mistake, for health reasons alone, to appoint permanent night nurses.

In a good many institutions more work has to be got through by night nurses before they go off duty than can reasonably be managed in the time at their disposal, and it is a great temptation to begin at an earlier hour than any patients should be disturbed. Many of these defective arrangements are not within the control of the nurses themselves, but the more she perceives and sympathises with the patient's point of view, the less likely she will be to sacrifice his comfort to spare herself personal inconvenience in other ways. If a nurse remembers that in some cases the only cessation from pain which a patient can hope for is when he is actually asleep, she will realise how very precious sleep becomes to that patient.

One often develops a fastidious appetite on night duty, eating too little and drinking too much tea; also not obtaining sufficient exercise and fresh air before going to bed. The most efficient and most trustworthy workers make the most successful night nurses.

We hope to publish Miss Bielby's paper, as it touches on night nursing by the Private Nurse.

Miss Allbutt wisely lays great stress on the necessity for a nurse on night duty "to be very observant, conscientious, quiet, self-reliant, and accurate in giving a report." She draws attention to the fact that "as time goes on, on night duty, one feels the extreme weariness and the craving for rest at night, and that there may be a tendency to become slack in appearance. Such habits as wearing bedroom slippers, and taking off cap and collar, should be forbidden."

Miss K. Matthews writes:—"The nurse's sense of duty in details is taxed very heavily on night duty, and should bring out her highest qualities. She has to continually practise self-control in order to meet emergencies, and this fits her for further responsibility later on."

Miss M. Cullen says :—" Quietness is essential. Ward shoes with rubber heels should be worn; a dress that does not rustle; and another thing which is very disturbing to wakeful patients or a light sleeper is to hear nurses talking or whispering. . . . Sleep is more valuable than anything, and it is not good nursing to wake a patient for treatment unless specially directed to do so. . . . One other most essential thing is the care required in administering drugs, sleeping draughts, &c. All prescriptions must be plainly written; and a nurse must understand what is being given, and the labels on bottles be carefully read. Injections of morphia or atropine must be checked by an experienced person."

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss Ména M. G. Bielby, Miss M. Cullen, Miss K. Matthews, and Miss Beatrice Allbutt.

QUESTION FOR NEXT WEEK.

What are varicose veins? How are they caused and how treated?

NURSING ECHOES.

In spite of the rain, the Final for the Ross Cup was competed for with spirit by the lawn tennis teams from the North-Eastern Hospital (the holders) and from the Highwood Hospital, Brentwood, at the Park Hospital, Hither Green. The Cup was given by the Matrons of the Metropolitan Asylums Board Institutions for competition among their staffs, and many of them were present to watch the play. The result of the match was that the North-Eastern won the Cup by four sets to one, and it was presented by the Chairman of the Metropolitan Asylums Board, Mr. Eichkoff, to Staff Nurse Reid. He said he was present to show the interest the Board took in all which concerned the welfare of the nurses. He said some nice things and thanked the Matrons, especially Miss Balsillie, for their hospitality.

Each member of the winning team received a miniature cup for herself, and competitors and guests greatly enjoyed the delicious tea provided.

The Metropolitan Asylums Board have increased the hours of duty of the nursing staffs in their hospitals from the 48 a week adopted during the war, to 55 in the case of sisters, 58 for staff nurses, assistant nurses, and senior probationers, and 60½ for night nurses.

Salaries have been increased from £59-£65 to £76-£80 for sisters, and from £44-£50 to £52-£58 for staff nurses.

The question of whether or no nurses housed in hospitals are entitled to votes for members of Parliament is one which should be settled. At present some Registration Officers allow the enfranchisement of such workers, others turn them down. At the last election nurses working on exactly the same basis voted or were prevented voting at the pleasure of these officers. Personally, we do not think resident nurses can claim a Parliamentary vote, but it is time the law provided that they should possess one. The following conversation proves how necessary it is that the law should be made clear in this connection.

At Spilsby, Lincs., the Registration Officer called attention at a meeting to the fact that the name of a nurse at the Spilsby Cottage Hospital appeared on the Parliamentary list for Hundleby, and he inquired what she occupied.

Mr. W. V. Armstrong: Furnished rooms in lieu of salary.

The Registration Officer: I am a bit doubtful about that.

Mr. N. Knowles, the overseer: The vote was allowed to her predecessor.

Mr. W. V. Armstrong: I believe these nurses have been on ever since the Act was passed.

The Registration Officer: Has she the exclusive control over her room?—I rather doubt that.

It was stated that the matron was on the register.

The Registration Officer: But I do not think the nurses occupy these rooms separately as a dwelling house, and the facts are probably different as regards the matron. As the nurse is already on I cannot take her off this time, but I think the overseer ought to take her off next time, and if she thinks she is entitled she had better make a claim, and then we can go into the matter. It is all a question as to whether nurses have exclusive control over their rooms. If they are under discipline and their rooms can be shut up their position is not consistent with that of a person who has a dwelling-house in the ordinary way.

The overseer mentioned that a nurse at Spilsby Workhouse was also on the list, and the Registration Officer asked him to ascertain the full facts of each case for necessary action at the next Court.

Claims for Parliamentary votes made by

students at St. Paul's Missionary College at Burgh were disallowed.

We have received for review "Plague, Pestilence and Famine," by Miss Muriel A. Payne. It is an entrancing record in letter form of work in Russia during recent terrible times, and it is good that the crying need for skilled help should be brought to our notice. Lenin, Trotsky—and Bolshevich crimes—do not make up the sum total of All the Russias. Their victims remain. Miss Payne, in her simple and graphic letters, lets in a flood of light on dark places, to which we shall refer next week.

We welcome the French review, *L'Infirmière Française*, published monthly in Paris, under the direction of Professor Calmette, and edited by Monsieur A. Poinat, assisted by a long list of professional nurses.

We have read several of the admirable numbers with interest and pleasure. The Review contains some excellent practical articles, on such subjects as the Diet of Consumptive Patients, the First Dressing of a Compound Fracture, Domestic Sanitation, and on putting drops into the eye. Each article is written by an expert in a simple popular style. After a study of these professional matters we turn to a "Bulletin Professionnel," by Mlle. Chaptal, on the "Morale Professionnelle de l'Infirmière." Mlle. Chaptal is the Directrice of the Maison Ecole for Private Nurses. There is also an account of her travels in America, with special reference to nurses. Training Schools, by Mlle. J. de Joannis, Directrice de l'Ecole professionnelle d'assistance aux malades. Correspondence and Reviews are treated in the magazine.

To make extracts from these papers, and to quote their well-turned, neatly expressed French sentences in cold English prose would not convey to our readers an accurate impression of the real charm of this French paper.

Those readers whose French is rusty from disuse will find that a study of those really interesting papers will refresh their memories pleasantly, and those whose French knowledge is quite elementary could find no better way of gaining at the same time both professional and linguistic information.

La Dame à la Lampe, the most excellent Bulletin de l'Ecole Florence Nightingale at Bordeaux, is an exchange we always read with immense pleasure. This publication usually contains the inimitable touch and teaching of Dr. Anna Hamilton, who, alas! is compelled to rest from her many years of arduous work.

TOO MUCH WITH US.

"I have never let anyone else do a thing for my baby ever since he or she was born," says the mother proudly boasting, but nevertheless it is a mistake, one which shows its firstfruits now, and hereafter a serious harvest of troubles.

We wonder sometimes why there are so many neurotic children nowadays, only probably we do not call them by this name; we substitute another adjective, one less definite, calling them nervy, difficult, excitable, or, should they be the children of another, spoilt. Heretofore the remark which heads this paper would not have been so frequent, because then it was the fashion to have a nurse and a nursery, or, failing that, a nurse-girl, who took baby sometimes, and prevented the tie between mother and child becoming such an inextricable problem and difficulty.

The bond between mother and child is strong in any case, but one must not forget that when it becomes a necessity to be with that child night and day, year in year out, to take it wherever one goes, to have it about every instant one is at home, the mother cannot help feeling the constraint of the child, and it is well that she should to a certain extent: it will help loosen the bond when the time comes for a partial separation. One must also bear in mind the point of view of the father, to whom the omnipresent child can be none other than a limiter of freedom and many pleasures enjoyed by his wife and himself before baby's arrival.

The triangular situation arising from the newcomer is one of extreme complication, and the fact that the mother devotes herself entirely to the baby often arouses in the husband a spirit of jealousy and even hostility towards the wee mite of which he himself is scarcely aware, yet which is responsible later on for a still half-unconscious dislike on the part of the father for his children, manifested occasionally in an undue fondness for teasing them. Much depends upon the wife: whether she allows baby to usurp her whole attention; whether she is actually more fond of her child than her husband, which is the fact in many cases. The baby's helpless state demands much of her time, but the husband also needs his share, and feels injured when baby gets it all.

If one could but turn back the pages of the past history of that father and mother in their nursery days we should find there written first traces of this latter behaviour, seeds sown then which are bearing fruit to-day. The father we

see, perhaps, as a little boy in petticoats, having been until lately the spoilt darling of an over-tender mother. Presently this beloved mother plays him false; she too has a baby, who absorbs all her time and attention, or that of his nurse, the little boy's "second mother, his first wife," according to R. L. Stevenson, and he is bound to stand aside, feeling badly neglected, or he clamours for his old place, only to be told he is no longer the baby. Did he sulk, did he storm, did he fret, he will do the selfsame thing when the little drama is repeated in his own household, because a man always looks for his mother's image to be re-animated in the person of his wife, and expects to find again from her what he had in childhood, be it caresses or management. Women who are wise know that this is so, although the man often is unaware of it himself.

And what of the little girl? Did she play with her dolls and her doll's house, washing and dressing, curling and combing those first babies so unendingly, so untiringly, to the exclusion of any other interest, any invitation from brothers or schoolmates to play ball or romp, then shall we not be surprised to find the devoted mother who is not to be lured from the cradle and her household cares in the years to come.

But what of the third corner of this triangle—what of the baby who accepts both unwearied devotion or grudging with equal nonchalance and much vociferous complaint be it not forthcoming. But it is not to his advantage. Sooner or later the little sovereign must be to some extent dethroned by some of the eventualities of life which loosen the tie between a child and its mother. The blow falls hardly, and being unprepared for this new state of things, he recoils, and often becomes nervous, difficult to manage, and out of tune with the rest of his fellows.

Again, the child who is always with its elders suffers in many ways: it finds it difficult to get on with other children, often looks down upon these little contemporaries with a lofty disdain, tries to ape the manners and conversation of its elders, and prefers their company, yet sometimes has to bear the mortification of feeling that they do not want him or her, although one is sometimes left wondering if the typical modern child ever suffers from a feeling of self-insufficiency. The normal child perhaps does not, but one sometimes gains a little insight into the mind and thoughts of the neurotic child in the attempt to help it to regain a normal state. One finds then that there, for some reason frequently hard to dis-

cover, the little Psyche has not been equal to grappling with its environment and has broken down before the task, developing some definite nervous system, becoming physically ill, or making itself thoroughly disliked by being tiresome or unlike the average.

An individual different from type is seldom popular. The average parent is at once non-plussed when confronted by such a child. Of course, the difference is that it behaves unexpectedly; it fails to enjoy what is meant to be a treat, and rejoices when the rest of the household is in the dumps. Parents are annoyed and scold the child, or, worried, give it everything it appears to want, perhaps try to reason with it, wonder which side of the family it is taking after, and finally wash their hands of it as a calamity, wondering what they have done to deserve such an affliction. Few realise that it is the consequence of their own actions, their over-solicitude and exaggerated devotion, the result of being always with the child, getting fretted and worried by its perpetual presence and the strain it causes, the final adoption of the course of least resistance to go on being a slave to the child because it is less trouble to give in to it than to set oneself the arduous task of "training up the child in the way he should go," by disciplining it and oneself, and limiting the manifestation of one's love and devotion to the helpless little one, whose very helplessness cries so strongly to our strength.

MARY CHADWICK.

DISEASE CARRIER.

How important it is that milk should be delivered in sealed bottles instead of cans, the following case emphasises:

Dr. E. G. Annis, Medical Officer of Health for Greenwich, S.E., describes in his annual report how an outbreak of diphtheria was traced to a boy who delivered milk.

There were 14 cases in one district, and Dr. Annis states that all the families were supplied with milk from one dairy and that the cases were chiefly on one milk round.

The boy who left the cans on this round was found to be suffering from diphtheria and was taken to hospital, after which no further cases occurred.

A PUBLIC DUTY.

Smallpox has again made its appearance in London. It corresponds closely in point of time with the appearance of the disease last year. Our influence should be used to persuade every unvaccinated person to be inoculated. It is a public duty.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE PSYCHOLOGY OF PRIVATE NURSING.

BY SISTER A. E. MACDONALD.

In the course of a fairly long experience in private practice one sometimes analyses the various opinions regarding its advantages and disadvantages. These often come to light in after-dinner discussions round the drawing-room fire of an evening in the Club, for we are a democratic family, representing all shades of Professional thought and opinion. There is something to be said for both points of view, *i.e.*, that Private Nursing is ideal for the well-trained woman of independent mind and initiative, and that it is the dull, colourless thing, full of chance and change, as some of our friends find it. Somewhere between these two opinions lies the truth.

At the outset we must admit that some nurses are better suited to the work than others, and it is, therefore, easier for those lucky ones to attain success. Yet experience teaches that no one can "make good" in any vocation unless he has an enthusiastic love for it, and is happy in its prosecution. Nursing has no parallel in any of the other professions in so far as it is an absorbing occupation. There are no free evenings quite away from the atmosphere of work, nor the welcome week-end; so that Nursing must mean more to the worker if it is not to become stale and exacting.

When all has been said about the pros. and cons. of Private Nursing, however, we miss the main issue, which is a personal one. The Psychology of Private Nursing is greater than the work itself. In other words, unless we know, without doubt, that it is our metier, and are consciously successful in it, we are living far below the possibilities it has to offer. The conditions and difficulties, when these latter do not exist entirely in our imagination, are countered by its advantages and compensations. It, therefore, occurred to me that a discussion on paper with my young friends—delightful girls all, and keen on their job—would be most profitable, taking first and briefly its psychological aspect.

We get out of life in exact proportion to our contribution to it. Neither more nor less. The

balances are seldom apparent to our fellows, but they are to ourselves *always*. At the Citadel of our being, Eternal Justice reigns, and as our lives ring true by conscious loyalty to our ideal, we are successful and happy. "Nothing can cheat you out of ultimate success but yourself," says Emerson; and when we are rightly occupied happiness grows out of work, as the colour petals out of a fruitful flower.

Duty well done is good, but it is not enough. Only when allied to some high ideal, of which good work is the counterpart, does the law of sequence, or cause and effect, operate. Our sub-conscious mind is storing up the impressions, which in their turn give back to us the verve of attainment, and the certainty of success. Auto-suggestion, that powerful lever for the re-education and uplift of the Thought-life of man, which this age is using, is no occult and mysterious thing. Simply put, it supplies the knowledge by which we may get the best out of ourselves and out of life, as Eternal Justice intended we should. There is nothing miraculous in its working, nor will it do for us what we should do for ourselves. Yet it enables our conscious minds to select the best and the highest. The reflex influence of the practice of auto-suggestion is that our lives are lived *from within outwards*, and we are less easily affected by external circumstances. In times of crisis and difficulty that Force within makes us strong and calm, and enables us to decide aright—"No flies in the ointment though," no self-will, nor self-pleasing! The only attitude of mind that never errs is: "Not my will but Thine be done."

Private nursing is not easy; no work worth while ever is; and there are difficulties peculiar to this interesting branch of the service alone; but our mental viewpoint adjusts to the needs of the work, as it grows and develops in attraction. An attraction which is impersonal and detached, and solely for the good of others.

Loyalty to our Profession and an enthusiasm for its honour, are the prerogatives very largely of the private nurse, because she represents all the Profession stands for to the lay public, among whom her lot is cast to a greater extent than the Hospital Nurse. Here one would like to say a

word or two on the psychological effect of the uniform. There is an illicit influence amongst us which favours "mufti." Patients wonder at the trained nursing sister's preference often for civilian clothes, which seem to suggest to their minds that she is somehow ashamed of her calling? Of course, this is not so, but it will interest my young readers to hear the opinion of the man in the street, just because they represent to him the embodiment of dignity and nobility. In the past our uniform was open to grave abuses, but now that a *Uniform Registered by the State* is within sight, which none but Registered Nurses may wear, except under a heavy penalty, it is to be hoped the whole Profession will realise the honour of wearing it. It is the uniform of the King as surely as that worn by our Navy and Army. If we don't love the uniform, there is something wrong with our mental attitude towards our Profession! Think of the traditions circling round the Navy and the record of the most famous regiments of the Army, and the gallant service which is the result of that *esprit de corps*, and apply the analogy to ourselves! The honour of our uniform is a great thing; I nearly said, the greatest thing!

By our ideals we advance, however short we come of their realisation. So let us aim high, that life may not be drudgery, but all it can become to those who are in earnest.

CLUB FIXTURES.

We must shortly commence to arrange the various lectures and entertainments at the Club for the winter season, and we shall be exceedingly glad to receive suggestions from members in connection with the programme. It is good to have its items as varied as possible and it will be of the greatest help if the members will take an interest in our activities and will let us have their views on what would be likely to please and interest them. If members would like lectures on any special subjects perhaps they will let us know, and we may be able to arrange for these. The Dramatic Society hopes to give an entertainment during the autumn, but the production of a play requires a great deal of very hard work and also energetic organisation, so that we are not yet able to say on what date we may come to the footlights. Miss Parsons has very kindly promised to give us an entertainment shortly to help with the heavy expenses of the Dramatic Society, and we look forward to hearing again her splendid recitations from Kipling. Miss Aughton has undertaken to get up one musical evening, and Miss Cattell hopes to organise a concert. We hear rumours, too, that when the holidays are over we shall be called upon to start making arrangements for our annual dance.

GIFTS TO THE CLUB.

Misses Anderson, Bevan, Bishop, Forbes, Rooke, and Rowan, flowers; Miss Dempster, magazines and illustrated papers; Miss Holmes, music.

TRAINED NURSES' ANNUITY FUND.

We remind our members that we are to have the usual Sale of Work for the Annuity Fund in the late autumn, and we shall be very grateful if they will all take part in helping to make this a great success. We are quite sure that they would, if they could only read some of the letters which we receive from those who are receiving annuities from the Fund. Over and over again we are told by these nurses that, but for what they receive from the Fund, they would have had cause to lose hope altogether. Some members may feel that a gift more or less makes little difference, but if everyone had thought on these lines each year, when we appealed for gifts for the Sale, the Fund would have been considerably poorer to-day, and we should not have had our present long list of annuitants now numbering over sixty. The money we receive from the Sale of Work is set aside and invested in order that it may form a part of the capital from which a new annuity will be started and every time the Council are able to establish a fresh annuity it means that one more nurse is relieved from the anxiety which arises from inadequate resources and from the pain of finding herself dependent upon friends. We will be so glad if nurses will do all they can to interest friends in the Sale of Work, and we shall have pleasure in sending them leaflets for distribution if they desire these. They can have every confidence that the gifts sent us will be productive of great benefit to the sick and aged nurses, especially as the expenses of organisation are very small. There are no salaried officials and no expenses for rent, so that, except for such expenses as postage, printing and audit fees the whole of the income of the Fund goes directly to those whom it is intended to benefit.

DONATIONS.

GENERAL PURPOSES FUND.

Miss A. Shorter, £1; Miss Mary Steuart Donaldson, 10s. 6d.; Mrs. E. Robson, R.R.C., 9s. 6d.; Miss Elsie Turner, 6s. 6d.; Miss A. Clements, 5s.; Miss Coote, 5s.; Mrs. Powdrell, 5s.; Miss E. Gosling, 2s. 6d.

CLUB ENDOWMENT FUND.

Lady Mitchell, £5 5s.; Miss Conway, £3 3s.; Miss Alice Boldero, £2 2s.; Miss Edith Mawe, £1; Miss C. Bainbridge, 11s. 4d.; Miss Cureton, 10s. 6d.; Miss A. Armstrong, 10s.; Miss E. Brodie, 9s. 6d.; Misses Graham, Lawrence, and Flora Macdonald, R.R.C., 5s. each; Miss F. Coles, 2s. 6d.; Miss Eva Talbot, 1s.

SETTLEMENT FUND.

Miss Alice Humphrey, £10; Miss I. Gowing, £2 2s.; James Berry, Esq., £1; Mrs. Dowdeswell, Miss Swaby Smith, and Mrs. Temple-Mursell, £1 1s. Miss Diver, Mrs. Northwood, Mrs. Scott, and Miss Villiers, £1; Miss R. Gannon, 10s.; Miss Piper, 12s.; Mrs. Lelian and Misses Burleigh, Gilbert-Jones, Havers and Selby, 10s.

ISABEL MACDONALD,

Secretary to the Corporation

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 154.)

DEPUTATION TO THE BOARD OF TRADE, 1905.

Mrs. Bedford Fenwick, deputed by the Society for the State Registration of Trained Nurses, spoke in support of legal registration, and in opposition to the application of the City Financiers. She said: "There is not amongst the signatories making application for powers which, if granted, would involve questions affecting the education, examination, certification, registration, discipline, and control of trained nurses, the name of one hospital matron, trained nurse or medical practitioner." (The signatories of the College scheme are all laymen.) "We submit that no layman can determine, and should not, therefore, be granted powers to determine, questions involving technical, and highly specialised professional matters, a principle recognised in connection with all professions. . . . The Articles of Association make no provision that the nurses' representatives are to be elected by the nurses whom they are to govern. My Society regards this principle as absolutely essential both for the safety of the individual nurse and to the success of any scheme of professional government.

"In connection with the maintenance of a Register of Nurses, the new Society seeks power 'to remove from such Register the name or names of any person or persons as the Society in its discretion may think proper.' It is submitted that such powers, involving the professional ruin of a trained nurse, should not be exercised at the sole discretion of any society, but only after the person concerned has been *proved* guilty of serious misconduct, and has had an opportunity of being heard in her own defence, either personally or through her legal adviser, for which no provision is made in the Memorandum or Articles of Association. It is noteworthy that a quorum of *three*, or at an adjourned meeting of the Council, of *two*, could exercise this most arbitrary and dangerous power.

"The organisation of Nursing by State Registration has passed out of the realm of experiment; voluntary measures have been tried and failed, even under Royal patronage and high professional auspices. (And yet, ten years later, Sir Arthur Stanley and Sir E. Cooper Perry offered the Nursing Profession a system of *voluntary* Registration!)

Mrs. Fenwick pointed out that the whole question of the organisation of Nursing was *sub judice*, as the Select Committee on Registration had not issued its Report, and that the application of the new Society for incorporation was most inopportune and would cause needless confusion if legal authority were conferred on any body of unprofessional persons empowering them to deal with the important questions which were then under the consideration of Parliament.

Mrs. Fenwick further pointed out that the Central Hospital Council for London (which the Hon. Sydney Holland represented) was composed of managers of the great hospitals, and the nurses had no representation upon it. She entirely agreed as to the ulterior influence which must inevitably be exercised by the millionaire signatories if the scheme was sanctioned. It was quite preposterous to suppose that nurses could assume an independent position and stand out against it. Those interested were most generous supporters of hospitals, some had seats on the Central Hospital Council, the King's Fund, the Hospital Sunday and Saturday Funds. If these gentlemen pushed the scheme, how was it possible for the nurses to take an independent position. (This is exactly the deplorable position of the members of the College of Nursing, Ltd.) In regard to finance, the nurses were given no voice in the expenditure of the funds they subscribed. Nurses desired to defray their own expenses and to control their own expenditure. (Thousands of pounds of the nurses' money is being administered by the General Nursing Council—by a Finance Committee, of which a medical man is Chairman—and no Balance Sheet has been issued to Registered Nurses since the Council was formed in 1920.)

Dr. Bedford Fenwick, in opposing the grant of a licence by the Board of Trade, referred to the action taken by the Board in 1891, when the Royal British Nurses Association made application for the same privilege. The Association was called upon to advertise its application, notice being given that any objections must be sent in to the Board before May 16th. Yet, on May 6th, ten days before the allotted period expired, the Board of Trade refused the application, and at a subsequent meeting between representatives of the Association and Sir Michael Hicks-Beach, the President of the Board, defined his own position in the matter as follows:—

"The invariable custom of the Board in these matters was to direct the application for a licence to be advertised and then, if there was any serious opposition, to decline the application. In a matter like this the Board was not competent to judge between the two parties, and did not profess to judge, which was right; but if there was any influential opposition, the Board simply declined to give the licence."

Dr. Fenwick said he was quite content to leave this matter to be settled according to the "invariable custom of the Board" because the Chairman himself had informed them as to the "immense opposition" which had been expressed to the objects of the new Society.

Miss Huxley, representing the Irish Nurses' Association, pointed out that although the scheme was supposed to apply to Ireland, the Irish nurses had not in any way been consulted, nor so far as she was aware, had any notice of the application been inserted in an Irish paper. She entirely agreed with the reasons advanced for opposition by the previous speakers.

The Reply.

Mr. Cosmo Bonsor, Treasurer Guy's Hospital, who showed great good humour throughout the proceedings, and on whom rested the onus of defending the Financiers' Scheme (Sir E. Cooper Perry was not present to support him), made a feeble reply to the objections which had been raised. Dealing with the first objection, that the scheme had been promoted by seven gentlemen in the City of London who knew nothing of nursing—these gentlemen had been approached by trained ladies and asked to undertake the formation of a company. The Council would consist of trained nurses and medical men. They were not opposed to State Registration; they were neutral. The time was not yet opportune to go to Parliament for this reform. (Two Bills were before Parliament at this time.)

Mr. Holland asked for the names of the Matrons who were supporting the scheme. Beyond those of Miss Swift and Miss C. J. Wood he could obtain none.

Mr. Bonsor said they would be announced when the signatories had obtained their certificate from the Board of Trade.

This did not satisfy Mr. Holland, who appealed to the Chair to have the names disclosed before, not after, the Board had given its decision. The whole united nursing and medical worlds were against the scheme. No one wanted it.

The Chairman said he could not compel Mr Bonsor to disclose the names.

Mr. Bonsor remained obdurate.

In conclusion, the Chairman thanked all present for coming. He assured them their time had not been wasted. A shorthand note of the proceedings had been taken, and would be carefully read by Lord Salisbury, President of the Board of Trade.

REPLY FROM THE BOARD OF TRADE.

Board of Trade,

June 7th, 1905.

MADAM,—Since the hearing of objections on May 5th, a request has been received by the Board of Trade from the promoters of the proposed Incorporated Society for Promoting the Higher Education of Nurses, that the consideration of their application by the Board of Trade should be deferred until the Bills now before Parliament for the Registration of Nurses have been disposed of.

The consideration of the application will accordingly stand over.

I am, Madam,

Your obedient servant,

G. S. BARNES.

To Mrs. Bedford Fenwick,
Hon. Sec., Society for the State
Registration of Nurses.

Thus, for the time being the attempt to place the control of professional nurses in the hands of unprofessional persons was averted.

ETHEL G. FENWICK.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.**RULE 49, AND THE RIGHTS OF MEMBERS OF COUNCIL.**

Rule 49 of the General Nursing Council for England and Wales provides that "All minutes, registers and records shall be open to the inspection of members of the Council during the Registrar's business hours."

This "right" was denied to two members of the late Council—Miss Isabel Macdonald and Miss A. Cattell—by Miss M. Riddell, the Registrar, and Sir Wilmot Herringham, the Chairman of the Council.

This breach of the Rules was later brought to the notice of the Ministry of Health through a question in the House of Commons, in reply to which the Ministry promised to make an inquiry and communicate later with the questioner. Nothing further transpired publicly in the House, and from that day to this neither Miss Macdonald or Miss Cattell have received the apology from the Chairman and the Registrar which was their due. No doubt had a medical practitioner or a lady of title claimed their right to inspect documents they would have been obsequiously permitted to do so. But a mere nurse! What right has she interfering with her own professional affairs, even if a member of its Statutory Governing Body?

Needless to say, this insulting bureaucracy is very bitterly resented by Registered Nurses, and it is time it was remedied. Nothing but publicity will establish the Registered Nurses' right to courtesy in their own office.

Correspondence between Miss Maud Wiese, R.M.N., Member General Nursing Council, the Chairman, and the Registrar.

We have been invited to publish the following correspondence between Miss Maud Wiese, Member of the General Nursing Council, the Chairman, and the Registrar :—

Claybury Mental Hospital,
Woodford Bridge, Essex,

June 19th, 1923.

DEAR SIR,—You will have heard of an interview I have had with the Registrar of the General Nursing Council. I have definitely understood that the latest date on which applications from existing nurses could be received was July 14th, 1923. A circular confirming this was recently sent round to all mental hospitals.

Last week I had information from two sources that a communication had been received from Miss Riddell by the Registrar of the College of Nursing, Ltd., that applications from members of the College could be received even twelve months after

July 14th, 1923: I decided to visit the G.N.C. to verify or disprove this statement.

I saw Miss Davies, and asked to see the College of Nursing File. Miss Davies then took me up to see Miss Riddell, who asked me what I wanted the File for, and at once accused me of trying to make trouble and of being secretive. She also stated that it was quite impossible to show me the College File, as sometimes 200 letters were written in one day. I replied that it was impossible to write 200 letters to the College in one day, and anyhow I had the whole day at my disposal, and could search for those I wanted to see, which were sent about May 29th.

Eventually I was given a small file of letters containing about one dozen, but not those I was seeking.

I explained that the letters referred to existing nurses and the latest date on which applications could be received.

The Registrar then stated that it must be the draft from the Registration Committee *re* existing nurses overseas for which she had asked a ruling.

During the whole of the interview the Registrar was most incoherent and emotional. She stated that she did not intend to be made ill again, even though she was only the Council's paid official.

She also warned me that anything I said would probably be used in evidence against me, and I would ask whether this is a part of the Registrar's duties.

My object in writing to you is this. It seems extraordinary that important decisions are made in Committees, that members of the Council who are not members of these Committees never hear of, and I feel that such a state of affairs should not exist.

I remain,
Yours faithfully,
MAUD WIESE.

To Sir Wilmot Herringham.

From the Registrar to Miss Wiese.

General Nursing Council for England and Wales,
12, York Gate, Regent's Park,
London, N.W.1,
June 18th, 1923.

DEAR MISS WIESE,—Since seeing you this morning I have communicated with the Chairman of the Registration Committee in regard to the matter about which you came to the office to inquire.

The Chairman of the Registration Committee himself would like to see you in regard to it. He will be at the Council Offices to-morrow (Tuesday) after 3 p.m., or on Friday after 2.30 p.m. Will you kindly let me know if it will be convenient for you to come to see him on either of those days?

Yours faithfully,
M. S. RIDDELL,
Registrar.

Miss Wiese,
Claybury Mental Hospital,
Woodford Bridge, Essex.

From Miss Wiese to the Registrar.

June 19th.

DEAR MADAM,—In reply to your letter I have no desire whatever to interview the Chairman of the Registration Committee. I should be glad if you would forward me a copy of the Minutes of the Registration Committee referred to during our interview yesterday.

Yours faithfully,
M. WIESE.

From the Registrar to Miss M. Wiese.

June 22nd, 1923.

DEAR MADAM,—I am directed by the Chairman of the Registration Committee, who at the request of the Chairman of the Council is opening Sir Wilmot's letters during his absence, to acknowledge your letter of June 19th, addressed to him.

Sir Wilmot Herringham is abroad. The letter will be dealt with on his return.

Yours faithfully,
M. S. RIDDELL,
Registrar.

From Sir W. P. Herringham to Miss Wiese.

General Nursing Council for England and Wales,
12, York Gate,
Regent's Park, London, N.2,
July 5th, 1923.

DEAR MADAM,—I gather that your inquiry referred to a letter which was drafted as an answer to an official inquiry relative to the last date at which applications from Existing Nurses could be received.

I have seen the draft, which correctly states the interpretation put upon the Rule by the Registration Committee. Your account of it is incorrect, as it does not contain the statement which you appear to quote.

As the draft in question was not approved or sent it was not on the file of the official letters, and there was in consequence a natural difficulty in understanding to what you referred.

Yours faithfully,
W. P. HERRINGHAM,
Chairman.

Miss M. E. Wiese,
Claybury Mental Hospital,
Woodford Bridge, Essex.

It will be observed that in his ambiguous reply, the Chairman of the G.N.C. does not deal with Miss Wiese's letter in a satisfactory manner. The one thing which is apparent throughout this correspondence is the medical control of the Registered Nurses' Governing Body, and the extreme licence permitted to the Registrar in her behaviour to the Nurse Members of the Council if they dare to exercise their statutory rights in opposition to her autocratic control.

Miss Wiese, as a member of the G.N.C., has a right to inspect the Minutes of the

Registration Committee to which she alludes. She has a right to call for, and inspect, the letters received by the G.N.C. from the Registrar of the College of Nursing, Ltd., asking for information as to the latest date Existing nurses' applications could be received, and also to see the reply sent to Miss Sheldon on the matter. We hope, after the discourtesy with which she has been treated in the performance of her public duty, Miss Wiese will take steps to see all these documents at an early date.

Someone has got to protest in the name of Registered Nurses against the uncouth methods by which our professional liberties are being crushed out. Miss Wiese has the Statutory Rules, which under the Act have the force of law. She has every right to demand that they shall be legally carried into full effect.

APPOINTMENTS.

MATRON.

Tibooburra District Hospital, New South Wales.—Mrs. W. E. Lee, S.R.N. (*née* Fanny Williams) has been appointed Matron. She was trained at Woolwich Infirmary, and has held the following appointments:—Charge Nurse, West Ham Infirmary, Sister, Central London Sick Asylum, Health Lecturer, Gloucestershire, Assistant Health Inspector, Broken Hill, S.W. She has also had experience in private and district nursing, and holds the following Certificates:—Central Midwives Board, Royal Sanitary Institute for School Nurse and Health Visitor, and Queen Victoria's Jubilee Institute.

ASSISTANT MATRON.

Bristol, Queen Victoria Convalescent Home.—Miss M. E. Stephens has been appointed Assistant-Matron. She was trained at Bristol Royal Infirmary and has been Senior Sister at the West of England Sanatorium, Weston-super-Mare, and Sister at Southmead Infirmary, Bristol.

SISTER TUTOR.

Sheffield, Fir Vale Hospital.—Miss M. A. Shaw has been appointed Sister-Tutor. She was trained at Crumpsall Infirmary, Manchester, where she was Ward Sister. She passed through the King's College Course, Campden Hill, London, for Sister-Tutor. Miss Shaw holds the certificate of the Central Midwives' Board, and also a certificate for sick cookery.

HEALTH VISITOR.

Durham County Council.—Miss Isabella Wardle has been appointed Health Visitor. She was trained at Highfield Hospital, Sunderland, where she has held the position of Charge Nurse. She has also been Health Visitor and School Nurse at Whitley and Jarrow. Miss Wardle holds the certificate of the Central Midwives' Board, and one for health visitors.

The Editor will be obliged if, in sending appointments for insertion, ladies will state whether they are State Registered Nurses.

THE PASSING BELL.

THE DEATH OF MISS AMY HUGHES, S.R.N., LADY OF GRACE OF ST. JOHN OF JERUSALEM.

The nursing profession will have learned with deep sorrow of the death of Miss Amy Hughes. The end came peacefully on the morning of Thursday, September 6th, after a comparatively short, acute illness, although it was known to her friends that she had been ailing for some time.

Amy Hughes, born in 1856, was a daughter of the Rev. A. S. Hughes, Vicar of Holy Trinity, Darlington, and had just come to young womanhood in those wonderful years in the seventies, when their well-disciplined upbringing fitted educated girls to step out of the family circle and become the pioneers and builders of the modern secular profession of nursing. The great example was before them of Florence Nightingale and Agnes Jones, and a School of Nursing had been in existence at St. Thomas's Hospital, London, for upwards of twenty years, when, in March, 1884, Amy Hughes entered for training, and began her active thirty years' work for humanity.

We have talked over these early years of training with Miss Hughes, and know how deeply she deplored her short course of training; but in July, 1885, she was strongly urged by the Matron, Mrs. Wardroper, to enter the service of the Metropolitan Nursing Association, Bloomsbury Square, London, for training and work as a district nurse. This advice made possible a life-time of immense usefulness, as health work in the homes of the poor and the whole science of sociology was in its infancy in those days.

Thus, Amy Hughes was privileged to become a leading light in national health work. After training in Bloomsbury Square, Miss Hughes was transferred to Kensington District Nurses' Home in 1886, and to Westminster in 1887, where she remained till March, 1889, when she was appointed to take charge of district work in Chelsea.

By this time the Queen's Institute had been established, and she was enrolled as a Queen's Nurse, a title which carries with it all that is best in nursing.

In 1891 she went back to the Home in Bloomsbury Square, as Superintendent, where she remained until 1895. This was the largest district training home in existence at that time, and many of those who are now "older Queen's Nurses" were her probationers there, and owe to her teaching and inspiration the success and happiness they have found in their altruistic branch of nursing. Feeling the great need for midwife training when attending the working-class mothers in their own homes, Miss Hughes qualified in that branch of work, and was keenly interested in it, and in the Midwives' Institute, of which she was for some time President.

In 1895 she accepted the appointment as Superintendent of Bolton Union Infirmary, where a Training School was being started, but in a few years she returned to London as head of the Nurses' Co-operation of Private Nurses, Langham Street, W., where she remained until 1902, when she returned to the Queen's Institute for organizing work in connection with the formation of County Nursing Associations.

In 1905 she became General Superintendent of the Institute in succession to Miss Pauline Peter, and this post she held until 1917—years full of ceaseless activity and progress. Her connection with the work did not, however, cease on her resignation, for she was made a member of the Council of the Queen's Institute, and remained its representative on several committees

till failing health obliged her to give up some of her duties. The successful sociological worker must possess a keen sense of citizenship and love of public service. These qualities Miss Hughes possessed in a marked degree and she was happily able to enjoy them, greatly to the advantage of those for whom she worked.

The organisation of the nursing profession was begun in England by the foundation of the Royal British Nurses' Association in 1887. The awakening of the American nurses followed in 1892. In 1893 Miss Hughes attended the first great gathering of trained nurses, held during the World's Fair at Chicago, U.S.A., when the American Society of Superintendents of Training Schools was founded. In 1901 she attended as a fraternal delegate the interim Nursing Conference convened by the International Council of Nurses held during the great Exhibition at Buffalo, U.S.A., a very memorable meeting, which cemented the friendship of American, Canadian and European nurses.

In 1910 she was given leave of absence to assist with the starting of district nursing, "Bush Nursing" in Australia, and spent six months there, visiting Canada in her homeward journey so as to see a little of the Victorian Order of Nurses, a beneficent organisation of visiting nurses, which now spreads from the Atlantic to the Pacific.

Miss Hughes was intensely interested in all that concerned the health and welfare of those amongst whom her chief work lay, particularly women and children, and she served on many committees in connection therewith—the Society for the Prevention of Infant Mortality, the Society for Combating Venereal Diseases, the National Council of Women, and many others. She was a Councillor of the City of Westminster, a member of the Guild of St. Barnabas, and was on the Council of the College of Nursing, Ltd.

An intimate friend writes: "Amy Hughes had a strict sense of duty and discipline, high ideals, and the power of rousing enthusiasm, and was a born leader and organiser, wonderfully generous and broad-minded, giving her all to the work in hand and never too busy or too tired to visit a sick nurse in a hospital miles away—[she gave up most of her Sundays to this]—or to give a helping hand to another. She was devoted to animals and many a poor starved and straying pussy cat was taken into her care, and, if nothing else were possible, was, in her own words, 'put to sleep.'"

The funeral is to be held at Darlington on Friday of this week, and will be attended by representatives of the Council of Queen Victoria's Jubilee Institute, and by many Superintendents and Queen's Nurses. A wreath of laurel leaves and flowers, with a card bearing the following inscription: "The Queen Victoria's Jubilee Institute for Nurses; in token of deep and affectionate esteem and of gratitude for many years' devoted and invaluable work in the service of the sick poor," is being sent; also a large cross from Queen's Superintendents and Nurses, and flowers from the Midwives' Institute, and many other organisations and personal friends.

Thus, a long life of faithful service is at an end. A life which will serve as a bright example to future generations of Queen's Nurses and other lovers of their kind.

MY PSALM.

And so the shadows fall apart,
And so the west winds play;
And all the windows of my heart
I open to the day.

THE HOSPITAL WORLD.

"Fleet Street Week," in aid of St. Bartholomew's Hospital, E.C., is to be made even more successful than that of last year. The example set by the Queen in contributing a beautiful and rare China bowl to the Mansion House bazaar, which is a new feature, is being widely followed, and other offers of valuable gifts, to be disposed of in aid of the fund, have already been made.

The death of Sir William Treloar, the founder of that wonderful institution, the Alton Cripples Hospital and College, will be deeply deplored by his hundreds of little friends, by whose sympathy with their sufferings life has been made happy for thousands of afflicted children.

Queen Alexandra has sent to Miss Treloar a floral cross in memory of her father. The inscription reads:—"In sorrowing memory of dear Sir William Treloar, the best and kindest of men, and the most constant benefactor of all poor and suffering children.—ALEXANDRA."

The four following Leeds Institutions have a deficit of £61,800 between them: General Infirmary, Hospital for Women and Children, the Maternity Hospital, and the Public Dispensary. The four institutions have joined in the establishment of the Leeds Voluntary Hospitals Fund.

In the workshops and factories throughout the city, it is pointed out, the workers are doing their share through the Workpeople's Hospital Fund, and the employers through the Employers' Contribution Fund.

The former now collects over £30,000 per annum, much of which goes to one or other of the hospitals. Up to the present there has been no similar organised fund to which the professions and distributive trades in the city could contribute, and the lack of opportunity is held responsible for the absence of many subscriptions.

This breach is filled by the present scheme, which suggests graded subscriptions for those engaged in the various professions and trades, including, roughly, fifty guineas for the big banks and insurance companies, ten to twenty guineas for professional men, one guinea for shops in side streets, and 2d. per week for the lowest-paid members of staffs who do not already contribute to the Workpeople's Hospital Fund.

The American Red Cross has not been represented at the recent Red Cross Conference at Geneva, and the American delegates have explained their absence in a letter stating that the Conference had maintained, in the report of the International Committee, a sentence which they regarded as an attack upon the American Red Cross. The American Red Cross bears the greater part of the financial burden of work in Europe at the present time. It has a right to criticise the management by the League and the International Committee.

THE ROYAL SANITARY INSTITUTE.

90, BUCKINGHAM PALACE ROAD, S.W.1.

The Royal Sanitary Institute is an organisation which, through years of sound organisation and administration, has grown into a really national institution, and its prospectus for the autumn term, 1923, gives very valuable information of an excellent Syllabus of lectures and demonstrations.

The Introductory Lecture will be given by Prof. H. R. Kenwood, C.M.G., M.B., D.P.H., F.R.S.E., Deputy Chairman of the Council, on Monday, September 24th, at 5.30 p.m. Admission free.

The Sanitary Officers' Course of Lectures begins on September 25th; for Meat and Food Inspectors on October 5th; for Health Visitors, School Nurses, Maternity and Child Welfare Workers, on Monday, October 1st.

The latter 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 training not only includes Lectures, but Practical Demonstrations in the museums and Child Welfare Centres, visits to public works, and other places of sanitary interest, and the use of a reference library, lending library, and reading room.

The lectures are followed by the standard examinations of the Institute, which are recognised in all parts of the British Empire.

All information from the Director and Secretary, Mr. E. White Wallis, F.S.S., at 90, Buckingham Palace Road, London, S.W.1.

LEGACIES TO NURSES.

Dame Emily Morgan, of Dracott Place, Chelsea, left £500 to St. Olave's and Bermondsey District Nursing Association; her piano to that Association for the use of the nurses; £50 each to Miss Shalders and Miss Hasted, nurses there; and an annuity of £60 to Nurse Helen Matilda Crisp.

Miss Louise Maude Ottaway, of The Close, Salisbury, bequeathed £300 each to Fanny Doel and Jane Lawrence (formerly nurses to her father).

Mr. Arthur Edmund Spender, The Limes, Bellevue, Shrewsbury, left £50 to Jessie Frances Roof, "my faithful nurse and the family's best companion."

WHERE TO BUY INEXPENSIVE BOOKS.

We have recently received from Messrs. W. & G. Foyle, of 121-125, Charing Cross Road, W.C., a copy of their new edition of their Catalogue No. 9, of Nursing and Medical Books, &c., new and second-hand. This catalogue contains a list of books which would form the nucleus of quite an excellent little library, and will be sent post free upon request to any Nurse who applies for it. Many of the best nursing works are on sale, and works in every department of medicine. We suggest a call.

BOOK OF THE WEEK.

A SILVER LINING.*

"A little book of cheer for the Invalid," with the above heading, comes to us commended by Mr. George Frankland, who says it is written by an invalid out of her experience, and in the hope of cheering other invalids.

"Sometimes," he writes, "a book may be wanted to lift an invalid out of unhappy thoughts, and to show that life may still be worth while. I think 'A Silver Lining' may prove to be such a book." With this estimate we agree.

Its author, G. H. A. Ryves, writes, as an introduction, "to those who are handicapped in the race of life, as is the writer, by physical infirmity—whether through accident, cruel war, or any other cause—this little book is sent.

"Although deprived of many pleasures, much remains for us to enjoy. In the human life around us, in the world of nature, in the power of memory by which we can revive past happiness, and in the vast world of thought wherein we always are free to roam, we may find joys of which in our more active days we never dreamed.

"The writer's father, when a little boy, naughty and disobedient, was on one occasion deprived by his mother of his favourite toy. He was quite calm about it, and merely remarked: 'You may take away all my toys, but you can't take away my thoughts.'"

THE CAPTIVE'S HOLIDAY.

In the first chapter the author shows us how, though chained to her chair, she is yet able to enjoy a holiday which is a real refreshment.

"A wild wind is blowing; rollicking in the branches, chasing cloud shadows across the waving corn. Rooks are battling against it in their flight; children are shouting in their play.

"It is the holiday season, and everyone is going away somewhere. Wheel me into the open, where my eyes at least can travel over far distances. But, oh, it is not enough to gaze at the unmoving view! A wandering spirit has taken hold on me, and I must be on the move. Mount me on your winged Pegasus, O memory, and let us away—away from to-day and here—away and away over the years, over the old yesterdays!

"I close my eyes, and, lo, in the flash of a moment we are off! Swiftly, swiftly we pass the years, the months, the weeks and days—we cannot see them in our headlong rush. A strong wind is blowing against us—the wild joyous wind of the sea! It forces us to stop. The waves are leaping up to greet me; white-crested green-bright waves. Now I am with the seagulls in their whirling flight—with boats that rise and fall over the wave crests. I am plunging with the bathers, swimming with the swimmers—I am a child running bare-legged over the sands—I am gathering shells, pink and purple and opal shells, that sparkle in the sun—I

* By G. H. A. Ryves. (W. J. Bryce, 69, High Holborn, London, W.C. 1.)

am stooping over shining pools left by the tide among the rocks. There, among the green seaweed, living creatures have made their homes.

"How fresh is the smell of the seaweed and the taste of the salt spray!

"Hours and hours are passing. All the time I am breathing in a spirit of gladness and calm content.

"And now I stretch myself on the warm, dry sand and listen to the distant roar of breakers along the shore. The waves are rolling in long beautiful curves up the beach. Their continuous rhythmic music blending with the wind makes me drowsy. A delicious oblivion steals over my senses. Sleep and dream are closing my eyes, throwing their spell upon me. Pegasus stands very quietly beside me. He, too, is resting. I think he is asleep. And I? Oh, where am I—and when? Where is it? Time seems to have stopped. . . .

"Someone is standing near me.

"'Would you like me to bring your tea out here?' a voice asks.

"I start and look up. I am no longer lying on the warm sand, but in my chair in the garden. The first day of my holiday trip is over.

"But I am content, for a new knowledge has become mine. I know that, as for the traveller, all places on the earth are stationary, always ready for him to visit them; so do I also know that my Pegasus can carry me to where and when I choose.

"That which hath been is, and shall be to all eternity."

It is with the object of sharing her knowledge with others that the author has set down in these pages some of the ways in which, though chained to a couch, they may rise above their "vale of tears," and, in spite of poverty, sickness, and all the thousand and one ills that flesh is heir to, live up to the high-water mark of courage and endeavour.

She tells us a charming tale of "Hibbertoo," that masterpiece of a child's creative fancy, taken down by her mother when the little authoress was only four years old. Although "Hibbertoo" had no legs, no one amongst the creations of her brain was so helpful and cheerful as he. "*Hibbertoo is always smiley face, even on wet days, and everybody wonders about him. He collects fun.*" He comes "*when there is no party—only medicine.*" . . . "*when you wake up sudden and there is no one in the nursery and you don't cry*" . . . "*when trying very hard to be jolly and nobody else is helping*"—then you may see him. "*Hibbertoo brings all the fun and jolly of the day.*"

"Voices from afar," "The Message of Summer," "Under the Stars," "Under the Sun," "Joy," are amongst the subjects which have inspired our authoress.

"Obstacles have turned us out of the path we would have chosen, and we must go round by another way. Let us not think about the rock against which we have been broken, but of this other way which has opened out to us new and beautiful views of the inheritance in two worlds which can be ours. Only by this obstruction, and

the large leisure it brings, could we have come so quickly into the larger view."

It takes a brave spirit when the body is broken to say "*Laetus sorte mea.*" Amongst these must be included the author of "*A Silver Lining.*"

P. G. Y.

HEALTH VISITORS' DIPLOMA IN IRELAND.

At the first annual examination held in Ireland for the Health Visitors' Diploma, awarded by the Department of Agriculture and Technical Instruction for Trained Nurses completing a twelve-months' course, the papers were on hygiene, infectious disease, maternity and child welfare, artisan cookery, and household management, elementary sanitary law, building construction, local government and elementary social science with elementary economics, vital statistics and physiology. These subjects include several not often associated in the lay mind with nursing, and yet a little reflection will show in what close relationship they stand to the preventive and remedial work of the nurse and the health-visitor. Out of the 14 who entered for the course, only five presented themselves for examination, but the fact that these were successful may stimulate others to try.

OUTSIDE THE GATES.

The tragedy of Japan has been brought home to the whole world and the nations are rallying to her support. We have a Mansion House Fund which amounts in a week to close on £100,000. America is pouring out its wealth, and has dispatched doctors, nurses, stores, food. All the help possible will be required. The dead breed disease, and already typhus and dysentery have laid hold of the living; and all the sick and maimed need medical and nursing care, to say nothing of the little children. No announcement, so far, has been publicly made that our British Red Cross is dispatching human help as the American Red Cross has done. Thoroughly trained volunteers would gladly go, and "Britain Should be There." The Japanese have been our very good friends; now is our time to prove our friendship.

THE MONTHS.

SEPTEMBER.

Although you say the summer time is dying,
And sombre signs are gathering apace;
Our eyes are slow to mark a shadow lying
Across your sunny face!

No glow like yours, Oh! opulent September,
'Ere lit a garden at the close of day;
Yours is the beauty mortals may remember
When "very far away."

C. B. M.

COMING EVENTS.

September 21st.—Meeting General Nursing Council. Ministry of Health, Whitehall. 2.30 p.m.

LETTERS TO THE EDITOR.

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

A SODA SOAK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I offer a word of warning regarding Miss M. Ramsey's recommendation to soak the feet in water to which washing soda has been added.

Those who have the most sensitive feet usually have also the finest skin, which suffers from the effects of soda as a baby's skin does when its garments are washed with that agent. "Little cracks under the toes" are often due to the use of soda.

Personally, I cannot put even my fingers into the weakest solution of washing soda without injury to the skin.

I am, Dear Madam,

Yours faithfully,

M. M. G. BIELBY.

Cranford, Middlesex.

[Feet, like doctors, differ. The Editor must confess that she has found great relief to tired feet from a soda soak.—ED.]

PRAISE BE FOR MARGARET BREAY.

Member Bart's League.—"May I endorse every word written by 'International Spirit' about Margaret Breay. She is not only a noble woman, but one of the most brilliant reporters and journalists of the day. What other amongst the thousand members in our League can touch her mentality? No one! We can never pay our debt to her, but many of us do appreciate her goodness and talents."

KERNELS FROM CORRESPONDENCE.

REGISTRATION IN VICTORIA.

A Victorian Nurse writes: "After some worry, I think I can safely say there appears every hope of our Nurses' Registration Bill being brought forward this Session; in fact, as I told one member recently, if the Act is not passed soon there will be no nurses to put on a register. In all parts of the State there appears a shortage of candidates offering.

"I think it is as well this is so, then when there are not sufficient nurses to nurse the sick in public hospitals, there will be raised such a hue and cry that in all probability the cause that girls are not coming forward will be probed, and irritating conditions remedied, and so perhaps with an Act in force, will issue in a new era for the profession.

"I am really discouraged by the 'don't care' attitude of nurses in general. It has often been stated a general training takes out all individualism from the trainee. From the mild manner they take

insults from lay folk these days, I am inclined to consider the case proved.

"In Victoria most nurses are really under the dominion of the medical profession, and this is the point that makes it more than difficult to help them to organise, and work in their own interests.

"Though both professions are interdependent on each other, it is quite possible where work is concerned, to work as a whole.

"I never consider a medical man competent to decide upon ethics, discipline or such intimate questions as arise in every nurse's dealings with the world in general.

"With us, nurses are far behind other women in organisation, and consequently their standing and salaries likewise have suffered.

"I was rather disappointed to notice your references to the two women M.P.s. May not the divided ranks of the nursing profession, one quite under lay-control, account for the non-interest in their affairs by the women representatives? Of course, on the other hand, you know better than myself; is it a case of snobbery?

"From what I hear, Mrs. Phillipson has plenty of brain power, and her own struggle to reach the top as an actress may give her a good insight into women's working conditions.

"I can scarcely believe you have three women M.P.s. We, in Victoria, haven't succeeded yet in removing the bar to their entrance in our State House."

REGISTRATION OF INTERMEDIATE NURSES.

The only Nurses who are now eligible for registration are what are termed Intermediate Nurses—those who have completed their three years' training and been awarded a Certificate since November 1st, 1919. The term of two years' grace for Existing Nurses has terminated.

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.

OUR PRIZE COMPETITION QUESTIONS.

September 22nd.—What are varicose veins? How are they caused, and how treated?

September 29th.—Show how the tooth brush may carry infection from a diphtheria carrier and how it should be disinfected. What other articles may become vehicles of infection, especially in schools?

October 6th.—Describe a case of phlegmasia (white leg), with regard to onset, symptoms, treatment, and subsequent history.

The Midwife.

OPENING OF THE "NORMAN RAE" NURSING HOME.

The "Norman Rae" Nursing Home at Shipley was opened by Princess Mary (Viscountess Lascelles) on September 5th in right Royal weather, and amidst great enthusiasm. Her Royal Highness was received by Sir Norman Rae, M.P., and Major Fawkes, and many friends of the institution.

FOR WOMEN OF LIMITED MEANS.

Welcoming the Princess, Sir Norman, in the course of an interesting speech, observed that twelve months ago representations were made to him as to how helpful a nursing home for women of limited means would be, where the charges would be less than those in operation at the ordinary nursing home.

For some considerable time the question was debated as to whether to build or buy a suitable building, but after serious consideration it was felt that those premises (the Westcliffe Residential Hotel), with the necessary alterations, would serve the purpose.

"The Home has been purchased and fully equipped," went on Sir Norman, "and vested in trustees free from all debt or capital charges. It is expected a further sum of £2,000 will be at the disposal of the trustees.

"There is accommodation for twenty-four patients, most of the rooms containing from two to four beds each. Later it is hoped to extend the accommodation for nurses and staff.

"We ask you, Princess of our Royal House and daughter of our loved and honoured Queen," concluded Sir Norman, "to perform the opening ceremony."

Princess Mary's reply was delivered in two sentences, not without a trace of nervousness, but in so gracious a manner as to convey the sincerity of her interest in the little ceremony. "I have much pleasure in declaring this Home open," she said, "I wish it the success which it thoroughly deserves."

TOUR OF THE WARDS.

Her Royal Highness, escorted by Sir Norman and the ladies and gentlemen who had supported him on the platform, walked round to the front door of the Home. There she accepted the ornate golden key, and, unlocking the door, passed into the hall. In the retiring room which had been arranged, Lady Rae, Mrs. Titus Salt, Miss Fawkes, Dr. Margaret Sharp, Dr. Jason Wood, and Miss Scott (the Matron of the Home) were presented to the Princess.

Under the guidance of Dr. Sharp (the chairman of the ladies' committee) and the Matron she was conducted through the wards. The tour had an interesting incident. In one ward was the Home's first patient—a proud mother and her fourteen-

day-old son. The Princess made kindly inquiries concerning their progress, for which she expressed her good wishes.

Discussing the Home and its equipment, she mentioned that she had inspected many maternity homes, the most recent being at Glasgow. In the theatre, quickly observant as usual, she noted the tiny cherubs that ornament the screen—the only deviation from the pure white furnishing.

The Princess was interested also in the staffing arrangements, and, seeing the Matron was wearing the ribbons of the Royal Red Cross (second class) and of a Belgian decoration, she inquired where they were won. Miss Scott explained that during the war she had been attached to a nursing staff in Glasgow, where many Belgian as well as British soldiers were treated.

Returning to the retiring room Princess Mary desired the remaining members of the Ladies' Committee—Mrs. Learoyd, Mrs. Dracup, Mrs. Fearnley, Mrs. Grange, Mrs. Mitton, Miss Dale, and Mrs. Hastings—to be presented, as well as Miss Robinson, Sir Norman Rae's private secretary, who has acted in connection with the purchase of the house. On being informed that Dr. Laura Veale, of Harrogate, one of the trustees of Sir Norman Rae's Scholarship Fund, was present, the Princess expressed a wish that she, too, should be presented.

After signing the visitors' book, Her Royal Highness was served with tea, and entered into an animated conversation with Sir Norman concerning the Home. She remarked that she was delighted with all that she had seen, and was surprised that a house built for a private residence had been found so admirably adapted to its new character.

She further inquired as to the fees that were proposed to be charged, and added the comment that such homes were badly needed in many parts of the country. The Princess impressed those with whom she chatted with her excellent knowledge of maternity work that is being carried on throughout the country.

Having spent over half an hour in the Home, she consented before leaving to pose for a photograph.

After the departure of the Princess the guests were taken round the Home and were entertained to tea in the marquee at the rear.

CHARMS AND FAIRY FAITH.

Truth should be the first lesson of the child and the last aspiration of manhood; for it has been well said that the inquiry of truth, which is the love-making of it, the knowledge of truth, which is the presence of it, and the belief of truth, which is the engaging of it, is the sovereign good of human nature.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,851.

SATURDAY, SEPTEMBER 22, 1923.

Vol. LXXI

EDITORIAL.

THE DELINQUENT CHILD.

The Meeting of the British Association recently held at Liverpool has been a very remarkable gathering, prolific of new ideas, and the presentation and discussion of scientific evolution. At a conjoint session of Education and Psychology, the problem of the delinquent child was introduced by Dr. Cyril Burt.

As reported in the *Times*, he referred to an analysis of two hundred cases of juvenile delinquency in the County of London, and said that the contributory factors might be grouped into four broad classes. There was the hereditary factor. Family histories showed considerable differences between the delinquent and non-delinquent groups. Such offences as moral irregularities, stealing, wandering, alcoholism, violent temper, extreme idleness, and sexual misbehaviour were undoubtedly commoner in the delinquent families than in the non-delinquent. It did not follow, however, that the inheritance of these weaknesses was the direct factor in the crime. With a bad-tempered father or an immoral mother it was easy to drift into bad-tempered or immoral habits, quite apart from any direct biological inheritance. Poverty, he concluded, was only a contributory factor, and not a necessary factor, in crime.

A serious effect of the poor and overcrowded home was traceable to the utter absence of facilities for innocent and childish amusement within the home itself. Within the home the most serious factor was defective discipline or an alternation between weakness and strictness. Physical factors played a part. Anything that weakened health tended also to weaken self-control; anything that heightened irritability tended also to increase liability to anti-social outbreaks.

Dealing with psychological factors, he contended that childish crime was very often only an over-abundance of energy misdirected;

where there were parks and open spaces, there the delinquent child was rarest. By removing the obstacles which hindered higher development they could convert a probable thief into a wholesome, energetic, and useful citizen of the State.

Dr. R. G. Gordon spoke of the necessity of children's courts being presided over by magistrates with an appreciation of the child mind. Discipline and punishment were still absolutely necessary. He advised that specially trained women should investigate the home life and surroundings of each child.

Speaking of children who had nothing to occupy them getting into trouble, Dr. W. A. Potts, Birmingham, said it was found in Scotland that three times as many offences were committed by children on Sundays as on other days.

Miss Ethel Crosland (Probation Officer at Bow Street Children's Court) said that magistrates were increasingly reluctant to send a child to an industrial school or reformatory without having first given a chance on probation. Only once during three years had she had what might be called the high school type of girl under her care. Most of her children came from homes consisting of two rooms. The great difficulty which faced all who worked among the children of the poor was the housing question.

We come back to the necessity for healthy and comfortable homes, and open spaces, where parents and children can enjoy a sufficiency of what makes life tolerable. Room to breathe, room to grow, room to play, privacy and decency. Thus only can health and happiness, and a low criminal record, be secured. The healthy and happy home should be the birthright of every child. It is the highest duty of every politician to help to secure this birthright. No country can claim to be civilised which neglects to secure it. A jolly, knockabout, rough-and-tumble childhood produces exuberant adolescence and virile manhood, and the happy home is its mainspring.

OUR PRIZE COMPETITION.

WHAT ARE VARICOSE VEINS? HOW ARE THEY CAUSED, AND HOW TREATED?

We have pleasure in awarding the prize this week to Miss M. Ramsey, S.R.N., Enmore Road, South Norwood, S.E.

PRIZE PAPER.

Veins which are irregularly enlarged are spoken of as varicose. They have become stretched and dilated out of proportion to the amount of blood they have to carry. Certain veins in the body, from their position, are specially liable to become varicose. These are the veins about the rectum which give rise to hæmorrhoids; the veins of the testicle, producing varicocele; and the internal saphenous vein, with its branches on the inner side of the leg, knee, and thigh. Again, in a lesser degree, small veins are apt to become varicose here and there on a mucous membrane that is the seat of chronic catarrh and congestion; these tiny enlarged veins are found specially on the mucous membranes of the throat and stomach, and occasionally give rise to serious hæmorrhage, particularly in chronic alcoholics.

Causes.—The tendency to varicose veins is often hereditary, and some people are more liable to their formation than others. The veins vary in thickness in different persons, and at different parts of the same vein, so that the formation of the vessel wall and the general condition of surrounding parts have much to do with its dilatation. Any condition which impedes the return of blood, such as pressure on the veins above, or which tends to weaken the walls of the veins, will cause an enlargement of the vessel, especially at those points where the wall offers the least resistance. Employments which cause long-continued standing with scarcely any muscular exertion, not only throw a great strain upon the veins of the leg, but fail to provide the pumping action that the muscular contractions exert in emptying the veins. The evil effects of prolonged standing are increased by wearing tight garters and by constipation. Pregnancy is another common cause of varicose veins, though the condition usually disappears after the birth of the child.

When a vein begins to dilate, the walls become thinner and the valves useless. Not only do they become stretched from side to side, but the veins also become twisted and lengthened. The skin over the affected area is apt to become irritated and may give way, when a varicose ulcer results. As the weight of the column of blood in the limb presses down with increasing force, the condition tends to grow worse

and to spread into neighbouring veins. These are liable to burst, with consequent venous hæmorrhage.

Treatment.—This is directed towards assisting the return of venous blood from the limb, and removing any source of pressure, when such is the cause. Treatment which is directed merely towards checking their increase and preventing the formation of ulcers is known as *palliative* treatment, whilst the removal of the enlarged veins is *radical* treatment.

Palliative Treatment.—Generally some form of support is enough; also avoid the use of garters, remedy constipation, and avoid unnecessary standing; rest with feet elevated, when possible. With regard to the best form of support, some persons prefer elastic stockings, others crêpe or rubber bandages. This should be removed last thing at night and re-applied before putting the feet to the ground in the morning.

Radical Treatment.—Usually advised when excessive dilatation is present. The dilated portions are removed, but various methods are used. The wound usually heals quickly, and the cure is often complete.

Miss K. Matthews gives as the causes of varicose veins: (1) Tumour; (2) constipation, pressure within the anus; (3) tight pressure over a vein, *i.e.*, a garter; (4) diseases of the heart; (5) long standing or sitting; (6) pregnancy.

Miss Allbutt writes: "If massage be ordered it should be directed to increase the circulation of the other veins and give relief to those which are dilated and painful. The varicose veins should receive *very* light treatment (if any at all); over-pressure might injure and might cause complications, such as inflammation, the formation of a thrombosis, or the bursting of a vein. Gentle movements are given with the endeavour to stimulate the muscular coat."

Miss M. G. Bielby says: "In most cases a congenital weakness in the vascular system is present, which may be hereditary. . . . Undoubtedly tight-lacing practised by our immediate ancestors was a factor in this congenital defect.

"A powerful contributing cause is alcohol, even by moderate use, since it results in dilatation of the blood-vessels, and consequent congestion; degeneration of the walls by fibroid thickening, leading to lack of elasticity and contractility, inevitably followed by a delay in the blood current, and venous stasis. The action of the heart becomes impaired, and this

in turn causes partial stagnation in all the blood-vessels. Those who consume large quantities of beer mechanically overtax their blood-vessels by keeping them in a state of distention."

Miss M. Corner writes: "Never wear garters, but suspenders. Avoid constipation. An elastic stocking, elastic or crêpe bandage may be worn for support, but must be taken off every night and re-applied before getting out of bed in the morning. It is very important and advisable that a doctor should be consulted early if varicose veins prove troublesome in spite of efforts made to give relief. Otherwise, if they are neglected and a varicose ulcer occurs which the patient may treat himself or employ some quack preparation, the condition will become chronic, as well as causing the sufferer much more inconvenience and expense than if he had consulted a qualified surgeon in the first place."

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss K. Matthews, Miss Beatrice Allbutt, Miss M. G. Bielby, Miss A. M. Burns, Miss Winifred Appleton, Miss G. E. Weeks, and Miss Mildred W. Corner, S.R.N.

QUESTION FOR NEXT WEEK.

Show how the tooth-brush may carry infection from a diphtheria carrier, and how it should be disinfected. What other articles may become vehicles of infection, especially in schools?

WORK FOR THE NATIONAL COUNCIL.

Quite a number of trained nurses from Scandinavia and countries near to Great Britain now pay us a visit during their holidays, and London is the great magnet. Imagine one or more of these travellers "doing London" without help. What waste of precious time! The National Council of Trained Nurses might offer a helping hand in providing a cicerone or guide. The Hon. Secretary will, we feel sure, be pleased to hear from any lover of London who could spare time now and then to personally conduct our foreign colleagues around. Many of them desire to visit Miss Nightingale's grave, but do not know where to find it. Nothing delighted a contingent of Japanese nurses more than a visit to East Wellow Churchyard, near Romsey, Hants, chaperoned by Miss Breay, there to pay homage to the great Foundress of Modern Nursing. Many of our visits to Paris and other great cities have gained enormously in interest from personally conducted visits to centres of interest by those with a knowledge of their fascinating history.

NURSING ECHOES.

A nurse's courageous rescue of a small boy from drowning in the Regent's Canal, which we reported at the time, was recognised at a recent meeting of the Mile End Guardians, when Probation Nurse Rosa May Langley was presented with the Royal Humane Society's certificate. Her action, it was stated, became known only three days later, when she developed pneumonia.

Hearing the boy's cry of distress, Nurse Langley threw off her cloak and jumped into the water. Although but a poor swimmer and impeded by her clothing, she succeeded in getting the boy to the bank.

She then donned her cloak, refusing all help, and hurried to her quarters at the Mile End Infirmary, where she changed her clothing and resumed her duties without relating her experience to anyone.

It is to be regretted the *Sheffield Independent* admits such spiteful nonsense as the article headed "Nursing Rivalry" in its Women's Page. We read:—

"The split in the nursing world has been healed and the lively controversy that existed between the College of Nursing and the National Union of Trained Nurses dies a natural death with the dissolution of the latter body.

"The official notice of this event says that 'the National Union of Trained Nurses has stood for the principles of self-governance, a high professional standard, the good of the community and equity for all.'"

Then the writer proceeds to eulogise the College of Nursing, Ltd., giving the credit for all the work done by the pioneer nurses' organisations to this "cuckoo" corporation. The article ends:—

"When in a profession there are two rival organisations whose ultimate aims are the same, though they differ in their *modus operandi*, a certain deadlock is established and solid progress impeded.

"Friends of the nursing profession have much regretted the division that has hitherto existed in their ranks. Unity of operation was essential to the important reforms at which they aimed, and now that the College of Nursing is left alone in the field with its members all of one mind, reform and progress should go merrily ahead."

We can assure the *Sheffield Independent* that the free nurses' organisations do not intend

to be suppressed and governed by the College of Nursing Company—composed as its Council is of hospital chairmen, titled medical practitioners, the College Matrons, and other employers. Professional nurses have just as much right to govern themselves as professions composed of men. As members of the Royal British Nurses' Association they have their Royal Charter. The more advanced nurses have their Trade Union; and although we all regret the passing of the National Union of Trained Nurses, we intend to keep the flag of self-determination flying.

For a quarter of a century Superintendent Nurse Bloxham has been the efficient, tactful and kindly head of the staff at Kettering Infirmary, and her resignation has been received with sincere regret, as she is greatly beloved.

When a girl at her home at Bedford, she desired to be a nurse, and her parents encouraged her choice, for while still young Miss Bloxham was in training at the well-known institution at Crumpsall, Manchester. Before she came to Kettering, however, to take up what might be regarded as her life's work, the training at Manchester was supplemented by seven years' valuable experience in the nursing branch of the Deaconesses' Institution at Mildmay.

Since she took up her duties at Kettering as superintendent nurse, Miss Bloxham has naturally witnessed many changes. Within that lengthy period the Sanatorium, the Chronic Block, and the Nurses' Home have all been erected, and a tablet in the hall, in memory of the late Dr. Dryland, recalls the time when that gentleman was succeeded by his son as medical officer of the Institution. A quarter of a century ago the comparatively small infirmary contained only about 62 beds, and now the total of beds, including five cots, is 110.

Superintendent Nurse Bloxham has been associated with the Parish Church of SS. Peter and Paul, but her work has been almost wholly devoted to nursing. Particularly was she busy during the war, when the Sanatorium was turned into a V.A.D. Hospital. Miss Bloxham, who had "joined up" (as did also several staff nurses), acted for some time as nursing superintendent in nursing soldiers in their period of convalescence, a work which earned the gratitude of many who had been wounded or nerve-shaken in the great conflict.

By the present inmates of the Infirmary, Miss Bloxham's departure will be keenly felt and sincerely deplored, and the good wishes of patients and staff will go with her in her well-earned retirement.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 169.)

Report of the Select Committee.

At the end of July, 1905, the Select Committee of the House of Commons, which had during two Sessions been inquiring into the expediency of providing for the Registration of Nurses, presented its Report, and it was published at length in this Journal on August 5th, 1905. The Select Committee, after full investigation, recommended to Parliament many of the great reforms advocated by the State Registrationists for many years and which had met with powerful and bitter opposition upon the part of the Managers and Matrons of the majority of the Nurse Training Schools.

The Committee agreed "That it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State." There in a nutshell were the great foundation principles which were involved—the Registration of Nurses; carried on by a General Nursing Council; appointed, as the Committee proceeded to recommend, by a special Act of Parliament; its constitution being defined in the Act.

It was noteworthy that the Select Committee were "impressed with the advisability of three years as the requisite period of training" for a nurse. Moreover, the Committee "recommend that the Central Body should decide what constitutes a recognised training school for Nurses," and that the Central Body should have the power of inspection of training-schools.

This Journal, which had stood alone in the nursing and medical press as the advocate of State Registration of Nurses, naturally congratulated the Nursing Profession on the conclusions of this important and historic Report. It meant that sooner or later the principles it advocated would be put into force. This, of course, was recognised by the opposition, but in its indefensible determination to control the workers and deprive the profession of nursing of its right to self-determination, it maintained united co-operation for this purpose.

Blocking the Bills.

During the years 1906-1907 the Bills for Nurses' Registration were introduced and kept before the notice of the House of Commons, blocked night after night by representatives of the Nursing Schools, the Hon. Harry Levi-Lawson (now Lord Burnham), as a member of the Committee of the London Hospital, popping up and "objecting" night after night. Thus the *Daily Telegraph* and the Harmsworth press took a leading part for years in "downing" the nurses, and depriving the public of the protection recommended by the Select Committee through a system of State Registration.

Then we come to the year 1908, when the enemy made a flank movement, and had it not been for the chivalrous conduct of Lord Amptill, might

have prevented reform for a generation. It was in this wise.

The Directory of Nurses Bill.

The Central Hospital Council for London, composed of governors, secretaries and members of the honorary medical staffs of the large London hospitals, was formed ostensibly to consult about hospital matters; its real object was to prevent effective legislation for the Registration of Nurses. We once asked a medical member what he was doing in that *galère* and what business the Council transacted. He replied: "Oh, I think we once did something about milk!" At all events, in March of that year (1908) Lord Balfour of Burleigh introduced in the House of Lords a "Bill to provide for an Official Directory of Nurses," promoted privately by the 33 gentlemen who composed the Central Hospital Council for London. Once more the nursing profession had to be warned by us of its danger and called to arms.

We wrote: "When the seven financiers of the City of London suddenly launched their scheme for the control of nurses in 1905, we thought that no graver danger could threaten their liberties, but Mr. Sydney Holland and Sir Henry Burdett, the moving spirits of the Central Hospital Council for London have sprung upon the nursing profession one which is infinitely worse. That thirty-three men in London should, behind closed doors, draft a penalising Bill for the absolute government of a great body of at least 60,000 professional women, working in the three kingdoms, is such an outrage that words fail to express the indignation such conduct must inspire in every just-minded person. Although it is difficult to realise it, we live in a free country, and this is the twentieth century. We do not believe, therefore, that there is the slightest chance of the present House of Commons permitting this mediæval Bill to become law. At the same time, the fact that a noble lord has been found willing to introduce it into the Upper Chamber, presumably with the best intentions, sounds a note of warning of which we nurses must at once take heed. From this time forth there must not be the slightest doubt in our minds as to the procedure of the profession at large. We must instantly and strenuously oppose and expose such mischievous legislation. The day is long since past when women will meekly and weakly permit themselves to be deprived of liberty of conscience and freedom of action by methods which are as ingenious as they are obsolete." Suffice it to say, once again called to take action, the organised nurses in England, Scotland, and Ireland united to save their self-respect, and to safeguard the interests of the public.

Notice had been given that the Directory Bill, which was down for immediate second reading, was postponed till after the Easter Recess.

That gave us a chance, and we made the best of it. We interviewed Lord Balfour and threw some light upon his project, we bombarded "noble Lords," and yet we found great difficulty in persuading anyone of those we knew to move

the rejection of the obnoxious Bill. And just here we should like to lay great stress on the marvellous power of thought-transference.

After a tiring day in the Lobby of the House of Lords, I returned home, having been refused the help imperatively needed. I really did not personally know another Lord who could be invited to fight our cause, and yet one must be inspired to do so.

On my writing table I found a little letter from the then Matron of the County Hospital, Bedford, in which she wrote: "Do you know Lord Ampthill, our Chairman? I think, if appealed to, he would help us." I did not know Lord Ampthill, but down I sat and then and there sent him an explanatory letter, asking him to be good enough to see a few representative nurses on this all-important matter. With his unflinching courtesy this he consented to do, by return of post. We saw him, handed in our Memoranda, pleaded our cause, and asked him to move the rejection of the Directory Bill. He asked for time to consider his reply. For forty-eight hours we lived on tenter-hooks, and then I received his kind consent to champion our cause, and how splendidly he played his part, and with what success, is now a matter of history.

Lord Balfour of Burleigh put his Bill down for its second reading on May 6th, 1908. The crisis was acute, the danger imminent. The principle involved was, were the workers, or were they not, to have a voice in the making of the laws which they were to be compelled to obey? The principle in this controversy was so vital to all classes of the community that the duty of Parliament was apparent.

Lord Balfour was inundated with protests from the nurses' organisations (this was in the good old days before so many were content to be governed by the Caucus), and for once the women's societies gave a helping hand—protesting against imposing upon the nurses legal regulations which they regarded as unjust.

A Red Letter Day.

May 6th—a day of vital importance to nurses! It opened with a keen sense of anticipation of what the debate on the Directory of Nurses Bill in the Lords would bring forth. *The Times* of the day contained a letter in opposition to the measure, signed by Lord Roberts (of blessed memory), Lord Monkswell and Lord Ampthill.

The registrationists flocked to the House of Lords, and those who had obtained admission to the House below the Bar waited with the utmost eagerness for the opening of the debate. Suffice it to say, Lord Balfour of Burleigh did what he could with a bad Bill, and Lord Ampthill, in moving its rejection, covered himself with glory by his most eloquent and convincing arguments against it. Lord Tweedmouth, Lord Goschen and the Earl of Crewe supported the Bill. Lord Ashbourne, Lord Monkswell and Earl Russell spoke against it. But, of course, we all knew that the opinion of the Marquis of Lansdowne—

the Leader of the House of Lords—would do much to decide the fate of the Bill.

From our coign of vantage we noticed an earnest little discussion taking place between our champion and the Leader of the House. What would be the result of it? Our hearts went pit-a-pat, pit-a-pat. In a few minutes we knew.

Lord Lansdowne summed up the position in a most able and convincing speech, when he informed their lordships that if the Bill was pressed to a division, he should vote against it.

The House divided at 6.30, and there voted—

For the Bill	..	20
Against	..	53

Majority Against	..	33
------------------	----	----

Sir Henry Burdett, who was standing behind my seat, frankly remarked:—

"I always said it was a damned bad Bill!"

And yet he supported it in his papers for all he was worth!

The result of the division was eagerly awaited by the nurses in the Lobby, and was received with an intense sense of relief and gratitude; and those Lords who had supported the nurses came out and seemed much gratified with the reception accorded them. Lord Ampthill received an ovation.

Thus once again the nurses organisations saved the profession from dangerously suppressive legislation, and went on their way rejoicing.

ETHEL G. FENWICK.

(To be continued.)

ANNUAL MEDICAL REPORT.

The Annual Report of the Chief Medical Officer of the Ministry of Health for 1922 is now in the press, and it is hoped that publication will be made by the middle of next week. The Report is in form similar to that of previous years, and contains the chief vital statistics for the year with the inferences to be made from them. Special chapters are devoted to Maternity and Child Welfare, Tuberculosis, Venereal Disease, and the statistics relative to the increase of Cancer are discussed at some length. Observations are also made on the Loch Maree and other food poisoning outbreaks, and the precautions which are necessary on the part of manufacturers and others to prevent similar outbreaks in future.

The Report, including four short Appendices, is 186 pages in length; it is priced at 2s. 6d.

LEAGUE OF RED CROSS SOCIETIES.

The League of Red Cross Societies has telegraphed to Japan proposing that the Japanese Red Cross shall form a committee, under the Presidency of a Japanese, comprising a representative of every foreign Relief Mission, in order to co-ordinate all relief efforts.

PLAGUE, PESTILENCE, AND FAMINE.

The Bishop of London is wont to tell the story of a nurse whom he met in a Casualty Clearing Station in France who said to him: "Isn't it splendid, Bishop, to be up at the Front?" So it was, and we are proud of the way in which British Nurses demonstrated their right to give the skilled help, which meant so much to our wounded, at the earliest possible moment, regardless of personal risk, and so effectively as to win the thanks of Parliament publicly proclaimed by the Prime Minister in the House of Commons. But at least they had the support and comradeship of others of their countrymen and countrywomen—members of the medical and nursing professions—while working under difficult and dangerous conditions, and if any trained nurse had been asked during the Great War where she wished to be she would unhesitatingly have replied: "At the Front"—any Front, anywhere.

Courage of a different quality is required to adventure into a foreign country—and that country Bolshevik Russia—fifty miles from one's nearest countryman, in order to rescue from starvation and death, men, women, and little children.

Yet that was the task which Miss Muriel A. Payne, a certificated nurse of St. Bartholomew's Hospital, London, set her hand. The modest story of her achievements is told in "Plague, Pestilence, and Famine,"* told simply and naturally, without any thought of limelight, in letters written to her mother (to whom the book is dedicated), in 1922, while journeying to, and working in, the famine area of Russia. Of these letters Miss Payne writes in her preface: "Rough and sketchy as they are, I think at least they give a glimpse of a tragedy which only those who, like myself, were on the spot during those terrible months, can really give. Graphic details of suffering are missing. If you want more, just sit for five minutes and imagine the most awful things possible to your imagination: plague, pestilence, and famine, in a country apparently forsaken by God. But even then I doubt if you will begin to visualize the sufferings of the Russian people in 1922. Anyhow, I cannot describe them—to me they are indescribable.

"The famine is virtually over, but the medical conditions as regards disease and public health are still deplorable. Millions of people with vitality lowered from starvation, and from the shock of six years' war and revolution, are continually faced with the dangers of epidemic diseases which in England, owing to our wonderful health organization, are practically unknown. They spread, unchecked, among the 120 millions of Russian people who lack health, education, medical and nursing care, and hospitals. . . .

"Our panel system—'scandalous,' we say. 'That doctor has got 3,000 patients on his books! How can he treat them properly?' True, how

* By Muriel A. Payne. (Nesbit & Co., Ltd., 22, Berners Street, London, W. 1. 3s. 6d. net.)

can he? Yet in Russia one doctor to 100,000 people is a perfectly usual thing. Yes! And 50 per cent. of these splendid men died last year from disease or starvation while doing their work.

"The one bright thought in the whole history of the Russian famine is how the peoples of Europe and America sent help. While the Governments disputed, the public ignored the political issue, and poured money into funds that provided food for fellow-beings who were involved in the terrible catastrophe. Even now I doubt if the majority of people who gave money realised that there was *really nothing* in the famine area. For hundreds and hundreds of miles in that bitterly cold and snow-ridden country there was not an ounce of flour, a teaspoonful of sugar, or a drop of milk; not a match, a needle, or a bean! Straw and clay! Pounded grass! The bark of trees!

"But that misery is over. The famine is now virtually at an end.

"Are we in England, with our superbly equipped hospitals, our medical and surgical knowledge, our great organised systems for the prevention of disease, and the finest nursing service in the world, are we to do nothing to alleviate this state of things? Are we to watch with folded hands and dulled imaginations while this wholly preventable suffering continues, hoping that one day Russia will 'pull round,' or that there will be another type of Government—one of which we can approve?

"For gradually, very gradually, it is dawning on the thinking world that the only nation is mankind, and that, at any rate, a child is an international being, to be judged 'not guilty,' whatever the verdict may be on adults.

"In my mind stand out two main impressions. First, the few glimpses that I got in Russia of the real Soviet Ideal. To me there is nothing more tragic than the position of the genuine Communist. For there are a few who not only dream of a glorious and happy Russia, but who work for her good with no pay, no thanks, no holidays, no health; but who still hope, and, I believe, still pray, and realise to the depths of their being the sorrows of the people. They struggle on, hampered by the acts of violent men, nominally their colleagues, but in reality as far apart as the poles; yet tarred with the same brush by foreign opinion! For the world has no time to make these fine distinctions. To the world they have failed—that's enough.

"And the second picture is a group of little children who had been saved from the famine—the eldest delivering a speech thanking England for her help. It ended: 'We, the children of Russia, thank the people of England; and we shall not forget—no, we shall not forget until we die!'

"As to the views expressed in this book, a nurse's work is essentially unpolitical, undenominational, and international; so that perhaps we are able to look at the cinema of the world with a broader view than some others find possible. Anyhow, mine are sincerely expressed after six months watching and working in Soviet Russia."

LONDON TO MOSCOW.

In February, 1922, Miss Payne returned from Czecho-Slovakia, after the child welfare organization there had been successfully handed over to the Czech Red Cross and Ministry of Health, for three months' holiday, but that holiday was never taken, for on arriving in England she at once offered, and was accepted by the Society of Friends, for work in Russia, and, further, while waiting for the *visa* of her passport for Russia by the Bolsheviks, in response to urgent cables for nurses from Poland, went to Warsaw to nurse typhus.

At the Polish frontier, Miss Payne, and Nurse Shore who travelled with her, were met by Bolshevik couriers, under whose care they were from that moment.

Later, Miss Payne wrote: "I had the most interesting conversation with the Soviet courier, who, I found out afterwards, was a member of the People's Commissariat. He was a dreamy, artistic person, who raved over the sunset and the scenery as the train crawled along at about ten miles an hour.

"On the second day I asked him how men like himself could have acted so brutally as they did at the time of the Revolution. He gave me a most interesting description of the Revolution from the Bolshevik point of view. He explained the revolutionary spirit, the class hatred, and bitter sense of oppression that has been simmering in the Russian mind for generations. He swore that the Bolshevik Government did not order the massacre of the nobility and intelligencia, and asked: 'What use to our cause is all this frightful destruction?' He owned that it was a ghastly business, but claimed that it was history repeating itself, the result of centuries of bottled-up misery. The Revolutionary party had no control over the people at first, the frightful sufferings were inevitable for a time. He added: 'No Government on earth could have prevented the Revolution; it had to come.'

The following is the impression of Moscow recorded by Miss Payne:—

"Everything is indescribably miserable and sordid. Streets look as though they have never been streets. Houses are falling to bits—ruins of the Revolution. There is a continuous stream of ragged, silent men and women, an occasional horse and sleigh, or a motor-car flying the red flag. . . .

"I am going on to Buzuluk on Thursday, where the famine is very much worse. It takes anything from five days to get there, owing to snow-drifts and floods.

"I am at the present moment acting as milkman, and deliver milk for 15,000 children at the institutions in Moscow, also cases of soap and cooking utensils. Wood is so expensive and difficult to get that there is very little hot water, and no soap can be bought. The condition of the hospitals is quite indescribable. There are often three patients in each bed, and sick people lying all up the middle of the wards. There is no doubt,

however, that the staffs are doing their utmost to cope with the desperate situation. The most terrible place is the Epileptic Hospital, where the children are all starving, because the Relief Organisations and the Government feel that the food is so precious that it should be kept for the children worth saving. Surely under these conditions a lethal chamber should be allowed! It was the most ghastly sight I have ever seen.

"This morning I went to see the refugees in Moscow Station. One cannot describe the appalling chaos, or one's sense of helplessness. There were hundreds of people lying or sitting on their luggage, huddled on the top of each other for warmth, or picking the lice off each other. In one room the sick people were collected—most of them suffering from typhus or recurrent fever. One doctor struggles daily to try to find room for them in the hospitals, but many die just where they are. . . .

"The station is cleaned and disinfected every morning, the refugees being turned out into the snow, the only place for them. I was, however, very struck with the patience and kindness of the station officials."

Writing on a Red Cross train on the way from Moscow to Buzuluk, Miss Payne says:—"There is a Red Cross Hospital carriage at the end of our train. The conductor goes the length of the train twice a day asking for the sick or dead. The sick are taken to the Red Cross Hospital. This is a truly indescribable place, where they lie packed together, with one attendant to look after them. The dead are simply put on to the wayside or dropped at the stations. . . .

"The most awful strain of this job is the never-ceasing wail of the children. When one gives them anything they are dazed, and do not eat it immediately, but hang on to it like death, and then lick it all over first to make the joy last longer.

"The chaos of the whole country is indescribable. No one seems to know anything or to do anything. The population is a seething mass of louse-covered, ragged humanity, who, apparently, have no purpose left in life. They all move slowly and listlessly about, the reigning law being, 'It is yours, take it.' But there is now nothing left to take, so they just sit down and die.

"The Soviet Government is divided into two parties. One party realises that a form of capitalism is absolutely necessary for the reorganisation of the country, and so are beginning to allow private trading again. The other says that the chaos is due to the fact that Communism has not been carried far enough. Heaven knows how much further they could have carried it! There are hundreds and hundreds of miles of flat corn country that belonged to the rich, who ploughed it and supplied the world with food. Now that there are no rich the land belongs to anybody who will work it; but no one must employ labour or he becomes a capitalist. It is all intensely interesting."

LIFE IN THE FAMINE AREA.

From Buzuluk Miss Payne writes: "It has been

definitely decided that I am to take over F.'s district. I am very thrilled at the thought. I have over 67,000 people to look after and feed, and 1,000 orphan children living under the most awful conditions for whom I start homes. There are also three hospitals, at present practically closed, no food, and nurses starving.

From Borskoe:—"Sanitary arrangement all over Russia are simply awful. The water we drink is thick with black mud from the river, in which there are floating bodies. I am glad that I brought some chloride of lime with me.

"Yesterday I drove over a track in a buggy, vastly worse than anything in Czecho-Slovakia, to inspect the distribution of the rations at some of my villages. . . . I had deputations in nearly every village of those poor people without a ration, and so destined to die if the food does not come in time. It is an awful job. They fling themselves on the ground and lick my boots. It is too heart-rending to write about. I always explain everything very clearly to them, and generally leave them as satisfied as it is possible to be with empty tummies."

From Buzuluk:—"I am frantically busy opening a children's home on modern lines, or rather it is a receiving station. . . . If only I had ten real nurses and the medical equipment we could soon get these homes established on proper lines.

"Yesterday I cleaned up my stores magazine and made cakes for my skeleton babies as an extra for Easter Day, visited three villages, and interviewed about fifty people.

"In one village a woman has just killed and eaten her husband and sister. Of course they are mad when they do that. On the whole, there is very little cannibalism.

From Borskoe Miss Payne wrote a most graphic account of an attempt to get to her starving homes at Zaplovnia cut off by the flood, in a cockleshell of a boat. "Certainly—auto-suggestion kept my nerves steady during this eight-hours trip. When the boat behaved like a cork in a whirlpool, or barged into half-hidden trees, I kept on saying, 'Every moment in every respect this trip becomes safer and safer'—and it did, in the end!

The reorganisation of hospitals, the provision of food, the "cleaning-up" of her district, the distribution of seed, were a few of the tasks undertaken by Miss Payne. She writes to her mother: "You say I do not answer your questions, so I will now. My duties are as follows:—(1) Warehouse superintendent, (2) supervision of fifty-nine Food Distribution Centres, (3) organiser of fourteen children's homes (nine in semi-working order), (4) the establisher of three hospitals, (5) scavenger, organiser, and sanitary adviser to the villages, (6) chief sexton, (7) drug dispenser (of a few drugs I have received from Buzuluk), (8) head of the clothing department, (9) general adviser to the community of District No. 6."

A lonely figure seen on the horizon when Miss Payne was driving out to a village proved to be a man with a heavy knapsack on his back. Told by her driver, "Your wife and family are all alive;

the English people fed them," the man sprang forward—"Alive!" he shouted, "all alive! I thought they would all be dead!" And he flung himself on the ground weeping like a baby for pure joy.

Then they drove on and broke the news to his wife, who fainted into a neighbour's arms. "We left all our lunch at the house so that they could have a little feast when he arrived."

Miss Payne relates that some of the bully beef given by the British Government dated from the time of the Boer War. It was quite dangerous to go near it as it blew up.

"Don't believe any lies you hear about the children being brought up in immoral ways. We have over 15,000 children in our famine areas," writes the author, "and I have never heard of, or come across, one single case."

Miss Payne tells of a musical evening to which she was invited by the Communists. "They all sang in turn. . . . They asked me to sing something, but of course I refused. However, as they were very pressing, I said, 'All right,' but added 'You won't like it,' and I stood up and sang them 'God save the King!'

"Loud applause, and I was not shot at dawn."

Read the most amusing account of the farewell supper of bully beef, which there is not space to quote.

In the course of the book Miss Payne writes: "Denmark, Sweden, Czecho-Slovakia and Belgium are all helping with the famine. The French are sending a Red Cross unit.

"Why does not England send a Red Cross unit? "If we could only have amalgamated the famine relief with medical assistance, what thousands more lives might have been saved!"

The book concludes with the words: "I return home to collect the Nurses' Unit for Russia. May the funds be forthcoming." M. B.

A SONG.

Now I am on the earth,
What sweet things love me?
Summer, that gave me birth,
And glows on still above me;
The bird I loved a little while;
The rose I planted;
The woman in whose golden smile
Life seems enchanted.

Now I am in the grave,
What sweet things mourn me?
Summer, that all joys gave,
Whence death, alas! hath torn me;
One bird that sang to me; one rose
Whose beauty moved me;
One changeless woman; yea, all those
That living loved me.

From "Poems," by Arthur O'Shaughnessy.

The Committee of the King's Home for Nurses, Lower Clapton Road, is appealing for £2,000 to put the freehold in trim and proper order.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The devil has an uncommon way of getting round the best-intentioned legislation.—*The Archbishop of York.*

The General Nursing Council meets on the 21st inst. In its short term of office it has done as much injury to our Profession as time permitted. Suppression of professional aspirations is its determined policy, and it adds insult to injury that we should have to pay through the nose for its folly.

THE RETENTION FEE.

The demand by the Registrar for a second 2s. 6d. Retention Fee from Registered Nurses—whose names have not yet appeared on any published Register—is causing much discussion amongst trained registered nurses. The common determination appears to be not to pay a second fee until the Statutory Rules have been complied with by the Council and, according to Rule 5 (1), their names have been included in the published Register.

So far only the names of those 7,000 nurses have appeared who were registered up to July, 1922. Those registered up to December, 1922, were due to be published in January, 1923, but so far this edition of the Register has not appeared and is thus nine months overdue. The 7,000 nurses whose names have been published have been called upon for 2s. 6d. for 1923, and the recent whip is, we learn, for 1924 (due next January), and under protest have no doubt complied with the Rule.

These nurses, who have been registered for a year or more, and whose names have so far not been published, are naturally indignant at the mismanagement of their affairs by the Council and Registrar, and it is many of these nurses who are ready to contest the demand for Retention fees until the law has been conformed to, and their names have been published. The Ministry of Health is primarily to blame for failing to compel the General Nursing Council to carry out the responsible duties—in more than this particular instance—entrusted to it by Parliament.

In this connection it is of interest to know what is the opinion of New Zealand nurses, with whom we have reciprocity of registration under the Statutory standards, before they were recently degraded upon the initiative of the College of Nursing, Ltd., with the help of Dr. Chapple, M.P. We quote the following opinion from *Kai Tiaki*, the official organ of the New Zealand Trained Nurses' Association:—

REGISTRATION OF NURSES AT HOME.

There appears to be some misunderstanding in regard to the duration of the registration of a nurse, and in a recent nursing paper we see that the General Nursing Council of England and Wales is to obtain legal opinion "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."

The argument that the payment of the yearly registration fee is necessary for the retention of a nurse's name upon the register appears to us a most unjust and short-sighted one. Surely once a nurse has qualified for registration by undergoing the necessary training and passing the prescribed examination she is a duly qualified and registered member of the profession of nursing.

It is provided in the various Acts or rules which have been passed in Great Britain and in the Dominions that a nurse's name may be removed from the register on account of an indictable offence or misdemeanour or misconduct.

How, then, can the omission of the payment of half-a-crown a year be an equal cause of removal from the register? Surely, apart from the copy of the register, which should be published annually, there must be kept the main register in which as they are accepted the applicants for registration are entered and from which the annual register with corrected addresses, altered names by marriage, and, under our New Zealand system, additional qualifications and experience and appointments are added, is made up for publication.

This is an alphabetical register, and should be the working one for the information of the public; and from its pages it is quite a fair thing that the name of a nurse failing to pay her annual subscription should be left out. We do not think that, under any Act for the registration of members of a recognised profession, the names of those who have once been accepted as properly qualified are removed for the trivial cause of non-payment of a yearly fee. The reason should be of a very grave character, otherwise there is no distinction between mere carelessness and criminality. On perusal of Part I of the rules under the Act, we find under "Fee for retention in Register," that the word "published" register is used, and we consider that the intention of the framers of this rule is merely that the nurse's name may be removed from the publication of that year, but will remain on the main register. A nurse once registered should, therefore, unless removed under Part V of the rules on account of conviction of a felony, misdemeanour, or other specified reasons, still be entitled to call herself a registered nurse.

We shall be pleased to publish the opinions of Registered Nurses on this important matter.

GENERAL NURSING COUNCIL FOR SCOTLAND.

The Badge for Registered Nurses on the Scottish Register is now on sale, and can be purchased from the manufacturers, Messrs. Brook & Son, 87, George Street, Edinburgh, at a price of 4s. 9d. (including postage), on production to Messrs. Brook & Son of a voucher which must be obtained from the Registrar, 13, Melville Street, Edinburgh. To save correspondence a voucher will in the future be issued to each nurse as she pays her Retention Fee for this year. Nurses who have not to pay a Retention Fee this year can obtain the voucher from the Registrar.

Scottish nurses are apparently very apathetic about the publication of their State Register. It is now three and a-half years since their Nursing Council began to function, and so far it has not "so determined," as provided in the Rules, to publish the Register.

APPOINTMENTS.

MATRON.

King Edward VII Hospital, Windsor.—Miss Penelope M. Morris, R.R.C., has been appointed Matron. She was trained at the Middlesex Hospital, W., and has been Sister in Charge of Surgical Unit, Middlesex Hospital. She served from 1914 to 1919 in France and Belgium on Military Service, was mentioned in dispatches, and received the R.R.C. In 1919 Miss Morris returned to the Middlesex Hospital. She holds the certificate of the Central Midwives' Board.

Wolverhampton and Staffordshire Hospital.—Miss Mary W. Millar, A.R.R.C., has been appointed Matron. She was trained at the Norfolk and Norwich Hospital, where she was Ward Sister, Night Sister, Housekeeping Sister. Miss Millar has been Assistant Matron at the Wolverhampton and Staffordshire Hospital. She was awarded the A.R.R.C. for Military Nursing Service during the war.

Borough and Grindon Sanatoria for Infectious and Tubercular Diseases.—Miss Florence Harvey has been appointed Matron. She was trained at Highfield Hospital, Sunderland, and at the Borough Sanatorium, where she has acted as Deputy-Matron.

Matlock, Wirksworth Cottage Hospital.—Miss Ethel Spencer has been appointed Matron. She was trained at St. Luke's Hospital, Bradford, and has been Ward Sister and Night Sister at Fell Lane Hospital, Keighley, Night Sister at Chesterfield Infirmary, and Matron of Ripley Cottage Hospital.

Hastings, Borough Sanatorium and Infectious Hospital.—Miss Florence Pollard has been appointed Matron. She was trained at St. George's Infirmary, Fulham, and at the Western Fever Hospital, and has been Staff Nurse at the South-Eastern Hospital, Sister at Clare Hall Sanatorium, and Ward Sister and Home Sister at Hornsey, Finchley and Wood Green Joint Hospital, Muswell Hill.

ASSISTANT MATRON AND THEATRE SISTER.

Royal Victoria Hospital, Dover.—Miss Elsie Hudson has been appointed Assistant Matron and Theatre Sister. She was trained at the Royal Albert Edward Hospital, Wigan, and was there promoted to be Sister. Miss Hudson has held the appointments of Theatre Sister at Colchester Military Hospital, Theatre and Home Sister, Royal Victoria Hospital, Dover, and Assistant Matron at the Hospital for Women, Liverpool.

MATRON'S OFFICE SISTER.

Reading, Royal Berkshire Hospital.—Miss Florence Tilt has been appointed Matron's Office Sister. She was trained at the City Hospital, Little Bromwich, Birmingham, and at Worcester Infirmary, and has been Sister at Norwich Isolation Hospital, Night Sister at Weston-super-Mare Hospital, and at Norwich Isolation Hospital.

HEALTH VISITORS.

Stoke-on-Trent County Borough.—Miss Stella Dakin and Miss Annis Taylor have been appointed Health Visitors. Miss Dakin was trained at Bradford Maternity Hospital, and has since done private nursing. Miss Taylor was trained at Stoke Union Infirmary, and has since been Health Visitor for Leicestershire.

DISTRICT MATRON AND SUPERINTENDENT OF MIDWIVES.

West Indies, St. Kitts Nevis.—Miss P. Daken has been appointed district Matron and Superintendent of Midwives. She was trained at Guy's Hospital, and holds the certificate of the Central Midwives' Board, and of the Royal Sanitary Institute.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following promotions have been made:—Senior Nursing Sisters to be Lady Superintendents.—Miss C. S. McGowan, R.R.C., August 29th, 1922; Miss J. S. R. Wilson, O.B.E., R.R.C., November 29th, 1922. Nursing Sisters to be Senior Nursing Sisters.—Miss I. L. Harrison, December 3rd, 1921; Miss C. H. Anderson, A.R.R.C., August 14th, 1922; Miss P. Exshaw, R.R.C., August 29th, 1922; Miss I. A. McNally, R.R.C., November 29th, 1922.

The following lady nurses have been permitted to resign the service:—Nursing Sisters.—Miss B. F. G. Salmon, July 10th, 1921; Miss C. V. Clarke, November 7th, 1921; Miss E. F. Grove, March 1st, 1922; Miss B. Anderson, February 13th, 1922; Mrs. H. Bazalgette, September 24th, 1922; Miss H. H. Anderson, December 4th, 1922.

The following lady nurses have been permitted to retire from the service:—Lady Superintendent Miss A. M. Gilmore, O.B.E., R.R.C., April 26th, 1923; Senior Nursing Sister Miss H. Rooke, on account of ill-health, August 14th, 1922.

NOTE.—The retirement of Lady Superintendent B. Crane is ante-dated from November 18th, 1922 (as notified in the *London Gazette* dated February 2nd, 1923) to October 23rd, 1922.

WEDDING BELLS.

The Montreal correspondent of *The Daily Mail* reports: "News has been received here of the marriage at Athens of Miss Louise MacLachlan, a nurse, the second daughter of Mr. and Mrs. Duncan MacLachlan, of Chatham, Ontario, and Prince Oleg Vladimir, a cousin of the King of South Slavia, and a nephew of the Queen of Italy. Miss MacLachlan met the Prince while working for the American Near East Red Cross in the royal palace at Athens. The couple are now on their way to California for their honeymoon."

A SAD FATALITY.

We regret to report a sad fatality—a Miss Dyer, described as a nurse, having lost her life by drowning, at Torquay, in spite of plucky attempts to rescue her as she was being washed out to sea as described at the inquest.

Mr. Henry Maidment and Mr. Arthur Lee, both of London, heard her cries for help and instantly swam to the rescue. When they brought the body ashore she was dead.

The coroner warmly commended the men for their bravery.

THE HOSPITAL WORLD.

The British Empire Cancer Campaign Appeal has issued a leaflet showing in colours replicas of the "Cancer" stamps issued to meet the demands of the small subscriber and the needs of the collector in small towns and villages, factories, stores and shops. The stamps are available in two forms in books and in cards.

Further information will be supplied from 19, Berkeley Street, London, W.1.

The Kingston Board of Guardians have several times discussed the case of Mr. J. W. Franks, a

member of the Board, who, it was reported, had been disqualified from serving because he had been a patient in the Board's hospital. It was explained that Mr. Franks was a private patient and paid three guineas a week, a sum considerably more than the actual cost of maintenance, but the fact that he had been treated in a Poor-Law institution made him technically a pauper.

Mr. Franks said the Board's hospital was splendidly equipped and staffed, and it was a great shame that its work should be retarded or stunted by such a foolish law. He urged the Board to support other unions in getting the law amended, so that people could use the hospital without being declared paupers.

The Board decided to send full details of the case to the Government, and to urge them to amend the present law.

It is high time the whole system of State hospitals was overhauled and was brought up-to-date. Especially is it necessary that a prescribed scheme of nurse training was made compulsory, which the Nurses' Registration Act provides for, and which the General Nursing Council in its feeble expediency is attempting to evade.

Dr. A. G. Wilkinson, who served as a dresser with Miss Florence Nightingale in the Crimea, died last week at Northampton, aged 88. He was then a medical student and helped the wounded after the charge of the Light Brigade.

The Japanese newspaper *Asahi* states that the Sanitary Department of the Tokyo Municipal Police reports that the epidemics are spreading. The daily average of new cases is thirty dysentery and ten typhus. Doctors are scarce, and posters advertising for physicians may be seen all over Tokyo.

The Sanitary Department has reorganised the Hygiene Corps, dividing the workers into examination parties and disinfection parties. There are fifty parties for each class of work. The examination parties consist of one physician, two nurses, and one helper. Disinfectants and remedies for dysentery and scalds are reported to be scarce.

LEGACIES FOR NURSES.

The late Mr. Joseph Hargreaves Bailey, J.P., of Manor View, Sheffield Road, Barnsley, bequeathed his nurse, Miss Mabel Pearce, £50.

Mrs. Emily M. F. Bingham de Romano, of Villa Herakleia, Monaco, left £100 to her former nurse, Eliza Rose Street, and £25 each to her nurse, Grace Mary Burton, and her former nurse, Mary Holl.

PASTEURIZATION CONFERENCE.

A conference on Pasteurization, convened by the National Clean Milk Society, Inc., will be held in the Council Chamber of the Guildhall on November 21st.

THE ORGANISATION OF NURSING IN INDIA.

To keep in touch with the progress of nursing in our Empire is not only a pleasure, but a duty of nurses in Britain (the wellspring of the modern system of nursing all over the world) and every step taken to help the health of the people of India is of paramount importance.

We have read with great interest an article which appeared recently in *The Times of India*, from which we quote as follows:—

THE PROFESSION AND ART OF NURSING.

The profession and art of nursing form one of the blessings which Western civilisation has bestowed on India. In old days, and even now, apart from Western influence, we find no evidence of any attendance on the sick superior to that of the dai, or handy woman who goes from house to house carrying out her own ideas of treatment or who remains if required for more prolonged attendance. She is, however, illiterate and untrained, and there has never been any movement among the people for organising and improving this rough service and putting it on a footing which would make it generally useful to the community.

The first beginnings of nursing in India came with the appointment of a matron to the Madras Maternity Hospital in 1844; ten years later the training of midwife probationers was definitely begun, and in close upon seventy years following that well-known Hospital has passed out midwives of whom 2,373 were Europeans or Anglo-Indians and 72 were Indians. In 1859 the Calcutta Hospital Nurses' Institution was started to provide nurses for the large Calcutta Hospitals. Nursing sisters were brought out from England, but the training of probationers was begun at once. The Jamsetjee Jijibhoy Hospital, Bombay, and the General Hospital, Madras, began the training of nurses in 1870 and 1890 respectively.

The nurses trained in these institutions were, at least until quite recently, Europeans or Anglo-Indians, and the cause of this is not far to seek. Education among Indian women has been, and still is, very backward, yet since the reformation of nursing in England after the middle of last century a good general education has been the *sine qua non* for probationers. Not only so but the whole trend of thought of the Indian people disapproves of women, except perhaps of the lowest class, coming forward to take up positions in institutions in which teachers, students and patients are men. Were it not for this, one can imagine that the profession of nursing would appeal to Indian women who are deft, skilful, and sympathetic in their ways.

Central Board Required.

Training of Indian nurses began in Mission Hospitals during the seventies. In 1885 and 1886 respectively, the great Nursing Schools in the Dufferin Hospital, Calcutta, and the Cama Hos-

pital, Bombay, were opened. As years passed, the standard of hospitals improved, more Nursing Sisters became available and many women's hospitals took up the training of Indian nurses. Information made available by the Countess of Dufferin Fund shows that up to the present time, so far as returns can be trusted 1,262 Indian and 1,250 Anglo-Indian nurses have been trained, and that 478 Indians and 379 Anglo-Indians are now under training.

Not very much can be said about the standard of training of these nurses. At first tests of efficiency were purely local and no doubt differed according to the standard of the medical men or matrons in charge. The Bombay Presidency was the first to institute a Nurses Examination Board which sets a definite standard of training and conducts independent examinations. Other Provinces and some Missionary Societies have followed this example until now there are at least a dozen such Boards, all with varying standards and varying requirements which cannot fail to confuse the public. It is of great importance for the future of nursing in India that a Central Board should be formed to affiliate all these local organisations.

Organise the Nursing Profession.

It is also of great importance to render nursing more popular and to remove as far as possible the difficulties which prevent Indian women from taking it up. It is now generally recognised that skilled nursing is a necessary accompaniment of medical and surgical treatment. As regards hospital treatment, in England four beds per 1,000 of the population is looked upon as necessary. In these hospitals one nurse per five beds is required or, if the hospital is for maternity patients, one nurse for three beds. If we strike an average and say we require in India one nurse per four beds we should want, for hospital work only, one nurse per 1,000 of the population. A simple exercise in arithmetic shows the immense number required, and this is for hospitals only in addition to those required for private nursing for childbirth, for factories, schools, infant welfare centres, &c., &c. If these requirements are to be met, on the fulfilment of which the future health and prosperity of the people depend so greatly, a real national movement is needed and the first step is to organise the nursing profession so that Indian women may be able to enter it freely. The present is a good opportunity to take up the question as, owing to the economic situation, Indian parents are more anxious than before to train their daughters for fairly lucrative professions, while Indian husbands are ready to allow their wives to work and contribute to the family exchequer provided the conditions are made possible to the continuance of family life and to a respectable career.

The Lady Reading Fund.

The Lady Reading Nurses' Association has been founded by Her Excellency with the idea of forwarding the interests of Indian nurses in every

way possible. At the present time a beginning has been made by selecting two Indian ladies to proceed to Europe for a first-class training in nursing. It is hoped they will form the nucleus of a first-class staff of Indian Nursing Sisters. A Hostel for private nursing has been established in Delhi, and it is hoped a series of such hostels may be established in other towns. In addition it is desired to give assistance to suitable hospitals in different parts of the country for the training of Indian nurses, the ideal being that every women's hospital with a sufficient number of beds should be a centre for training. The training of male nurses in men's hospitals is also very necessary; but this is outside the province of the Lady Reading Fund.

The programme sketched above might be enlarged in many ways, but even to carry it out as indicated will require more funds than are available at present, and it is earnestly hoped that the thinking public who realise the great importance of this question will come forward and assist the Lady Reading Women of India Fund by subscriptions large or small.

This appeal is not directed to Indians only for Europeans and Anglo-Indians also suffer, especially in the mofussil from the poor and scanty supply of nurses in illness. Donations will be gladly received by the Honorary Secretary, or Treasurer, Lady Reading Women of India Fund, Viceregal Lodge, Simla.

THE GAS INDUSTRY IN CONFERENCE.

The Twelfth Annual Conference of the British Commercial Gas Association is to be held in Birmingham under the Presidency of Alderman J. H. Lloyd, on Monday, Tuesday and Wednesday, October 1st, 2nd and 3rd—the three concluding days of the National Gas Exhibition, which opens at Bingley Hall, Birmingham, on September 17th.

The Right Hon. J. R. Clynes, M.P., will attend the Conference and deliver an address on "Goodwill in Industry" at the Tuesday morning session; while in the afternoon Sir Frederick Mott, K.B.E., M.D., F.R.C.P., F.R.S., will take the chair at a session devoted to the subject of "Gas Service and Domestic Economy." At this and at two other sessions dealing with "Gas in Industry" and "Gas in Catering," papers will be read followed by discussions in which the public is invited to take part.

COMING EVENTS.

September 21st.—Meeting General Nursing Council. Ministry of Health, Whitehall. 2.30 p.m.

October 1st to 3rd.—British Commercial Gas Association: Twelfth Annual Conference, Birmingham.

October 16th to 22nd.—National Council of Women of Great Britain and Ireland. Annual Meeting and Conference, Music Hall, 54, George Street, Edinburgh. Reduced fare tickets from October 15th to 24th.

BOOK OF THE WEEK.

SEVEN FOR A SECRET.

This vivid story is quite above the average, both in imagination and descriptive ability.

The *mise en scène* is farm life in Wales, which the writer's pen portrays so charmingly.

Not yet tea time in cold winter, when the linnets kept up their sad little lament of *twite, twite, twite*, in the bare hawthorn hedges, and when the blackbirds began to think of fluffing up their feathers, settling cosily, and drawing up their eyelids, and when from the stubble fields that lay like a small pale coin on the outspread moor a flock of starlings came past with a rip of the air like the tearing of strong silk.

Inside the farm by the kitchen table stood Gillian Loveken. She was stoning raisins. Every sixth raisin she put into her mouth rapturously and defiantly, remembering that she and not Mrs. Makepeace was mistress of the farm.

When her mother had died Gillian had been only sixteen. Her first thought, she remembered with compunction, had been that now she would be mistress. She was just eighteen on this evening. The reader is told that her appearance was neither tall nor short, neither stout nor very slender, neither dark nor fair, not pretty or ugly, although she had ugly things about her—a scar on her forehead and a nose too high in the bridge, which gave her in her softest moods a domineering air.

When we read further on in the story we are convinced that her assets must have far outweighed her defects, and that her eyes, as asserted, charmed and led you in a spell, and would not let you think her plain or dull, otherwise the story would never have been written, for it is *par excellence* Gillian's love story.

Robert Rideout, the cowman-shepherd, was son of Mrs. Makepeace, who herself was general factotum and manager.

By no means a common shepherd, but one who was a bit of a poet, a bit of a musician, and who was devoted to his master's young daughter. But up to the present he was simple and unselfconscious as a child.

He had always taken Gillian for granted. He had never before to-day thought of himself in relation to her. He saw her slender waist without his arm around it, her mouth unknissed. To-night in the meadow among the sheep he saw her thus for the first time. Gillian was not sufficiently interested in Robert even to laugh at him. She wanted to go on being herself, even when she was dissolved in nothingness. She wanted to make men and women hear her, love her, rue her. In the dove gray cooing silence of the farm any mental absorption gained double force, and she built up this dream, in which she was always in the foreground bathed in light.

Out there in the darkening meadow, while she thought of the future as she had planned it, she

* By Mary Webb. (Hutchinson, London.)

slipped into his being like a raindrop into the heart of a deep flower.

Neither of them knew what was happening any more than the sheep knew whence came the unease that troubled them before snow.

Disturbed by Robert's unusual manner, she found relief in singing, and as she wandered after the sheep in the moonlight she sang:

I saw seven magpies in a tree:
One for you and six for me,
One for sorrow, two for joy,
Three for a girl, four for a boy,
Five for silver, six for gold.

And down in the hollow, by the low-voiced brook, Robert, in his rich, quiet voice, finished the song:

And seven for a secret
That's never been told.

Gillian longed always to spread her wings in the world beyond the farm, but Isaiah, her father, was made of stern stuff.

"When I've learned to sing proper I can go out into the world, canna I?"

"No. You mun bide and see to the house."

"If you let me go I'll come back when you're aged and old with the palsy and tic-douloureux, and tears in your eyes and nobody to love ye. I'll come in a carriage and a purse of money, and maybe a husband and maybe not. I'll walk in with a sighing of silk, and pour out money on the table, and bring you oranges and sparkly wine, and a fur coat and summat for the tic-douloureux."

"Thank you kindly."

"So you'll take me next time you go out."

"No."

"Well, then, I'll ask A'nt Fanteague to take me. So there."

She eventually accomplished her purpose with A'nt Fanteague, who, by the way, is a very notable person, and vain, egotistical, self-willed. Gillian tastes the realities of life far sooner and much more thoroughly than she had dreamed of.

But we will not anticipate for our readers the sequel. It is far too good a story to spoil.

H. H.

Our common mother rests and sings,
Like Ruth, among her garnered sheaves;
Her lap is full of goodly things,
Her brow is bright with autumn leaves.

For an Autumn Festival.

O for the purple harvests
Of the days when I was young!
For the merry grape-stained maidens,
And the pleasant songs they sung!

Cobbler Keezar's Vision.

WORD FOR THE WEEK.

A kindly deed is a little seed
That groweth all unseen;
And, lo, when none do look thereon,
Anew it springeth green.

LETTERS TO THE EDITOR.

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

KERNELS FROM CORRESPONDENCE.

"A Poor Thing" asks: "We should not be so domineered over if there was not something wrong with us as a profession. What is it?"
[The lack of heroic energy.—ED.]

TAKING IT LYING DOWN.

"Australian Nurse in London" writes: "At a recent meeting of protest of nurses in Melbourne demanding better conditions one speaker supported her argument in the following statement:—'Nursing is a great attraction, because it is second nature to a woman to want to nurse somebody. But one cannot live on high ideals. Ideals do not give one health when long hours are sapping one's energy. And talking of ideals, they seem to be all on one side. Why, one great hospital in London, where Florence Nightingale laid the foundation of nursing tried to have nurses classed as domestics, because they made beds, in order to dodge the Worker's Insurance Act.' This proves how the lack of self-government of nurses in England reacts in the Commonwealth."

[May we draw the attention of our correspondent to the fact that it was the combined self-governing societies of nurses that compelled Sir Arthur Stanley, and other hospital governors supporting him in this proposal, to withdraw their attempt to degrade professional Nurses to the status of domestic servants. We regret that in the Report of the annual meeting of the Members of the College of Nursing, Ltd., there appears to have been no protest made by the nurses against the action of their Chairman in this connection.—ED.]

OLD AND GREY.

E. E. P.—"I liked your editorial on holidays. I have had a real one—the first for years—in London, and I feel so refreshed. I have seen old familiar places, and many new. I was alone, which often made me sad, when thinking how merry we were at home. Now I am old and grey; yet on holiday I had a 'feast of reason and flow of soul.' At home I am often days without a word, but with my cat and dog."

[We know a charming woman who lives in the same town, associated with nursing in her youth. We shall "put her on" to "Old and Grey."—ED.]

OUR PRIZE COMPETITION QUESTIONS.

September 29th.—Show how the tooth brush may carry infection from a diphtheria carrier and how it should be disinfected. What other articles may become vehicles of infection, especially in schools?

October 6th.—Describe a case of phlegmasia white leg), with regard to onset, symptoms, treatment, and subsequent history.

The Midwife.

THE TRAINING OF MIDWIVES.

A valuable series of Reports on Public Health and Medical Subjects is being issued by the Ministry of Health, No. 21, just issued, being an exhaustive Report on the Training of Midwives, by Dr. Janet M. Campbell, M.D., M.S., Senior Medical Officer for Maternity and Child Welfare, Ministry of Health. It is published by His Majesty's Stationery Office, Imperial House, Kingsway, London, W.C.2, price 1s. 3d. net, and should be studied by all interested in the subject of midwifery, whether trainers and teachers of midwives, practising midwives, Local Supervising Authorities, or those concerned in their provision.

Sir George Newman, Chief Medical Officer of the Ministry of Health, in a Prefatory Note to the Minister of Health, writes:—

“As more than 50 per cent. of the cases of childbirth occurring in England and Wales are attended solely by midwives, their contribution to the community and to the national health is obvious. But their value depends upon their adequate training, experience, and skill, which must keep pace with growing knowledge and with the requirements of modern midwifery practice. From a public health point of view we not only need more practising midwives, but a higher average of competency if we are to secure an increased degree of safety and efficient treatment for child-bearing women. Miss Campbell's Report discusses the whole position and the present needs, and includes relative comparisons with the conditions of training in other European countries. Miss Campbell recommends that the period of training should be lengthened, that the curriculum should be revised and reconstructed, and that the training schools should be suitably graded. The institution of a Teacher's Certificate is recommended, and also the registration of monthly nurses and unqualified attendants who assist in the nursing of maternity patients. I concur in these recommendations.”

In her introduction Dr. Janet Campbell writes:

“Much attention has been directed of late to the question of *maternal mortality* associated with childbirth, and the almost stationary character of the maternal mortality rate suggests the inference that the midwifery service of the country is not as efficient as it should be.”

She gives a table showing the maternal mortality for the ten years 1897-1906, the average being the death of one mother to 228 births. In the year 1907 there was the death of one mother to 261 births, and in 1922 there was the death of one mother to 263 births.

Dr. Campbell points out that “during the present century the general death rate has steadily declined, and the standard of sanitation and general and personal hygiene of the country as a

whole has been raised. It is, therefore, disappointing and surprising to observe that the improved training of midwives and the wider knowledge and application of methods of surgical cleanliness have not had more effect in reducing the maternal mortality and associated morbidity. This suggests that both doctor and midwife are still imperfectly educated in obstetrics.” The training of the medical student has been reported on in “Notes on the Arrangements for Teaching Obstetrics and Gynæcology in the Medical Schools,” Report No. 15. In the present Report Dr. Campbell considers the training of the pupil midwife and its effectiveness in equipping her for her subsequent work.

Discussing the administration of the Midwives Act, Dr. Campbell points out that it came into operation on April 1st, 1903, and was placed in the hands of the Central Midwives Board. In the first place the period of training required was three months. In June, 1916, this period was extended to six months in the case of untrained women, and to four months (or in some cases three months) for certain trained nurses.

“In 1919 the Board of Education obtained the approval of the Treasury to make some contribution towards the cost of training midwives. It was decided that with certain exceptions grants-in-aid should be limited to midwives intending to practise midwifery, that a grant of £20 should be paid to training institutions approved by the Board for each pupil midwife who expressed a *bona-fide* intention to practise, and that the training school should be expected correspondingly to reduce the fees paid by the pupil midwives concerned. . . . In the year ending March, 1923, grants amounting approximately to £13,600 were paid in respect of 670 pupil midwives.”

Dr. Campbell makes some interesting extracts from a Report by Dr. Jane H. Turnbull, one of the Medical Officers to the Board of Health, who, during the last three and a half years, has visited 71 midwifery training schools, 54 on behalf of the Board of Education and 17 by direction of the Ministry of Health on behalf of the Central Midwives Board. We regret that space does not permit of our referring to these extracts in detail at the present time.

PROPOSED EXTENSION OF THE TRAINING PERIOD.

“It has long been recognised that even the extended period of six months is altogether insufficient for the satisfactory education of a student of midwifery, and indeed a number of training schools encourage, or even require, their pupils to remain for a rather longer time. The practice of midwifery is an exacting calling, involving as it does direct personal responsibility for the safety of the lives of two persons, mother and child, a responsibility which can be compared only to that exercised by the medical practitioner.

"It is true that midwifery has a limited scope, being concerned with one function only, and that function one which is physiological rather than pathological; but although, in theory, the midwife is concerned only with normal parturition, the most apparently straightforward case may at any moment develop unexpected and dangerous complications which call for rapid decision and good judgment, if disaster is to be avoided while awaiting medical assistance, and the midwife must be prepared to encounter and to the best of her ability to deal with such accidents or difficulties. Mechanical expertness in normal delivery is, therefore, far from sufficient fully to equip the midwife. . . .

"To be a safe and satisfactory attendant at a confinement the midwife should have a wide knowledge of midwifery as a whole, a clear appreciation of the possible significance of such unfavourable signs or symptoms as may arise, and a sound understanding of the first-aid treatment to which she may properly have recourse pending the arrival of the doctor. Further, the practice of obstetrics has been invested during the past few years with a new and growing importance. It is beginning to be more generally realised that midwifery is a branch of medicine which requires a high degree of skill and knowledge if injury and loss of life are to be avoided, and also that the responsibility of the chosen attendant is not limited to the actual confinement, but should begin as soon as pregnancy is recognised, and end only when the patient is restored to normal health and vigour. Complete responsibility for ante- and post-natal care must devolve upon the doctor, but, as many women are never seen by a doctor, except in the event of unexpected emergency, it is clearly necessary that the midwife should fully understand this wider conception of obstetrical practice, and be ready and able to watch for and interpret early symptoms suggestive of abnormality. Thus the midwife of the future may expect greater demands upon her intelligence and professional competence.

"If six months' study was insufficient properly to equip a midwife in the past, it is still less adequate in the light of modern development. It must also be remembered that many pupil midwives are, unfortunately, women of limited education, who learn with difficulty, are likely to forget much of the theory taught, and to remember clearly little but what they learn by practical work. Constant practice and repetition are necessary to inculcate habits of cleanliness and antiseptics, and such habits can only be established if a reasonably long period is allowed for their acquirement."

SOME DIFFICULTIES ASSOCIATED WITH A LONGER TRAINING.

Dr. Campbell discusses some of the difficulties associated with a longer training in connection with which she considers that "the whole of the existing arrangements for training should be brought under review before final action is taken, in order to ascertain whether other associated

changes may be necessary in addition to a mere extension of the period, in order that the influence of an extended training upon the character of the midwifery service as a whole, and in its relation to the Public Health Service, may be fully effective."

The first question discussed is that of finance in connection with the direct financial loss to institutions unless the fees charged to midwifery pupils are considerably increased, as the number of pupils will be greatly reduced. In this connection Dr. Campbell points out that the pupil-midwife is expected to pay the whole cost of her training, both tuition and maintenance. The probationer-nurse, on the other hand, not only receives free board and lodging during her training, but is paid a salary from the time she enters the hospital. The difference is, no doubt, due to the short intensive training of the midwife, which does not give her the opportunity of serving the training school that is open to a nurse who enters upon a form of apprenticeship. She thinks if the training of midwives is lengthened, the question of fees might be reconsidered.

(To be concluded.)

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

PENAL CASES.

At a special meeting of the Central Midwives Board for Scotland held for the hearing of penal cases, Dr. James Haig Ferguson in the chair, Mrs. Flora Watt, No. 1449, 326, South Wellington Street, Glasgow, appeared in answer to charges of being guilty of negligence, breaches of the rules, and for failing to send for medical assistance in the case of a patient suffering from excessive haemorrhage.

The Board found the charges to be proved and instructed the Secretary to remove her name from the Roll, and to cancel her certificate and, further, to prohibit her from attending women in childbirth in any other capacity.

At the same diet the cases of Mrs. Agnes Small, No. 446, Blackbraes, Falkirk; Mrs. Maggie Maxwell, No. 3367, 27, Wilson Street, Alexandria, Dumbartonshire; and Mrs. Mary McLean, No. 776, 67, Campbell Street, Bonhill, Dumbartonshire, for various breaches of the Rules, were duly considered.

The Board resolved in each case that the midwife should be severely reprimanded and that sentence should be postponed pending the receipt of a report from the Local Supervising Authority on the conduct and methods of their practice during the next three months.

HOUSEHOLD HINTS.

Miss S. Persis Johnson, R.N., tells us in the *Modern Hospital* that feather pillows may be laundered satisfactorily. Place the pillow in twine or porous bags; wash in the usual way (do not boil), place in dry tumbler to dry and "fluff," and, when possible, complete drying in sun and air.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,853.

SATURDAY, OCTOBER 6, 1923.

Vol. LXXI

EDITORIAL.

THE FIRE AT THE Highbury Hospital.

The Departmental Committee appointed to inquire into the circumstances of the fire at the Highbury Hospital, Birmingham, under the Ministry of Pensions, have now made their Report concerning this disastrous occurrence, through which two bedridden pensioners lost their lives, and have made a number of recommendations.

The fire is stated to have *originated in some floor-polish, which was being melted on a stove, becoming alight*. This is the point we desire to emphasise, because, although various recommendations are made with the object of minimising fire risks which are no doubt quite necessary and commendable, no emphasis appears to be laid on the original and quite inexcusable cause of the fire.

To melt inflammable material on a stove to make floor-polish is at all times a highly dangerous proceeding. To do so in a hospital is in the highest degree reprehensible, and when that hospital is composed of wooden huts, containing bedridden and helpless patients, the highest censure is deserved not only by the person directly concerned, but by the authorities of the hospital who permitted so reprehensible and dangerous a practice.

Nor can such a practice be justified by any plea of necessity. There is no reason to endanger life by concocting floor-polish by melting inflammable materials over open stoves when there are excellent polishes on the market ready for use. We hope that an order will go forth from all Government Departments forbidding so dangerous a practice in the hospitals under their control, whether the structures are permanent or temporary.

The Departmental Committee are of opinion that the regrettable result of the Highbury fire

was due to a combination of circumstances rather than to any defects in the fire precautions adopted.

The Committee examined the fire precautions at seven hutment hospitals, and came to the conclusion that in the main the fire precautions are such that outbreaks are only likely to occur from accidental causes.

They consider that their recommendations will reasonably safeguard wooden hutments partly or wholly protected by non-combustible materials, but are less satisfied with regard to hospitals consisting in the main of wooden huts.

One danger pointed out is that of the wooden corridors connecting separate huts, and it is suggested that the sides of these corridors should be removed to prevent their forming fire-flues by which fire can be carried from one block to another. They also recommend that every hutment should have a clear exit at each end, with doors opening outwards, and fitted with "panic" bolts, and that huts more than 90 ft. long should have an exit on each side as well.

The Committee consider that it is a mistake to attempt to evacuate a ward by wheeling bedridden patients out in their beds, and that they should be carried out on mattresses or on stretchers. (They might also be carried out in blankets). The Committee point out, further, that no long grass should be allowed near the buildings, and that, if necessary, it should be possible to carry patients straight out into the grounds of the hospital for a distance of 100 yards. They also formed the opinion that the staff should be very thoroughly trained in fire drill.

The whole report demonstrates the very grave responsibility which rests upon all concerned, from the authorities responsible, downwards, to safeguard the lives of the patients under their care.

OUR PRIZE COMPETITION.

DESCRIBE A CASE OF PHLEGMASIA (WHITE LEG WITH REGARD TO ONSET, SYMPTOMS, AND SUBSEQUENT HISTORY.

We have pleasure in awarding the prize this week to Miss Mildred W. Comer, Clandeboye, Hillbrow Road, West Southbourne, Bourne-mouth.

PRIZE PAPER.

The term Phlegmasia Dolens is applied to a swelling of one or both legs, characterised by pain, tension of skin, brawny hardness, absence of pitting on pressure and shining whiteness of surface. When it occurs it is usually after child-birth.

It is due to formation of a blood clot in a large vein. The condition is totally different from common oedema produced by pressure on veins, or even thrombosis of a vein under different circumstances, and can only be accounted for in two ways—either obstruction of the lymphatics as well as the vein is the essential part of the disease, or there is some toxæmic condition of the blood in consequence of which fluid poured out irritates the tissues and sets up a kind of inflammation leading to production of coagulable lymph.

Lymphatic obstruction is said to be the most essential part of the disease, and phlegmasia dolens may exist without any thrombosis in the veins. It may occur apart from pregnancy or puerperium. Usually the left leg is affected, probably because venous circulation in that leg is more apt to be impeded by a loaded rectum or sigmoid flexure. In some cases the other leg is affected after an interval of about a week. In rare cases the arms may be affected and thrombosis may occur in other situations, as in the neck. These multiple thrombi are generally sequelæ of some general septic infection, and the condition is grave.

The onset of pain is accompanied by rise of temperature (101° to 102° F.), weak, rapid pulse, rigors, headache, constipation and serious constitutional disturbances, intense thirst, severe pain in affected limb. Swelling quickly follows pain, and increases until the leg has the characters already described. The calf of the leg may swell suddenly and the inner side of the thigh become extremely tender to touch, or pain may begin in the calf and spread upwards to the abdomen; abdominal pain causes swelling of the vulva, groin and buttocks. The whole leg may swell to twice its normal size in a very short time. The white surface may be variegated by knots of purple superficial veins. Movement is difficult owing to pain and pressure of the swelling on the

muscles. Sometimes suppuration of the glands of the groin occurs.

The essential treatment, rest in bed, is prolonged for a considerable time because of the danger of pulmonary embolism; hence all friction and movement of the affected limb must be avoided.

The limb should be elevated on a pillow, kept warm by cotton wool (and the addition of a hot-water bottle when necessary), should be steadied by sand bags on either side; raise bed-clothes by means of a cradle. The bowels must be kept freely open; light, nourishing diet given, and such stimulants or drugs as may be ordered.

Pain may be relieved by hot fomentations, or painting the line of vein with glycerine of belladonna, or a paint composed of equal parts of camphor, chloral and menthol, which has a decided anodyne effect.

Quinine is sometimes ordered, and, later, tincture of perchloride of iron.

In the later stage, when swelling has subsided, the leg may be bandaged with a flannel, crêpe, or elastic bandage.

After about ten days pyrexia generally subsides, swelling becomes less tense and allows pitting on pressure. It may not completely disappear for some six or eight weeks, and sometimes the tendency to swelling remains for months afterwards.

Occasionally during the early stages there are renewed attacks of pyrexia, with extension of the thrombosis to fresh veins.

The chief dangers are cardiac thrombosis and pulmonary embolism.

Generally, under proper care and treatment the clot shrinks up and becomes disintegrated, and circulation through the affected vessels is restored.

More rarely the vessels become permanently obliterated. In these cases tendency to swell may remain in the leg for months, even years, and the use of the leg is impaired a corresponding time.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, S.R.N., Miss M. Ramsey, S.R.N., Miss M. Catherine, Miss Y. Robinson, Mrs. Farthing.

Miss H. Ballard writes: "Before the days of antiseptics white leg, or Phlegmasia Alba Dolens, was a very common complication of parturition, but now it is extremely rare, one case showing itself in about six hundred."

QUESTION FOR NEXT WEEK.

In a children's ward, how would you deal with (a) Scabies, (b) Pediculosis capitis, (c) Thread worms in rectum?

NURSING ECHOES.

We beg to thank all our kind readers who have sent us expressions of appreciation on the termination of thirty years voluntary Editorship of THE BRITISH JOURNAL OF NURSING. The policy and principles of the Journal have been consistent and, we claim, courageous throughout the three decades. We have consistently advocated and worked for a higher standard of national health through preventive nursing, and the highest skilled nursing for the sick through curative nursing.

We have striven for the Higher Education of Nurses, the recognition and organisation of Nursing as a Profession by the State through an Act of Parliament for the State Registration of Nurses.

We have emphasised the dignity and delight of labour, and have claimed self-determination and the right to self-government.

At home the self-denial group has been limited. Promotion, honours, power have gone—as they usually do in this world—to those who tread the broad and flowery down-hill way. But contained in the sixty volumes of THE BRITISH JOURNAL OF NURSING, for which we have been responsible, is written for all time the record of one of the most strenuous and successful campaigns against ignorance and privilege, for right, justice and humanity, which a small group of noble women have fought valiantly and won.

No Registered Nurse will have done her duty until she studies the history of her profession, as contained in the Journal from its inception in 1888, and realises the debt she owes to those of her colleagues who created Nursing a Profession, and stood firm for the faith that was in them.

The following letter we prize very greatly :—
LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

DEAR MRS. BEDFORD FENWICK,—At the Meeting of the Executive Committee of our League, held this afternoon, I was directed by the members present to send you our heartiest congratulations on your wonderful thirty years' work, as Honorary Editor of THE BRITISH JOURNAL OF NURSING.

Yours sincerely,

HELEN T. BAINES,

Hon. Sec.

September 29th, 1923.

As there was no possibility, owing to pressure of time, of holding a dedication service when the new Nurses' Home in connection with the Nottingham General Hospital, which has been erected as a city and county war memorial, was opened by the Prince of Wales

on August 1st, the ceremony was performed on September 24th by the Bishop of Southwell, who had the assistance of the Rev. C. Davis, chaplain to the hospital, and the Rev. A. Mann, president of the Nottingham Free Church Council.

The Bishop was received at the entrance to the home by Mr. W. G. Player, chairman of the Extension Committee, and members of the Monthly Board, medical staff, and the Matron, Miss Hilda Mary Kendall. After Psalm 121 had been rendered, the hymn "Jesus lives! No longer now can thy terrors Death appal us" was sung, and the lesson read by the Rev. A. Mann, and then his lordship offered up dedicatory prayer, and gave a brief address.

Of all the memorials in the city and county which had called for prayer, not one, in his opinion, he said, called for it so much as that Nurses' Home, not only because of its size, but because it was a memorial which ever lived to carry out a definite work of mercy and of healing. It was only right we should again and again commemorate the heroism of our noble sons who gave their lives for God and country, facing the agony of suffering, and death. The story, too, of the triumph of medical science and the heroism of doctors and nurses during those dark days should be told at all times, and that great memorial would ever refresh our memories. The battle against suffering was not over. It would continue until the end of the world, and it was our duty to equip ourselves so that we might best co-operate with God.

If much of healing power, concluded the Bishop, depended not only upon medicine, but upon the personality and the temperament of the doctor or nurse—and who could doubt it—then it followed that everything should be done to reinforce the vitality and character of those whom God was giving to us as His labourers. Hence the necessity of providing for nurses all that made for health, recreation, and freedom from worry.

The new Club for Nurses established at No. 166, Hagley Road, Birmingham, was opened on September 26th by Mrs. W. A. Cadbury. The acquisition and equipping of the premises were made possible by the proceeds of the Scenic Fair which was held at Bingley Hall in 1921 during the Lord Mayoralty of Mr. W. A. Cadbury, and the invitation to Mrs. Cadbury to perform the ceremony was a recognition of the very enthusiastic and valuable work undertaken by her, as Lady Mayoress, in connection with the Fair.

The Lord Mayor (Alderman Sir David Davis), who was accompanied by the Lady Mayoress, presided.

In declaring the Club open, Mrs. Cadbury hoped the Club's purpose might be fulfilled, and that it might be a place of rest and refreshment for those who so nobly gave their lives for the service of others.

Mrs. Cadbury and Mrs. Richards were appointed vice-presidents and honorary life members, and a book containing a copy of the resolution and a cut-glass vase were handed respectively to Mrs. Cadbury and Mrs. Richards as mementoes of the occasion.

Mr. W. A. Cadbury, in proposing thanks to the Lord Mayor and Lady Mayoress, said that tribute to nurses was as widespread and unanimous throughout Birmingham and the district as any such testimonial had ever been. He hoped the nurses would realise they had the deep and heartfelt thanks of the public—not only for their services in the war, but also for their untiring efforts for suffering humanity during the perhaps less romantic days of peace.

We presume from this speech that nurses are not to be compelled to join the College of Nursing, Ltd., before they may enjoy the benefits of the Club largely financed by the public. We hope that Mrs. Cadbury will use her influence to prevent coercion in this connection.

The Cardiff Nurses' Club, which is being established at 23, Cathedral Road, Cardiff, in connection with the local centre of the College of Nursing, Ltd., will be opened shortly by the Marchioness of Bute, who is the president.

The Countess of Plymouth is vice-president, and Lady Thomas (who was a nurse who married a millionaire) is chairman.

The local nurses, through their garden fête in 1922, raised £1,000, which enabled the Committee to purchase the premises at the above address. It is hoped that once the initial cost has been met the Club will be self-supporting. The total amount needed to cover the cost of purchasing and equipping the property is £1,800.

We do not pretend to approve of the patronage of rich and titled persons for professional nurses' institutions, especially when they aim at being self-supporting.

The College has done the profession very ill-service by encouraging servility and graft amongst nurses, instead of the past-time sturdy independence of spirit.

Are our big hospitals about to be faced with a serious dearth of probationers? We are informed on reliable authority that the number of probationers coming forward is now much below the average, and that all the wire-pulling by Poor Law Guardians at the Ministry of Health to deprive future nurses of a "prescribed" standard of training, and so weakly submitted to by the G.N.C., results from a fear that the poorly educated girl now being admitted to some infirmaries will not be able to assimilate the teaching necessary for passing a State Examination, unless it is of a very perfunctory nature. Well-educated, refined girls were never more necessary in hospitals than they are to-day; yet we fear the blundering incapacity of our "Governing Body" has discouraged many such from adopting nursing as their profession.

There appeared in the *Lancet* a most interesting letter on "The Tooth-brush as a Carrier of Virulent Diphtheria Bacilli" on August 4th last, by Dr. G. H. Culverwell, D.P.H., Dublin, and Dr. J. Graham Forbes, D.P.H., in which they write:—

"The fact that the tooth-brush is but one of many likely vehicles of infection from a diphtheria carrier opens up a wide field for survey—particularly in residential schools—in dealing with an outbreak of diphtheria.

"Among the articles to be considered are pencils and penholders, spoons and forks, common drinking cups at playground fountains, school call whistles, the mouthpieces of bugles or band instruments, and—amongst boys—the cigarette not uncommonly passed from mouth to mouth. Surgeon-Commander S. F. Dudley, in drawing attention to the penholder as a possible source of spread of diphtheria infection, states: "Nearly all children bite the ends of their pens, and, as this is so, a penholder must be looked on as an even more personal article than a tooth-brush. The latter is in the mouth for shorter periods than the pen, and in addition is generally soaked with a solution of some antiseptic dentrifice."

"The case here recorded, however, shows that the risk of infection attaching to the tooth-brush, despite implied antiseptic protection, may be no less than that of the penholder."

Her Excellency the Countess of Reading has issued an appeal on behalf of the Lady Minto Indian Nursing Association, of which she is the President. The report of the Association's work during 1922 is also issued.

Miss Florence A. Hodgson, Chief Lady Superintendent of the Association, in the course of her report, observes the work, as a result

of an exceptionally healthy season, has not been marked by any increase in demands for the services of sisters. In addition, applications for nurses for maternity cases have diminished as a result of the improved conditions in accommodation and nursing arrangements which are now provided at a nominal fee for the wives of officers in many of the Military Family Hospitals throughout India. Economic conditions, and the departure of a large number of surplus officers and their families from this country, has also been a contributing cause to the slackness of work experienced. Since the advent of the cold weather, however, calls for the services of sisters have increased considerably, and at most of the centres at the present time they are finding steady employment. The cases attended have been 1,537, as against 1,463 for 1921. The total number of refusals of cases being 135 as against 297 for last year. The reports of the sisters have, with very few exceptions, been excellent, and the record of good work accomplished and the wholehearted support and spirit of loyalty prevailing is very encouraging. The health of the sisters as a whole has been satisfactory, although considerable anxiety has been occasioned by the serious illnesses of some sisters, necessitating numerous transfers, and resulting in the invaliding, in some instances, of sisters to England before the end of their term of service. During the year twenty-nine sisters left the Association, eleven on the expiration of their contracts, six on account of marriage, five invalided, and seven released at their own request. Twenty-seven sisters joined the Association, eight from England or from South Africa, three from Australia, and fifteen have been engaged in India. Three temporary sisters were engaged exclusive of the staff of nurses employed in the Walker Hospital and Portmore Nursing Home. Two Lady Superintendents have also rejoined from England. This year, on account of the present state of financial stringency, it was not considered advisable to allocate any sum from the general funds for the purpose of a bonus to the nursing staff for 1921, and although the reason for this measure is much to be regretted, the need is happily not so insistent on account of the general rise in salaries granted to the staff in the spring of 1921.

THE ILLNESS OF SISTER CARTWRIGHT.

We regret to inform her many friends that Sister Cartwright has had a relapse, and although slowly recovering is still seriously ill. She is in the care of an R.N.S. Sister, who reports that she is as happy and comfortable as possible under the circumstances.

THE FEEDING OF INFANTS.

The elaborate feeding table for infants from birth till twelve months, which was laboriously learnt by us in our training and feverishly committed to memory on the eve of examinations, is fast taking a back seat. In many hospitals and clinics the baby of to-day is fed according to his requirements in calories. Also in the feeding of diabetic patients it is necessary for the nurse to be able to estimate the number of calories contained in the daily diet.

The amount of heat generated in the body by food is registered by the Calorimeter and recorded in calories, "one calory being the amount of heat required to raise 1 kilogram of water 1° C."

Foodstuffs all have a certain heat and energy value, and this value has been estimated by experimental means, viz., burning food in an apparatus called a "Calorimeter," and from this it has been found that :

- 1 gram of protein yields 4.1 calories.
- 1 gram of carbohydrates yields 4.1 calories.
- 1 gram of fat yields 9.3 calories.

Therefore, having first ascertained the percentage of protein, carbohydrates, and fats contained in any given food, it is easy to estimate the number of calories by multiplying the percentage by 4, 4, and 9 respectively.

Example.—100 grams of milk contain :

Protein	2%	× 4.1 = 8.2
Carbohydrates	6%	× 4.1 = 24.6
Fat	4%	× 9.3 = 37.2

70.0 C.

or 20 calories per oz.

30 grams of sugar contain 30 per cent. of carbohydrates :

$$30 \times 4 = 120 \text{ calories.}$$

The average number of calories required by an adult doing ordinary work is estimated for 24 hours as 2,500-3,000 calories.

Dr. John Thompson, in his "Clinical Study and Treatment of Sick Children," gives a very useful formula for calculating the amount of a baby's feed according to his caloric requirements, which I will quote :

	Calories per lb.
Fat infants over four months of age need	40-45
Average under four months and moderately thin infants of any age	50-55
Emaciated infants (varying with degree of emaciation)	60-65

In framing the diet for a baby in accordance

with his caloric requirements we begin (1) by putting down the total number of calories that are needed, theoretically, for his nourishment.

2. We next arrange for the necessary minimum of protein required for growth and for repair of tissue waste. This is done by taking one-tenth of the body-weight of milk.

3. Then we note how many calories are provided by the protein, fat, and sugar which this amount of milk contains, and how far they fall short of the full number needed.

4. Lastly, we supply the extra calories by adding either sugar only, or sugar and milk, or sugar and cream, according as these are indicated by the child's general condition and digestion.

Example.—(1) A child of four months who weighs 12 lb. requires $12 \times 45 = 540$ calories in his daily food.

(2) To supply the necessary amount of protein we begin by allowing him one-tenth of his body-weight (192 oz.) of cow's milk, viz., 19 oz.

(3) From this we gain $19 \times 20 = 380$ calories; that is to say, 160 calories short of the required number.

(4) To make up the calories to the proper amount we may add to the day's supply 2 oz. of milk (40 calories) and 1 oz. of sugar (120 calories).

Milk (oz.) ...	...	$19 \times 20 = 380$
Milk (oz.) ...	...	$2 \times 20 = 40$
Sugar (grams) ...	...	$30 \times 4 = 120$

540 C.

A child of this age would take seven feeds of 5 oz. each in 24 hours; the total quantity of milk is 21 oz.; therefore if 14 oz. water are added it would bring the total up to 35 oz., which would be the quantity required.

This table is valuable in the feeding of healthy babies, though it might prove disappointing for the feeding of sick babies; still, even for them it proves a good basis for framing suitable diets.

“A.”

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

Notice is hereby given that a Meeting of the Grand Council of the National Council of Trained Nurses of Great Britain and Ireland will be held on Friday, November 9th, 1923. The Hon. Secretary, Miss Isabel Macdonald, will be pleased to receive any Notice of Motion any affiliated Society desires to have placed upon the Agenda. Address, 431, Oxford Street, London, W.1.

MENTAL HOSPITAL MATRONS' ASSOCIATION.

The second meeting of the Mental Hospital Matrons' Association was held by the kind permission of Dr. Wolseley Lewis, the Medical Superintendent, and Miss Macaulay, Matron, at the Kent County Mental Hospital, Maidstone, on September 29th.

The chair was taken by Miss Macaulay, O.B.E., R.R.C., who conveyed to the members present the regret of Dr. Wolseley Lewis that business compelled his absence from the institution. He was much interested in the work of the Association and would like to have been present and to assure them of his desire for its success.

A number of letters of regret were received from members unable to be present.

The question of a meeting place in the future was discussed, and London and Birmingham were suggested as central places. It was agreed that the next meeting should be held in London, and Miss Hearder gave an invitation to the Association to meet in December at the Bethlem Royal Mental Hospital.

It was decided that notes of the meeting should be sent to absent members.

The question was raised on the letter of an absent member of a uniform scale of pay in mental hospitals, but the general feeling expressed was that it would be inadvisable for the Association to take action in regard to this question as conditions differed greatly in public and private mental hospitals. Miss Christopherson pointed out that tremendous salaries had been paid by public authorities to avert strikes, and it would be absurd to expect private institutions to pay the same. She thought that in the future the junior nurses would pay for their training.

The Hon. Treasurer, Miss Hearder, presented a satisfactory Financial Statement, and on the proposition of Miss Christopherson, Matron of Bootham Park Mental Hospital, York, it was decided that the financial year should begin in September.

The Chairman urged upon the members the importance of preparing their nurses for the State Examination for Mental Nurses to be held in 1925, and of impressing on every nurse that that examination was the one which would be of value to them in the future, as affording entrance to the State Register of Nurses, and the legal qualification gained thereby. She spoke warmly of the value of the standard set up for Mental Nurses in the past through the examination of the Medico-Psychological Association, and it was agreed that there would be no difficulty in preparing for the examination of the General Nursing Council in institutions where it had been the practice to prepare for the examination of the M.P.A. as the Syllabus was much the same.

Miss Macaulay said further that the General Nursing Council had made a great concession in making the Preliminary Examination (in Elemen-

tary Anatomy, Physiology, and Hygiene) open to every branch of nursing.

It was agreed to bring to the notice of the General Nursing Council the opinion of the Mental Hospital Matrons' Association that a certain number of marks for ward work should count in its examination, and that there should be on the card, which goes up with the nurse a record of the manner in which she has performed her practical work.

Also, that at all the examination centres, a mental hospital nurse should be included in the Board of Examiners.

The members present considered that the public should be educated as to the quality of the work done in mental hospitals; also that the conditions of service should be such as to attract the best type of probationers; and that Nurses' Homes should, where possible, be away from the atmosphere of work. The work was intensely interesting, and it was not large salaries so much as congenial conditions of work which would attract probationers.

Miss Macaulay reported that she had in July received a kind letter from Mrs. Bedford Fenwick wishing well to the Association, who had also pointed out the advantages of affiliation with the National Council of Trained Nurses.

Miss Breay, who was present, explained the organisation of the National and International Councils of Nurses, and votes of thanks were passed both to Mrs. Bedford Fenwick for her kind interest, and to Miss Breay for her attendance at the meeting.

The Chairman mentioned the desirability of the formation of an Association of certificated Registered Mental Nurses, with which those present were thoroughly in accord.

The proceedings closed with a vote of thanks to the Chairman proposed by Miss Hearder and those present then adjourned to Miss Macaulay's quarters, where she most hospitably entertained them to a delightful tea.

The charming grounds of the Hospital, which lend themselves to the open air treatment, now considered to be so beneficial to mental patients, with beautiful vistas through avenues of trees, were greatly admired, and a visit to one of the cheerful wards showed it to be in excellent nursing order.

REGISTERED NURSES PARLIAMENTARY COUNCIL.

Members of the Registered Nurses' Parliamentary Council are urged to attend the meeting at 431, Oxford Street, W., on Friday, October 5th (this week), at 4.30 p.m. The President, Miss Beatrice Kent, has returned to London from Switzerland, and will be in the chair.

WORD FOR THE WEEK.

"We may console ourselves with the reflection of the dying Socrates to his sorrowing companions; he who has arrayed the soul in her own proper jewels of moderation, justice, courage, nobleness, and truth is ever ready for the journey."

Lord Morley on the Death of Mill.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

(Concluded from page 203.)

4.—Report of the General Purposes Committee.

MISS COX DAVIES (Chairman of the General Purposes Committee) moved that "her" Report be received.

I. REPORTED—That the Committee has met twice—on August 14th and 28th.

II. REPORTED—That the caretakers, Mr. and Mrs. Haines, had resigned as they found the work too heavy, and that the Chairman of the Committee had interviewed two applicants for the post. Mr. and Mrs. Fairhall had been appointed and took up duty on August 7th.

III. REPORTED—That five applicants for the post of Registration Clerk had been interviewed, and that Miss Nellie Barker had been appointed and would take up duty on September 12th.

Miss Barker's qualifications are:—Registered Nurse, No. 18340; Certificated, Guy's Hospital, London; Sister and Superintendent Sister, N.W. Railway Nursing Service, Lahore; Sister and Matron, Civil Hospital, Basrah; Principal Matron, Civil Nursing Service, Iraq.

(MISS COX DAVIES later mentioned that she had been asked a question as to Miss Barker's secretarial qualifications, and said that she had had five months' secretarial training at the Secretarial College, South Molton Street, and secretarial experience as Principal Matron).

Recommendation 16.

"That this action be approved."

Recommendation 22 of the General Purposes Committee at its meeting held on July 20 was then moved:

"That on the occasion of Miss Davies' leaving, a bonus be paid to her representing approximately the additional sum that would have accrued to her had the vote for increased salary been sanctioned by the Ministry."

THE CHAIRMAN said that this Recommendation should have been placed on the Agenda as Recommendation 16, but as it was deferred from the last meeting and directed to be considered at this meeting it could be considered.

IV. Reported that the following equipment has been purchased:

Six Lock Steel Filing Cabinets, at a cost of £11 7s. 8d. each.

Card Index Cabinet at a cost of £13.

Discussion.

THE CHAIRMAN said in connection with the work of the Registration Clerk that it was really remarkable that not a certificate had been lost. There had been several complaints as to applications which had been lost, but up to the last month, except for one case, believed to be a case of theft, not yet investigated, there had been no losses. There was one case of a nurse who was entrusted

with the certificate and the guinea fee of another nurse. She retained the fee and returned the certificate to the owner, and the applicant complained to the Council of the disgraceful condition in which her certificate had been returned. It was found that the Council had never received the certificate, and the nurse to whom it had been entrusted confessed on her death-bed what she had done.

MISS COX-DAVIES said that perhaps the members of the Council not resident in London were not aware how greatly the efficiency of the Office Staff was taxed just before the end of the period of grace.

SIR JENNER VERRALL and DR. GOODALL supported the recommendation that the bonus recommended should be granted to Miss Davies.

The Report as a whole was then approved.

5.—Report of the Uniform Committee.

MISS VILLIERS, Chairman of the Uniform Committee, moved that the Report be received.

I. REPORTED—That the Committee has met once—on September 12th, 1923.

II. CONSIDERED—Letter from General Nursing Council for Scotland, referred from Council Meeting on July 20th, 1923.

Recommendation 18.

That a reply be sent in the following sense to the Scottish Council:

"That this Council offers no objection to the Scottish Council adopting the same Uniform, provided they adopt a registered button, and a registered badge for the hat band."

III. Recommendation 19.

"That the booklet of instructions be issued free, it being the feeling of the Committee that it is the legal responsibility of Council to issue directions."

IV. Recommendation 20.

"That the following estimate from Messrs. A. & E. Walter, Ltd., for the supply of the Booklet of Instructions regarding the uniform be accepted:—

5,000 at	£5 15 0	per 1,000.
10,000 at	£4 7 6	"
15,000 at	£4 0 0	"
20,000 at	£3 15 0	"

V. REPORTED—That a further estimate for the production of the blocks for the illustrations for the booklet is being obtained and will be submitted at a later date.

VI. Recommendation 21.

"That the charge to the nurses for the woven badge should be 6d. each."

VII. Recommendation 22.

"That the design of the storm cap submitted by Mr. Boyd Cooper and approved by the Committee be accepted."

VIII. Recommendation 23.

"That permission be granted to incorporate details of the Foreign Uniform in the booklet to be issued."

Discussion.

THE CHAIRMAN said that Recommendation 19 was out of order and had been inserted on the

Agenda by mistake. If it was desired to alter a previous decision of the Council, notice to rescind that decision must be given in time for its insertion on the Agenda giving the Council 10 days' notice. It would have to be brought up at the next meeting of the Council.

MISS VILLIERS said this would cause further delay.

THE CHAIRMAN said this was unavoidable, and in any case the Rule as to the uniform would have to be laid before Parliament, which was not sitting at present.

DR. BEDFORD PIERCE enquired whether the Uniform Committee were satisfied that the one decided upon was the best possible. He had had a paper sent to him severely criticising it.

THE CHAIRMAN enquired whether he had sent it on to the Uniform Committee.

DR. BEDFORD PIERCE replied in the negative.

THE CHAIRMAN said it would have been kind to send on these criticisms for consideration.

DR. BEDFORD PIERCE said that he supposed everyone would have seen the paper. It was THE BRITISH JOURNAL OF NURSING.

THE CHAIRMAN: Oh—that! THE BRITISH JOURNAL OF NURSING. [The only nursing paper edited by a Registered nurse.—ED.]

Other Business.

MISS WIESE enquired whether a nurse was required to pay a Retention Fee before her name had appeared on the Register.

THE CHAIRMAN said that a nurse was entitled to have her name published in the Register once on payment of the Registration Fee of £1 rs. He hoped the new Register would be out in the course of the next few days. There had been delay owing to the publication of two Registers in six months.

MISS WIESE complained that the applications of Mental nurses were not dealt with as quickly as might be. Owing to this, some Mental nurses working under the London County Council were losing 16s. a month.

THE CHAIRMAN referred Miss Wiese to Mr. Donaldson, who was dealing with these applications.

MR. DONALDSON said he had done all that had been given him. A good many applicants were to blame, as they gave the names of referees without asking their consent, and this caused delay.

MISS WIESE said that one month only 29 Mental nurses were registered.

MR. STRATTON said that a man accepted two or three months ago had not yet been notified of his acceptance.

THE REV. G. B. CRONSHAW raised the question of Rules for Examiners. He concluded these would be brought forward.

MR. DONALDSON spoke of the delay in supplying the uniform. The nurses were anxiously waiting for it.

THE CHAIRMAN agreed it was dreadful.

The public business then terminated, and the Council went into *camera* on the Registration Report.

REGULATIONS FOR CONDUCT OF THE STATE EXAMINATION.

The regulations for the conduct of Examinations and the various forms connected therewith, submitted by the Examinations Officer were considered by the General Nursing Council on September 21st, and approved as amended.

[*Note.*—In these Regulations the feminine gender includes the masculine.]

The General Nursing Council for England and Wales is empowered to hold State Examinations under the following conditions: That a candidate has undergone the prescribed training in an Institution approved by the Council, or in the service of the Admiralty, the Army Council, or Air Council.

PRELIMINARY AND FINAL EXAMINATIONS.

Preliminary and Final Examinations will be held quarterly if required—in July, October, January, and April*. The first Preliminary Examination will be held in July, 1924, and the first Final Examination in July, 1925. No candidate will be permitted to enter for the Preliminary examination until the completion of her first year of training, and no candidate will be permitted to enter for the Final Examination until she shall have passed the Preliminary Examination, completed her period of prescribed training, and attained the age of 21 years.

PLACES OF EXAMINATION.

The Written and Practical Examination will be held at the following places:—Birmingham, Bristol, Cardiff, Carlisle, Exeter, Leeds, Liverpool, London, Manchester, Newcastle, Norwich, Nottingham, Portsmouth, Sheffield. Other places may be added from time to time.

[*NOTE.*—Candidates must bring their Schedules or Nurse's Charts with them to the Practical Examination.]

The Written Examination may also be held at any place where there are as many as 25 candidates, provided that a room and an invigilator can be procured to the satisfaction of the Council.

AWARD OF CERTIFICATES.

Certificates will be awarded on the results of the Final Examinations, and any candidate who satisfies the Examiners in the Final Examination will be eligible to have her name entered on the appropriate part of the Register on payment of the Registration Fee.

APPLICATIONS.

Candidates wishing to enter for the Examinations should apply not more than twelve weeks before the Examination, to the Registrar, General Nursing Council for England and Wales, 12, York Gate, Regent's Park, London, N.W. 1, for an official form of entry, which must be returned by REGISTERED POST, duly filled in, eight weeks before the date on which the Examination will begin.

*The Final Examination for the Mental Nurses' Register will be held three times a year in . . .

DOCUMENTS REQUIRED FROM CANDIDATES FOR THE PRELIMINARY EXAMINATION.

In the case of Candidates for the Preliminary Examination the form must be accompanied by (1) Certificate of Instruction, (2) Certificate of Birth or Infant Baptism or Statutory Declaration as to age, (3) If married a copy of the marriage certificate, (4) the Examination Fee.

NOTE.—A Special Form is issued for the use of Candidates who have previously entered but failed to qualify.

DOCUMENTS REQUIRED FROM CANDIDATES FOR FINAL EXAMINATION.

In the case of Candidates for the Final Examination the form must be accompanied by (1) Certificate of Instruction, (2) Certificate of Good Conduct, (3) Marriage Certificate (if married since the passing of the preliminary examination), (4) the Examination Fee.

COLLECTIVE ENTRIES.

Where more than one candidate enters from the same Hospital the Matron, Superintendent Nurse, or person acting in a similar capacity, may act for the candidates collectively as regards obtaining and sending in the Entrance Forms and Examination Fees of the candidates.

LIST OF SUCCESSFUL CANDIDATES.

A list, arranged in alphabetical order, of the successful candidates will be published as soon as possible after the Examination, and each candidate will also be notified of the result.

ARRANGEMENT OF EXAMINATION.

The Examinations shall be conducted by means of written papers and an oral and practical examination.

No candidate shall pass the Examination unless she shall satisfy the Examiners as to her competence in both the written and practical parts of the Examination.

PRELIMINARY EXAMINATION.

Written Examination.

The Examinations shall be conducted in the following order:—Questions on Elementary Anatomy and Physiology. Time allowed, two hours. Hygiene, and the Principles and Practice of Nursing. Time allowed, two hours.

Oral and Practical Examination on the Theory and Practice of Nursing, Part 1, and such parts of the Nurses' Chart as are concerned therewith.

FINAL EXAMINATION.*

Written Examination.

Morning: Questions on Medicine and Medical Nursing, General Nursing. Time allowed, two hours. *Afternoon:* Questions on Surgery and Surgical Nursing, Gynæcology and Gynæcological Nursing, General Nursing. Time allowed, two hours.

Oral and Practical Examination in Medicine, Surgery, Gynæcology, and Nursing.

*For the Supplementary Parts of the Register, for Male Nurses, Mental Nurses, Sick Children's Nurses and Fever Nurses, the Final Examination for each part will cover the subjects contained in the Examination Syllabus proper to that Part, and in the Nurse's Chart or Schedule attached to it.

FEES.

Each candidate for the Preliminary Examination will be required to pay a fee of Two Guineas.

Each candidate for the Final Examination will be required to pay a Fee of Three Guineas.

A fee paid for admission to one of the State Examinations may be returned if application that the entry may be cancelled be received by the Registrar not later than the day fixed as the last date for the receipt of entry forms.

Should a candidate on account of illness either fail to present herself at the Examination, or, having presented herself, retire therefrom, the Council may, at their discretion and on receipt of medical evidence satisfactory to them, return to the candidate the whole of the fee paid in respect of such examination.

No examination fee or portion of examination fee will be returned in the case of candidates disqualified for using unfair means, or permitting unfair means to be used at the Examination.

A candidate failing to satisfy the Examiners will be permitted to enter for a subsequent Examination of the same standard on payment of half the examination fee.

REGULATIONS FOR THE OPTIONAL EXAMINATION IN JULY, 1924.

For the benefit of Nurses who will have completed their training before July, 1925 (other than those qualified for admission to the Register as existing nurses), and who may desire to take a State Examination, a Special Optional Examination will be held in July, 1924, covering all the subjects of the General Syllabus and of the Nurse's Chart attached to it.

Provided a sufficient demand is shown, the Council is prepared to hold Optional Examinations for the Supplementary Parts of the Register.

CERTIFICATES TO BE AWARDED.

Certificates will be awarded on the result of the Examination, and any candidate who satisfies the Examiners will be eligible to have her name entered on the appropriate part of the Register on payment of the Registration Fee.

PLACES OF EXAMINATION.

The written and practical Examination will be held in London and Birmingham and at other places if the number of candidates entering be sufficient.

The written examination may be held at any place where there are as many as twenty-five candidates, provided that a room and an invigilator can be produced to the satisfaction of the Council.

ENTRY FORMS.

Candidates wishing to enter for the Examination should apply to the Registrar, General Nursing Council for England and Wales, 12, York Gate, Regent's Park, London, N.W.1, not more than twelve weeks before the Examination for a form of entry, which must be returned by REGISTERED POST, duly filled in, eight weeks before the date on which the Examination will begin. The form must be accompanied by (1) Certificate of Birth

or Infant Baptism, or Statutory Declaration as to age. (2) If married, a copy of the Marriage Certificate. (3) Certificate of Instruction. (4) Certificate of Good Conduct, (5) Examination Fee.

WRITTEN EXAMINATION.

There will be one qualifying examination in all subjects conducted in the following order:—*Morning*: Questions on Anatomy, Physiology, Hygiene, Medicine, Surgery, Gynæcology. Time allowed, three hours. *Afternoon*: Questions on Medical Nursing, Surgical Nursing, Gynæcological Nursing, General Nursing. Time allowed, two hours.

Oral examination in the subjects of the first paper; Oral and practical examination in the subjects of the second paper.

NOTE.—Candidates are requested to bring their Nurse's Charts or Schedule with them to the Practical Examination.

COLLECTIVE ENTRIES, PASS LIST AND RETURN OF FEES.

(The provisions are the same as in the case of the compulsory State Examinations.)

Instructions to Candidates.

(Identical with Instructions for the Final Examinations.)

NOTE.—In these Regulations the feminine gender includes the masculine.

Every candidate must apply to the Registrar, General Nursing Council for England and Wales, 12, York Gate, Regent's Park, London, N.W. 1, not more than twelve weeks, or less than nine weeks, before the Examination for a form of entry, stating for which Examination the form is required, and in the case of the Final Examination, for which section of the Register the candidate wishes to qualify. The form of entry, duly filled up and signed, must be returned by REGISTERED POST eight weeks before the date on which the Examination will begin, and in accordance with the directions given in the regulations and on the form of entry. Candidates are warned that failure to comply strictly with these instructions may result in exclusion from the Examination.

As candidates cannot be admitted after the list is closed, any candidate who may not have received a form of entry within a week after applying for it, should communicate immediately with the Registrar, stating the exact date of her application and the place where it was posted. If, by the last date of applying for forms of entry, a candidate should not have received a form of entry, she should telegraph immediately to the Registrar.

The completion of entry will be acknowledged by sending to each candidate at least *two weeks before the commencement* of the Examination a card of admission bearing a number by which the candidate will be designated throughout the Examination. The evidence of age and of name will be returned in the envelope in which the card of admission is sent. Any candidate who has not received her card of admission two weeks before the commencement of the Examination should communicate immediately with the Registrar.

The place of Examination will be announced to candidates with their cards of admission, and candidates are advised not to make their final arrangements until they have received their card of admission. Programmes of the final arrangements for the Oral and Practical Examinations will be given out on the first day of the Written Examination.

[A paragraph providing that any representation which candidates may desire to make on the subject of their Examination must be made to the Registrar and not to the Examiners, was referred back to the Education Committee to redraft.]

Any candidate found in possession of a book, manuscript, or other article from which she may derive irregular assistance, or detected in copying from the papers of any other candidate, or in permitting her own papers to be copied, or in giving or attempting to give or in obtaining or attempting to obtain assistance of any description, will render herself liable to be disqualified, and to be excluded from the Examination. Candidates so disqualified shall not be permitted to enter for any subsequent State Examination without the consent of the Council having first been obtained.

Considering how defective this scheme is as a whole, drafted as it is by a laywoman, it is sincerely to be hoped that it will receive further consideration from the heads of the Training Schools represented on the Council before it is finally adopted.

We regret that on page 202 of our issue of September 29th, through the transposition of a word, by a printer's error, Sir Jenner Verrall's motion "that for the word 'centre' be substituted the word 'place'" was made to appear in the contrary sense, *i.e.*, "that the word 'centre' be substituted for the word 'place.'"

Owing to the publication of the Syllabus of Examination "Points for Nurses to Note and Remember" on the Conduct of the Business of the General Nursing Council on September 21st are deferred until next week.

NURSES' MISSIONARY LEAGUE.

The Valedictory meetings to wish God-speed to twenty-nine members sailing for the Mission Field this year will be held at University Hall, Gordon Square, W.C., on Friday, October 12th, at which all members and friends of the League are cordially invited to be present.

FAREWELL MEETINGS.

General Subject: "The World Opportunity of To-day." PROGRAMME.

Morning Session, 10.30—12.30.

Chairman: Miss J. Macfee, Opening Hymn and Prayers. Devotional Address: "The Practice of the Presence of God," Mrs. Sturge. "Darkness, Dawn, Daylight." Addresses by: Miss Hammond (Eastville Infirmary, Bristol), San Salvador; Miss D. Baker (Guy's Hospital), Bangalore (if possible); Miss E. Hope Bell (London Hospital), Hankow.

Intercessions.

Afternoon Conversazione, 3—5.30.

Hostesses: Mrs. Sturge, Miss E. C. Barton, R.R.C., Miss Heather Bigg, R.R.C., Miss L. V. Haughton, R.R.C., Mrs. Parker Crane. *Addresses:* "Opportunity—A Challenge," Miss A. E. Manwaring (Prince of Wales' General Hospital, Tottenham), Quetta; "A Nurse's Response and Privilege," Miss P. R. A. Sharpe (London Hospital), Shanghai.

Evening Session, 7.30—9.30.

Chairman: The Dean of Manchester, N.M.L. President. Opening Hymn and Prayers. The Secretary's Report. Sailing Members will speak for five minutes each. Missionary Address: "The opportunities of love," Miss E. Hope Bell (London Hospital), Hankow, China. Closing Address: "The Love of Life," The Chairman. Closing Prayers and Benediction. Tea and Coffee, 7—7.15.]

List of "Sailing Members" who have left for their stations since April 1st, or who will leave during the next few months (those marked * will have sailed before October 12th): Miss K. Addy (W.M.M.S.), to China; *Miss E. M. Baillie (C.M.S.), to Canton; Miss E. I. Baker (L.M.S.), to South India; Miss Bartlett (W.M.M.S.), to Central China; Miss D. Bates (W.M.M.S.), Miss L. Black (Ch. of S.), to Poona; Miss Botham (C.I.M.), to China; *Miss D. Bridges (S.P.G.), to Singapore; Miss Cusden (C.I.M.), to China; Miss E. V. Donaldson (I.P.M.), to India; *Miss S. A. W. Ewart (U.F.C.S.), to Manchuria; Miss E. France (C.M.S.), *Miss Hacker (L.M.S.), to North India; Miss Haines (C.M.S.), to India; Miss D. Jewitt (C.M.S.), *Miss M. L. Johnstone (U.F.C.S.), to Manchuria; Miss N. Knight (C.E.Z.M.S.), to Amritsar; Miss L. Long (C.E.Z.M.S.), to China; Miss G. Owen (B.M.S.), to China; Miss Peek (L.J.S.), to Jerusalem; Miss C. E. Pryor (U.M.C.A.), to Zanzibar; *Miss C. Rapson (Br.), to Ootacamund; Miss D. Roberts (C.I.M.), to China; Miss J. I. Robson (Ch. of S.), to Madras; Miss Rudd (C.M.S.), Miss Sissons (B.M.S.), to India; Miss St. John Smith, to Aleppo; Miss F. Thatcher (U.F.C.S.), to Calabar; *Miss E. de V. Thomas (S.P.G.), to Cape Town.

THE PROFESSIONAL UNION OF TRAINED NURSES.

At the September meeting of the Council of the Professional Union of Trained Nurses a great deal of indignation was expressed with regard to the action of the Minister of Health in refusing to sanction the Scale of Salaries recommended by the General Purposes Committee of the London Whitley Council for Health Visitors and Sanitary Inspectors. At the time this Scale was recommended the Professional Union protested to the Whitley Council against the grading of Health Visitors below Sanitary Inspectors.

As Health Visitors are now in an even worse position than they would have been had the Whitley Council's recommendation been accepted, the following resolution was passed unanimously and sent to the Minister of Health, and a copy to the Chairman of each of the Borough Councils:—

RESOLUTION.

"The Professional Union of Trained Nurses, on behalf of its Members who are Health Visitors holding the

double qualification of State Registered Nurse and Certified Midwife, regards with anxiety the official information that the Minister of Health is not prepared to accept the Scale of Salaries recommended by the General Purposes Committee of the London Whitley Council for Health Visitors and Sanitary Inspectors.

"Realising that the Ministry of Health is financially responsible for part payment of salaries of such persons, and while appreciating the necessity for economy in public expenditure, it begs to draw attention to the situation which such a policy may create. The rates of pay suggested by the Ministry of Health for Health Visitors will place branches of professional Officers in the Municipal Service below those employed in the same Service with no special qualification.

"The Professional Union of Trained Nurses begs to bring to the notice of the Minister of Health this possible anomaly, and to suggest that trained nurses of the best type are not likely to be attracted to a branch of the Public Service where such conditions exist."

Unless nurses organise and become self-governing they will find themselves in a very invidious position.

MAUDE MACCALLUM,
Hon. Secretary.

APPOINTMENTS.

MATRON.

Wandsworth Common, Bolingbroke Hospital.—Miss Isabel Miller has been appointed Matron. She was trained at King's College Hospital and at Chalmers Hospital, Edinburgh; and has since been Sister and Night Superintendent at the East London Hospital for Children; Home Sister at Bolingbroke Hospital; Charge Sister in the Territorial Force Nursing Service, at home and abroad; and Assistant Matron of the Ministry of Pensions Hospital, Richmond Park.

Sturminster Newton, St. Mary's Home.—Miss Margaret E. Smith, S.R.N., has been appointed Matron. She was trained at the London Hospital, where she was on the private staff. Miss M. E. Smith holds the certificate of the Central Midwives' Board.

ASSISTANT MATRON.

Wolverhampton and Staffordshire Hospital.—Miss E. M. Stott has been appointed Assistant Matron. She was trained at Huddersfield Royal Infirmary, and has been Staff Nurse at Charing Cross Hospital; Theatre Sister at Beckett Hospital, Barnsley; and Home Sister, Sister Tutor, and Acting Matron at the Royal Portsmouth Hospital.

HEALTH VISITOR.

Brentford Urban District Council.—Miss Maud E. Catherwood has been appointed Health Visitor. She was trained at King's College Hospital; and has since been temporary Assistant Matron at Lincoln County Hospital; Night Sister, Surgical and Maternity Ward Sister at King's College Hospital; and is an approved Teacher by the Central Midwives' Board, the certificate of which she holds.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Mary Tyson is appointed to Leeds (Holbeck), as Superintendent; Miss Mary E. Clarke, to High Wycombe, as Senior Nurse; Miss Dorothy Fulford, to Swinton; Miss Annie Goodison, to Three Towns; Miss Nellie Hewitt, to Birmingham (Moseley Road); Miss Edith E. Kaye, to Huddersfield; Miss Doris Matthews, to Chelsea; Miss Maggie O'Neill, to Scunthorpe; Miss Sarah Simmonds, to Cheltenham; Miss Phoebe F. Skinner, to Three Towns.

PRESENTATIONS.

Presentation to Miss Joan Inglis.

Miss Joan Inglis recently completed twenty-one years in the service of the Shoreditch Board of Guardians as Matron of the St. Leonard's Hospital, and the occasion was marked by the presentation to her of a handsome bureau bookcase, a silver inkstand and a tea service, the gifts of past and present members of the staff at the institution and members of the Board.

The bookcase bore the inscription:—

"Presented to Miss Joan Inglis in honour and appreciation of her twenty-one years' service as Matron of the St. Leonard's Hospital, Shoreditch."

Councillor Mrs. W. H. Girling, J.P. (Chairman of the Board), in asking her acceptance of the gifts, said that Miss Inglis had the largest family of anyone in Shoreditch, having to act as mother to her staff and her patients in all ways, and added many other compliments.

After the company had joined enthusiastically in singing, "For she's a jolly good fellow," Miss Inglis received a handsome bouquet of roses from her staff.

Returning thanks, she said that such kindness as she had been shown certainly caused her to have very strong feelings of regard for all her friends connected with her work in Shoreditch, and she hoped she would still be spared for some time to continue her work honourably to the sick people of that district. It was arduous work, but she thought activity always kept one young.

Alderman P. Kelleher, J.P., Mr. John C. Clay (Clerk to the Guardians), the Rev. F. E. Birch (Rector of Shoreditch and Chaplain to the Guardians), Councillor W. E. Yarrow and Home Sister James added their tributes to the services of Miss Inglis, and, the ceremony over, the remainder of the evening was devoted to music and dancing, the harmony being provided by the new four-valve wireless receiving set which has been installed for the amusement of the patients.

Presentation to Miss A. B. Bailey, R.R.C.

Miss Anna Beatrix Bailey, R.R.C., has, after twenty years' service, recently resigned the appointment of Matron of the Royal Infirmary, Bristol, to take up the post of Matron of St. Monica's Home of Rest, Durham Down.

Miss Bailey was the recipient on Thursday, September 27th, of a handsome presentation from the nursing staff of the institution, as a mark of their esteem and love for her. Miss Bailey who was trained at a London hospital went as Matron to the Royal Infirmary, Bristol, from the St. Cross Hospital, Rugby, where she held a similar position, a quarter of a century ago. Proof of Miss Bailey's popularity was emphasised in the congratulatory remarks made by Sister Hilliar, when, as Senior Sister of the Staff, she asked Miss Bailey to accept a handsome handbag and cheque, and an album containing the names of the subscribers, as a token of their regard for her. Whilst they regretted her leaving them they wished her joy and prosperity in her new position. Miss Bailey briefly acknowledged the gifts, and the afternoon was given over to a social function, music being contributed after tea had been served. All members of the nursing staff who were off duty and many past members were present.

THE PASSING BELL.

The death of Miss Caroline Lloyd, of the Nursing Sisters of St. John the Divine, on September 19th, in her 98th year, carries back the minds of those conversant with the history of the nursing pioneers to the foundation of the Sisterhood of St. John the Evangelist in 1848, for so many years located at St. John's House, in Norfolk Street, Strand, W.C. Miss Lloyd entered the House as a pupil in 1868, and was elected its Superior by the Council in 1872. Both King's College and Charing Cross Hospitals were nursed by the Sisterhood, and district nursing was also undertaken in the neighbourhood, and the distribution of free dinners given by the Serving Brothers of St. John of Jerusalem.

It is well known in the nursing world how the Sisters left St. John's House and established themselves as the Nursing Sisters of St. John the Divine at Drayton Gardens, South Kensington, and lastly at Lewisham; in all this Miss Lloyd took an active part, and, indeed, to the end retained much of her mental vigour and bodily powers. She was an Associate of the Order of St. John of Jerusalem, and a very remarkable personality. A woman of high spirit and virility—of which type we meet but few in these degenerate times.

HOSPITAL WORLD.

Princess Mary, Viscountess Lascelles, will visit Newcastle on November 24th to open the new maternity hospital in the City Road, and will be the guest of the Duke and Duchess of Northumberland at Alnwick Castle.

The lectures by Mr. E. A. Webb at St. Bartholomew the Great, Smithfield, on the work of restoration at that church will be delivered on Saturdays, October 13th and 27th, at 2.30 p.m.

The freedom of Edinburgh was conferred on Lord Novar, Secretary for Scotland, last week, in recognition of his eminent services to Scotland and the Empire. Lord Provost Sir Thomas Hutchison presided at the ceremony, which took place in the Usher Hall.

As Sir Ronald Munro-Ferguson, Lord Novar earned the gratitude of all members of the Society for State Registration, as for many sessions he had charge of their Bill in Parliament and extended to them the utmost courtesy and kindness.

Viscountess Novar will lay the foundation-stone of the Hospice for women and children, to be erected in Edinburgh in memory of the late Dr. Elsie Inglis, on St. Luke's Day, October 18th.

COMING EVENTS.

October 5th.—Registered Nurses' Parliamentary Council. 431, Oxford Street, London, W. 4.30 p.m.

October 6th.—Scottish Nurses' Club. 203, Bath Street, Glasgow. A Cake and Candy Sale, with fruit, flowers, vegetables, &c. 2 p.m.

October 12th.—Nurses' Missionary League. Valectory Meetings. University Hall, Gordon Square. 10.30 a.m. to 9.30 p.m.

BOOK OF THE WEEK.

THE END OF THE HOUSE OF ALARD.*

"There are Alards buried in Winchlesea Church; they lie in the south side on their altar tombs, with lions at their feet. At least one of them went to the Crusades, and lies there cross-legged—the first Gervase Alard, Admiral of the Cinque Ports and Bailiff of Winchlesea, a man of mighty stature.

In the fifteenth century the family had begun to dwindle; its power was passing into the hands of the Oxenbridges, who, when the heiress of the main line married an Oxenbridge, adopted the Alard arms, the lion within a border charged with scallop shells. Thus the trunk ended, but a branch of the William Alards had settled early in the sixteenth century at Conster Manor, near the village of Leasan, about eight miles from Winchlesea. Their shield was argent, three bars gules, on a canton azure a leopard's head or."

When the story opens the head of the family was Sir John Alard. "He had passed for a buck in Victorian society, with its corruption hidden under outward decorum, its romance smothered under ugly riches in stuffy drawing-rooms. But when the call came to him he valiantly settled down. In Grosvenor Square they spoke of him behind their fans as a young man who had sown his wild oats and was now an eligible husband for the innocent Lucy Kenyon, with her sloping shoulders and vacant eyes. He married her as his duty and begat sons and daughters.

"He also bought more land. But that was only at the beginning of his squireship. . . . Then came the bad days of the landowners. Lower and lower dropped the price of land and the price of wheat; hop substitutes became an electioneering cry in the Rye division of Sussex, and the noble gardens by the River Tillingham went fallow.

Then came Lloyd George's Land Act, the rush to the market, the impossibility of sale. Finally the European War of 1914 swept away the little Alard substance that was left. They found themselves in possession of a huge ramshackle estate, heavily mortgaged, crushingly taxed.

"Sir John had four sons—Hugh, Peter, George and Gervase—and three daughters, Doris, Mary, and Janet. Hugh and Peter both went out to fight, and Hugh never came back. George, following a tradition which had obtained in the family since the days of the Non-Juring Gervase, held the family living of Leasan. Gervase, at the outbreak of hostilities, was only in his second term at Winchester, being nearly eighteen years younger than his brother George.

"Of the girls only Mary was married, though Doris hinted at a number of suitors rejected because of their unworthiness to mate with Alard. Jenny was ten years younger than Mary. She and Gervase came apart from the rest of the family, children of middle age, and the last of love."

* By Sheila Kaye-Smith. Cassell & Co., Ltd. 7s. 6d. net.

It is with the destiny of the House of Alard, and the lives of its members, that the story deals. Sir John, autocratic, irascible, tyrannical, still possessed with the duty of maintaining the dignity of his House, of retrieving its ill fortunes, primarily through a wealthy marriage for his heir.

Peter, the heir, loved the land, and desired nothing better than to settle upon it in the capacity of agent and pull things together, but his affections were involved with the daughter of the village doctor. The struggle between his love for her and his family pride is graphically told; eventually the land triumphed for the time being, his decision being no doubt influenced by the failure of the marriage of his sister Mary with the man she loved, who ultimately was able to obtain a divorce from his quite innocent wife, owing to her extremely indiscreet behaviour.

Peter decided—probably quite rightly—to “stand by the land,” for his affections were evidently not so deep as his passion for his patrimony, since he shortly afterwards fell in love with and married a wealthy wife of Hebrew extraction who ultimately failed to satisfy him. He came in due time to realise that his choice was a fatal mistake, especially when she presented him with a daughter instead of with the ardently desired son.

One member after another sacrificed personal happiness to the family, and the family honour. The relentless struggle between the two is graphically developed by the inimitable pen of the author. The only one of the brothers who found freedom was Gervase, who went into an engineering business in preference to keeping his terms at Oxford.

There is a scene where Mary, tortured beyond endurance to contract a loveless marriage with the honourable man with whom her name has been associated, breaks free.

“It seems to me it would be much better if I went right away. I’ve made a hideous mess of my life, and brought trouble upon you all—I acknowledge that; but there’s one thing I will not do, and that is walk with my eyes open into the trap I walked into ten years ago with my eyes shut.”

Gervase swung her trunk upon his shoulder.

“As he did so, and Mary saw his hands with their broken nails and the grime of the shop worked into the skin, she realised that they symbolised a freedom which was more actual than any she had made. Gervase was the only one of the family who was really free, though he worked ten hours a day for ten shillings a week. Doris was not free for she had accepted the position of idle daughter, and was bound by all the ropes of a convention which had no substance in fact. Peter was not free, because he had, Mary knew, married away from his real choice, and was now bound to justify his new choice to his heart. George was not free; he was least free of all, because individual members of the family had power over him as well as the collective fetish. Jenny was not free, because she must

love according to opportunity. Slaves—all the Alards were slaves—to Alard, to the convention of the old county family, with its prosperity of income, and acres, its house, its servants, its ancient name and reputation—a convention the foundations of which were rotten right through; which was bound to topple over sooner or later crushing all those who tried to shelter under it. So far, only two had broken away, herself and Gervase—herself so feebly, so painfully, in such haste and humiliation; he so calmly and carelessly and sufficiently.

Ultimately Jenny also breaks away and finds happiness in her marriage with a prosperous yeoman farmer.

George, the Vicar of Leasan, died suddenly, and when Peter died, shot through the head, Gervase the youngest son, who had by that time joined a Religious Community, came into the title. He cut the Gordian knot by selling the estate.

“I wish I was dead,” cried Doris. “First father—then everything else. . . I’ve nothing to live for now!”

“Why, you’ve got me,” said Lady Alard; you’ll come with me, Doris. I think I shall go to Worthing—it’s more bracing than the coast here. Gervase, do you think the dining-room sideboard would fit into a smaller house?”

“Oh, father,” sobbed Doris. “Oh, Peter! . . . What would you have done if you had known how it was going to end?”

P. G. Y.

THE MONTHS, OCTOBER.

Now spread afar are signals of farewell,

A colour pageant that can only mean
The flare before the dark, ere you shall swell

The ghostly ranks that claim All Hallow e’en.
But ere you go, while swift the hour-glass runs,

There’s vintage time, and brewing of strong ale!

And men (and women too) with snap of guns

Set echo answering from vale to vale.

P.S.—

Night falls, October, and your chilly breeze

Sweeps over haunts that day has left forlorn,

Through coverts full of vacant roosting trees

And frightened things that mourn.

C. B. M.

LEGAL MATTERS.

LONDON NURSE’S FREE TRIP TO AUSTRALIA.

“It is clear that the woman married the petitioner simply to get a free passage to Australia,” said Mr. Justice Mann, in granting a decree nisi at Melbourne for the dissolution of the marriage of Ralph James Clark, aged 31 years, of St. George’s Road, Northcote, and Elizabeth Margaret Clark, aged 28 years, on the ground of desertion.

The marriage took place on October 16th, 1918.

Clark said that at the time of the marriage he was in the Army, and his wife was undergoing a course of nursing at the Rotherhithe Infirmary, London.

LETTERS TO THE EDITOR.

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

CRYPTAESTHESIA, AND ALLERGENS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In regard to your editorial of September 29th, I should be very grateful to those nurses who may encounter cases of *Cryptaesthesia*, and *Allergens* if they would be good enough to send me data for the purpose of tabulation, of course, obtaining the permission of an adult patient. All serious students of astrology know that the so-called "sixth sense" includes all three outer bodies of the subject—physical, astral or feeling, and mental. It is simply a matter of development in evolution, and is becoming increasingly frequent. Such development, or "sensitiveness," is indicated by the horoscope of birth.

The data required is sex, date, hour, minute of birth, with name of birthplace or its longitude and latitude. Specify nature of abnormality. The line of medical research in astrology yields valuable results and is of great antiquity.

There is no belief higher than the truth. Even Kepler admitted that his study of changes occurring in the heavens in their influence on human lives had "instructed and compelled his *unwilling* belief."

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

Cranford, Middlesex.

THE TRAINING OF MIDWIVES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am very pleased to see in the BRITISH JOURNAL OF NURSING so full a notice of the extremely important Report by Dr. Janet Campbell on the Training of Midwives. It is full of points and recommendations, which Midwives will do well to study, and most of which they will heartily endorse.

The recommendation that the training of midwives should be extended to twelve months, which has recently been under the consideration of the Central Midwives Board, is one which will be heartily endorsed by all the most thoughtful midwives, and if adopted will bring us more nearly into line with other countries; we shall still be behind France and Belgium with a training of two years, and Holland, where the training is for three years.

The restriction of the training in this country to six months, and until comparatively recently three months, has not been in the interest of the pupils in training, or of the midwifery service in general, but in that of the midwifery training schools, which, in the past, have been largely financed by the fees paid by pupil midwives. A much sounder policy would be to train the pupils for a longer period and charge lower fees in view of the increased value of their services.

From the point of view of the pupil, considering that both ante-natal and post-natal instruction is usually, and should be always, included in her training even a year is all too short; and I hope that before long the term of training may again be increased so that we may approximate to that enforced in the best training schools in Europe.

Yours faithfully,
CERTIFIED MIDWIFE.

KERNELS FROM CORRESPONDENCE.

"A BIT ON."

A District Nurse in the North: "You invite expressions of opinion on nurses betting. One thing I can say, and that is betting is very prevalent amongst nurses as amongst the public generally. In my opinion, it is a vice trying to get money easily without working for it, and I am glad to know some nurses have lost heavily and have given up what they term 'the excitement.' 'Life is so fearfully dull,' I have heard nurses say. 'I must get a bit of excitement somehow.' Up here the fact that the first prize of £10,816 in the St. Leger Sweep, organised by the Old Swan Conservative Club, Liverpool, was won by a midwife who had been a parish nurse of Barrow-in-Furness, was sure to have an ill-effect upon others who usually drudge for a few shillings weekly, and earn just enough to cover the cost of a simple living, without any 'frills.' Quite children 'have a bit on' in my district and take their gains and losses without turning a hair. If any Betting Bill is introduced, I hope it will provide penalties for betting with boys under age."

NURSES' INTERESTS IGNORED.

Registered Children's Nurse: "I am thankful to note Miss Bushby seems alive to our interests, but what were the other 'independents' on the Council doing at the last meeting of the G.N.C. not to support her and claim our *right* to a Syllabus of Training? Since we lost you and our few stalwarts on the Council, our interests have been entirely ignored."

PLEASE NOTICE.

An old pupil now working in the United States would like to get into communication with Miss E. Norton Coleman, formerly Matron of the Eversfield Hospital for Consumption and Diseases of the Chest, West Hill Road, St. Leonards. If any reader can furnish Miss Coleman's address to the Editor she will be obliged.

OUR PRIZE COMPETITION QUESTIONS.

October 13th.—In a Children's Ward how would you deal with: (a) Scabies; (b) Pediculosis capitis; (c) Thread worms in rectum?

October 20th.—Describe a model theatre for gynæcological operations, and what it should contain?

The Midwife.

THE TRAINING OF MIDWIVES.*

(Concluded from page 208.)

Dr. Janet M. Campbell ends her Report on the Training of Midwives with the following conclusions:—

CONCLUSIONS.

As already implied, the fundamental reason for desiring a longer training for midwives and their more general employment to the exclusion of unqualified women is because the better standard of midwifery and maternity nursing which would result could not fail to help to reduce the unduly high incidence of maternity mortality and morbidity due to childbirth. Unless we are content to leave matters much as they are and merely to hope for the slow and gradual improvement which will no doubt take place in time in relation to the general improvement of public health, energetic action in various directions is needed. The problem of maternal mortality is an extremely complex one. It cannot be solved by any one means, but rather by correlated action in several directions, medical, nursing, and social. An essential factor is more competent professional attendance for women before, during, and after childbirth than exists at present, and this can only be obtained by the better education of the medical student and the pupil midwife. The suggestions in regard to midwifery training and practice may be summarised briefly as follows:—

(1) There should be an extension of the training for unqualified women from six months to twelve, and for trained nurses from four months to six. The examination for the certificate of the Central Midwives Board should be taken at the end of this period.

(2) The curriculum should be revised and reconstructed, though not necessarily enlarged, in order that the education may be organised on a broader basis and in such a way as (a) to include clinical and theoretical instruction in the management of labour, both in maternity wards and on the "district," and (b) to provide that adequate attention is devoted to such matters as maternity nursing, ante-natal care, breast feeding, the care of the new-born infant, the nursing of puerperal fever, ophthalmia neonatorum, &c.

(3) Midwifery training schools, whether under the Poor Law or otherwise, should be graded in accordance with the facilities they are able to offer for a complete or partial training. The smaller training institutions should be affiliated for teaching purposes with institutions able to offer complementary facilities, so that midwifery pupils, wherever they decide to train, may be sure of

receiving reasonably uniform instruction in all branches of the curriculum.

(4) Careful consideration should be given to the establishment of a "teacher's" certificate in midwifery for midwives desiring to occupy responsible educational positions. The certificate should not aim at extending the proper functions of the midwife, but would ensure that those midwives who possessed it had actually practised as midwives for a specified period, that they had not only received suitable instruction in the theory and practice of their profession but understood the relation of midwifery to the Public Health Service and the social circumstances of the patients, and that they were themselves competent to teach students.

(5) In order to raise the standard of maternity nursing and encourage midwives to undertake this work it is suggested that all monthly nurses and handy-women practising maternity nursing for gain should be registered by the Local Supervising Authority, and thus be brought within the supervision of the Inspector of Midwives.

As long as the employment of midwives is an essential and integral part of the midwifery service of the country, it is the duty of the State and of Local Authorities to ensure as far as possible that a midwife is a competent and safe practitioner, and in view of this responsibility it is suggested that she should receive such official encouragement and financial help as may be necessary to enable her to follow her profession under conditions of reasonable comfort and security.

JANET M. CAMPBELL.

THE SOURCE OF A RACE.

Sir George Newman, Chief Medical Officer of the Ministry of Health, in his Annual Report for 1922, submitted to the Minister of Health on the state of the Public Health, writes:—

"The health of mothers and children is quite fundamental. It lies at the basis of all public health, and of all true national well-being. It is concerned with origins, with the source of a race. To 'save' money over the health of motherhood or infancy is to lose it. The adequate provision for midwifery and maternity nursing and treatment, for dealing effectually with measles, for supplying wholesome milk for children, for supervising and caring for the health of school children, as well as those not yet old enough to attend school—all this is essential if we desire to rear a healthy people. The Industrial Revolution did no worse damage than to mothers and children; of all its evils this was the most far-reaching and irretrievable. Here again we must not lose our way by following 'wandering fires,' or be penny wise and pound foolish. Personal hygiene, associated with a sanitary environment, is the only way out, and wise investment will return a hundredfold of interest."

* Reports on Public Health and Medical Subjects. Ministry of Health. No. 21. Published by His Majesty's Stationery Office. Price 1s. 3d.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,855.

SATURDAY, OCTOBER 20, 1923.

Vol. LXXI

EDITORIAL.

"THE GLORIOUS PRIVILEGE OF BEING INDEPENDENT."

The new Rector of St. Andrews University (Dr. Rudyard Kipling, LL.D.), in his Rectorial Address to the students of St. Andrews University, chose as his theme thrift and independence.

Independence means, said the speaker, "Let every herring hang by its own head." It signifies the blessed state of hanging on to as few persons and things as possible, and it leads up to the singular privilege of a man owning himself. The desire for independence has been, up to the present, an eradicable human instinct, antedating even the social instinct.

After emphasising the power of the tribe over the individual, from the earliest ages, the Rector said: "The past ten years have so immensely quickened and emphasised all means of communication, visible and invisible, in every direction that our world—which is only another name for the tribe—is not merely 'too much with us,' but moves, shouts and moralises about our path and our bed, through every hour of our days and nights. . . . Some men accept this omnipresence of crowds; some may resent it. It is to the latter that I am speaking. The independence that was a 'glorious privilege' in Robert Burns' day is now more difficult to achieve than when one had merely to overcome a few material obstacles, and the rest followed almost automatically.

But the Rector pointed out that, even so, there is no need for the individual who intends to own himself to be too pessimistic, and enumerated three special blessings enjoyed by his constituents. "First," he said, "thanks to the continuity of self-denial on the part of your own forebears, the bulk of you will enter professions and callings in which you will be free men . . . free to exploit your own powers and your own health to the uttermost for your own ends.

"Your second blessing is that you carry in

your land's history, and in your hearts, the strongest instinct of inherited continuity, which expresses itself in your own passionate interest in your own folk, your own race, and all its values."

Concerning the third blessing, the Rector said: "I have already touched on the privilege of being broken by birth, custom, precept and example to doing without things. There is where the sons of the small houses, who have borne the yoke in their youth, hold a cumulative advantage over those with broad margins."

Dr. Kipling traces back to our remote ancestors the guidance that drives a man to own himself, and upholds him through his steps on that road. "The bidding comes, direct as a beam of light," from that past where man had grown into his present shape, and from a remoter one "whose creature, not yet man, felt within him that it was not well for him to jackal round another brute's kill, even if he went hungry for a while. . . . 'At any price that I can pay, let me own myself.' And the price is worth paying if you keep what you have bought. . . . For a man may apply his independence to what he calls worldly advantage, and discover too late that he laboriously has made himself dependent on a mass of external conditions for the maintenance of which he sacrificed himself. So he may be festooned with the whole haberdashery of success and go to his grave a castaway. Some men hold that the risk is worth taking. Others do not. It is to these I have spoken. 'Let the counsel of thine own heart stand, for there is no man more faithful unto thee than it.'"

Those of the Nursing Profession who see with sorrow the fine spirit of independence which formerly characterised it being sapped, will wish that Dr. Kipling's Address to the undergraduates of St. Andrews may be published far and wide. The independence which we esteem so highly that we are willing to practise self-denial to secure and to retain it, this is what counts in life, and compared with it "the whole haberdashery of success" is as nothing.

OUR PRIZE COMPETITION.

DESCRIBE A MODEL THEATRE FOR GYNÆCOLOGICAL OPERATIONS, AND WHAT IT SHOULD CONTAIN.

We have pleasure in awarding the prize this week to Miss M. Ramsey, S.R.N., Enmore Road, South Norwood.

PRIZE PAPER.

The model theatre for gynæcological operations must be a circular chamber, also clean and warm without being hot. The system of heating by hot-water radiators is preferable; * ventilation is obtained by the windows opened at the top, through which the air filters by means of fine wire gauze. The walls should be white tiled and the floor tessellated parquetry—only carried out in stone, which is easy to cleanse after operations. Good light is essential—preferably from a glass dome—and ample means of supplying artificial light. There should be a plentiful supply of hot and cold water at all times, made to turn on and off with the foot, thus keeping the hands aseptic. Sinks should be of porcelain.

The sterilisation-room should adjoin theatre, and should contain high-pressure steam and instrument sterilisers. Several drums; sufficient for a good supply of sterile dressings, towels (many tailed), roller, and T bandages, overalls, masks, swabs, packs, safety-pins, &c.

The sterilisation-room should be sufficiently large to permit of the anæsthetic being administered before entering theatre (if there is not a special anæsthetic room). The anæsthetist will require a high stool and the following articles: Gas and ether apparatus, ethyl chloride apparatus, anæsthetic ether and measure, chloroform, mask, drop bottle, some lint and gauze, 14 in. by 6 in. gag, tongue forceps, swabs and swab-holder, hypodermic syringe, hypodermic solutions of morphine, strychnine and ergotine, capsules of amyl nitrate, towels, receivers, vaseline, stomach tube and large glass funnel, porringers.

These articles should be neatly arranged on a glass-topped table which can be wheeled into the theatre.

An operating table which will permit of the Trendelenberg position, and of proper height, width and stability, is essential, also artificially warmed.

Instrument cupboards, which must be airtight and contain: Scalpels, dissecting, vul-

sellum, pressure, and pile forceps, scissors (straight, curved, sharp and blunt points), various needles, needle holders, Paquelin cautery, Fergusson's and Sims' speculums, uterine and bladder sounds, directors, silver probes, including Playfair's, pessaries, cervix dilators, curettes, retractors, clamps, Volkmann's spoons, swab-holders, catheters, tenaculums, &c., drainage tubes, syringes.

Wide glass-shelves should be provided for the various antiseptic lotions required; also for stock swabs and dressings, tampons, &c.

The following articles will also be needed in the model theatre: Thermometers, both clinical and ward (the temperature of the theatre during an operation should be maintained at 70° F. approximately); porcelain dish of quicklime for the instrument cupboard, nailbrushes, lotion and washing bowls, receivers, pails, footbath, rubber gloves, urine-testing apparatus, vaginal and uterine douche apparatus, irrigators, stethoscope, Kelly's cushion. A large cupboard containing a good supply of mackintoshes, sheets, blankets, jaconet pillows, large and small towels, overalls, caps, hot-water bottles, Clover's crutch, straps, &c. Glass jars containing ligatures and suture materials. Gas cylinders (extras). In theatre cupboard for emergency use: brandy, sal volatile, digitalis, atropine, normal salt solution, also a battery.

Many more articles could be quoted where expense is no object, but the essentials only have been given.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Jane Selby and Miss Gertrude Anderson.

QUESTION FOR NEXT WEEK

Say what you know about premature infants. How a nursery for such infants should be equipped in hospital.

Miss Maxwell and Miss Pope, in their book on "Practical Nursing," point out that "the delicate nature of the diseases peculiar to women renders it highly desirable that the nurse should display consummate tact in gynæcological cases. Otherwise she may alarm the modesty or wound the sensibilities of a patient. Now the surest foundation for such tact is a knowledge of the principles of gynæcology and deftness. Hence the nurse should spare no pains to acquire both. It is especially important that she should familiarise herself with the position in which a patient is placed for gynæcological examination, operation, and treatments."

* So far as we know, the system of heating an operating theatre by means of hot air enclosed within hollow walls has not been adopted in this country. It obviates the possibility of dust on or behind radiators.

NURSING ECHOES.

As we go to press a large gathering is taking place in Edinburgh of the National Council of Women, which has before it a great programme, at which many able speeches will doubtless be made, and many interesting Resolutions debated, at the Representative Council Meetings. Most of the well-known nurses' organisations are affiliated to the Council, and have delegates at Edinburgh. In the absence of Mrs. Bedford Fenwick, Miss Carson Rae will represent the National Council of Trained Nurses, and Miss Kathleen Smith, R.R.C., and Miss Villiers have been nominated by the Matrons' Council.

The following resolution will be proposed to the Meeting by the London Branch of the Council:—

"That the National Council of Women of Great Britain and Ireland urges the Board of Works to add to Nurse Cavell's statue her dying words: 'Patriotism is not enough. I must have no bitterness or hatred in my heart.'

"The National Council of Women feels that these words are a valuable contribution to international understanding, and that the memorial to Nurse Cavell is incomplete without them."

The N.C.W. is strongly pacifist, but it seems inadvisable to minimise the patriotism of those who subscribed to erect Nurse Cavell's statue in Trafalgar Square. We believe any such additional inscription will lead to "reprisals," to judge by the expressions of opinion which have to be removed by the police from time to time from the statue, by those who still hold her execution in horror.

At a Meeting of the Executive Committee of the National Council of Women, of which the late Miss Amy Hughes was a member, it was agreed to forward a vote of condolence to the Queen Victoria's Jubilee Institute for Nurses, of which she was General Superintendent for many years.

The nurses of St. Mary's Infirmary, Highgate Hill, have held a most successful bazaar, the proceeds of which are to be devoted to a Library and Sports Club. The bazaar realised £150. The objects are admirable, and, managed by the Nursing Staff themselves, will be sure to result in profit and pleasure to them all. We do so love to see nurses "doing for"

themselves. They are deprived of stimulus and well-earned satisfaction when they are "done for."

A most successful American Tea has recently been held at the Town Hall in aid of the Maidenhead and District Nursing Association, the proceeds of which were about £65, for help and support in connection with which Miss A. Foster, the Superintendent of the Home, expresses her thanks through the press.

The American Tea is arranged on the reciprocity system, the idea being that each visitor, after paying for tea and the entertainment, brings in at least one small gift for the stalls and also buys at least one small gift from a stall.

It is wonderful how easily tidy sums of money can be secured by this system.

The Marchioness of Bute, President, declared the new Club for Nurses (we hope without coercion as to being members of the College of Nursing, Ltd.) open on the 10th inst. at Cardiff.

Lady Thomas (formerly Assistant Matron at the Cardiff Royal Infirmary), as Chairman, extended a cordial welcome to the Marchioness, and said they could count themselves happy and fortunate in having the association of such a personality as the Marchioness, who was a leader in the Nursing Profession during the war.

The Marchioness of Bute emphasised the arduous and trying character of the lives of nurses, and how essential it was for them and for the dependents of patients that the social side of their rest and recreation should be cultivated. The club she had the privilege to declare open had been instituted to ensure both those essentials. She hoped no one would think that the club was a "charity." It was not, and once it got on its own feet it would be self-supporting.

Professor Hepburn, in proposing a vote of thanks to the Marchioness of Bute, said he had known her as a nurse in the Third Western Hospital, where, under the name of "Nurse Stuart," she was one of the rank and file. She had also been one of his students, and he could sincerely say it was a loss to the profession of medicine when she became Marchioness.

Why the need of all this fulsome flattery? The Marchioness of Bute is no doubt an admirable lady. We admire her as the mother of seven splendid children. Work as a V.A.D.

during the war can hardly constitute even a wealthy peeress "a leader of the Nursing Profession." Our profession claims from its leaders professional status, lifelong devotion to its best interests, and the highest standards of knowledge and skill. It is this worship of patronage in high places which is so snobbish and unwholesome in "College" policy, and is doing so much to undermine the self-respect of the rank and file of the Nursing Profession. As soon as the Cardiff Club ceases to be a "charity" and is self-supporting, let us hope the Marchioness of Bute will encourage the nurses to manage their own affairs, and no longer to cling on to the fringes of Society. Limpets are never permitted to get any further.

We remember when the existing constitution of the Sutherland Benefit Nursing Association was adopted—advocated as it was by the then Millicent, Duchess of Sutherland—how greatly Scottish Queen's Nurses deplored it. It made possible the nursing of the poor by women with little training and nursing skill. At a recent Annual Meeting of the Association, which took place at Dunrobin Castle, a letter was read from the Scottish Board of Health recommending a revision of the constitution and several of the rules and regulations for nurses, and confirming the decision of the Committee in appointing trained nurses to the vacancies that might arise.

We congratulate the Scottish Board of Health, and sincerely hope the day is not far distant when Registered Queen's Nurses will be provided to care for the sick poor in rural districts. Too long have these patients been at the mercy of standards of nursing defined by committees of philanthropic ladies, who know no more of "trained" nursing than they do of medical science. The standards of nursing defined by the General Nursing Council for Scotland, to which in the future nurses must attain before they are recognised as safe attendants on the sick, must be the standard Nursing Associations accept, if their philanthropic efforts are to be of any worth.

We note that Lady Martin Harvey, the actress, is reported to have sailed for New York. We hope she is not carrying with her a "Nation's Fund" receipt book, as she did on her Canadian tour. We warn our American colleagues that vicarious begging in the name of English Nurses is most distasteful to self-respecting nurses in Great Britain, and we hope if any attempt is made by Lady Martin

Harvey to hold us up *in formâ pauperis* that they will make a public protest as our Canadian cousins did. Just imagine an American actress appealing for charity for American nurses in Great Britain, and you will realise how we feel about it.

Miss J. Joubert, Superintendent of the Victoria Nurses Institute, Hof Street, Cape Town, is taking time by the forelock, and is organising a scheme to conduct a contingent of our colleagues from South Africa to London, Scotland, and Paris, starting in April next, so as to participate in the British Empire Exhibition, now so rapidly arising at Wembley. The cost of the tour is estimated at £150, which sum is calculated to cover return passage money by a P. & O. boat, trains, boats, accommodation, and sightseeing, the trip to take three months. This appears a unique opportunity for South African nurses who have never been overseas, but as prices are sure to rise in London next year, when it will be very crowded, we think some economy will be needed to have £150 cover the cost of such a tour. How about hospitality? Do any of our readers see their way to offer it? Imperial feeling should run high during the term of the British Empire Exhibition, and our colleagues from Overseas be sure of a hearty welcome.

The International Council of Women has been fortunate in securing a good site at the British Empire Exhibition, on which a pavilion will be erected to be used as an information bureau, rest room and meeting place for women visitors from Great Britain and overseas. It is also proposed to arrange a series of lectures and conferences throughout the time the Exhibition is open, either in the pavilion or in a larger lecture hall, which it is understood will be available.

The co-operation of all women's societies is invited, in order to ensure the success of the scheme. Further details will be published as soon as arrangements are rather more advanced.

The South African Trained Nurses' Association has shown itself keenly alive to the value of Dr. Truby King's work. We hear that Miss Jentie Paterson was booked before her arrival in South Africa for four Lectures in Cape Town, and for a social gathering. Mrs. Bennie, the President of the Cape Town Branch of the S.A.T.S.A., arranged a luncheon

to enable Miss Paterson to meet the Matrons of the leading hospitals, and arranged that at each Lecture a member should take the Chair. At the University town of Stellenbosch Miss Paterson was the guest of the Matron of the Queen Victoria Memorial Hospital.

In Johannesburg Miss B. G. Alexander, R.R.C., the progressive and genial Matron of the General Hospital for upwards of twenty years, was most kind and active in helping Miss Paterson. She it was who presided at the representative public meeting to welcome Miss Paterson to Johannesburg, and who also entertained her to dinner in the hospital to meet the assistant matrons and Sisters, also representative nurses from other hospitals. In addition to being the Matron of the General Hospital and head of one of the largest and most admirable Nursing Schools in South Africa, Miss Alexander is the Hon. General Secretary of the S.A.T.N.A.—a most representative organisation increasing in professional influence every day.

This lecture tour will, we have no doubt, give an immense impetus to Public Health Work and Child Welfare throughout the Union of South Africa, and we shall want to hear all about it when Miss Paterson comes home.

Our Australian mail is not very hopeful. We fear the Victorian Nurses' Registration Bill has again been relegated to the fag end of Governmental business, although the Chief Secretary introduced the Bill, and said that several attempts had been made in the past to pass a similar Bill, but all of them had failed. The principal objection to the Bill, and the one that had caused the downfall of the Bill introduced in 1919, was as to the constitution of the Board, which was one of the main provisions of the Bill.

History repeats itself. As at home, the governors of hospitals and medical practitioners in Victoria desire to control the Nurses' Governing Body.

In the meanwhile, nurses are becoming increasingly indignant—though not nearly militant enough to impress the Legislature—and the practical injury to their status by lack of reciprocity at home, in other Dominions, and in the United States, is having the natural effect of discouraging educated girls from adopting nursing as their profession.

A serious position has arisen at Victorian hospitals owing to a shortage of nurses. A few years ago these hospitals had long waiting lists of girls who were anxious to enter the institutions as probationary nurses. During the past

few months they have been forced to advertise to fill the urgent vacancies which occur on their staffs.

Lady Marson states the matter is one of keen anxiety to the hospitals, and wisely adds that young women from good homes are wanted, and it would be most undesirable to lower the standard, as all the fine traditions of the past would be undone.

Miss Edith Outram has received a Red Cross Medal from the Esthonian Government in recognition of her work.

BUSH LIFE.

The service many war-nurses are now rendering in undeveloped parts of the world is from time to time brought home to those remaining in the old country.

The following letter just received by the Society for the Oversea Settlement of British Women (which was instrumental in bringing the correspondent into touch with fresh opportunities in Australia) is a good illustration.

The writer is a widow, an ex-Red-Cross Nurse and Health Visitor in Nottingham and Manchester, and was accompanied overseas by her daughter, aged 13:—

"This has been one of the happiest years I ever spent. Even before I left the boat I was welcomed by a lady who had been sent to meet my daughter and me. The next day was spent in being interviewed by the British Nursing Superintendent, and attending a British Nursing Association meeting at Melbourne Town Hall, when I was presented to Lady Stradbroke, the State Governor's wife, and she asked me to continue my Girl Guide Work in Victoria.

The next day I was off to my district, which is about 80 miles from Melbourne. We are over 2,000 feet above sea-level, but from my garden I can see the sea like a silver hand against the sky. The scenery is glorious, but we get a very great deal of rain.

"The first case I had was to go out at night into the bush on horseback to a child with a broken leg. . . . The next morning I had to get the patient on a timber track which runs through the bush to the railway, then to the hospital 20 miles away. Since then I've had many adventures, in fact it is all adventure, but I'm very happy. Of course, I must say I've never worked so hard or roughed it; though I've a dear little cottage, I spend a great deal of time away at my cases. There one has to adapt oneself to circumstances which are sometimes very primitive, but the folk are all so nice that nothing else counts."

VICTORIAN BUSH NURSES' ASSOCIATION.

We are informed by the Chief Medical Officer, Australia House, Strand, W.C., that persons nominated to proceed to Australia have, in the ordinary way, to find £22 passage money each. The Victorian Bush Nurses' Association requires six nurses, and the Association will add £1 per month to the nurses' salary so that, at the end of one year and ten months' service, her passage money is recouped.

INTERNATIONAL COUNCIL OF NURSES.

Miss Clara D. Noyes, who attended the recent meeting of the Executive Committee of the International Council of Nurses at Copenhagen, as nominee of the American Nurses' Association, has supplied an interesting summary of its proceedings to the *American Journal of Nursing*. We desire, however, to correct one error in this report. It will be remembered that the League of Red Cross Societies somewhat unofficially intimated to the President of the I.C.N. that it was prepared to establish the Headquarters of the International Council of Nurses in its Paris office, than which nothing in our opinion could be more inappropriate.

Miss Noyes writes: "The Executive Committee discussed the offer of the League of the Red Cross Societies, but inasmuch as the office of the *BRITISH JOURNAL OF NURSING* had already been voted upon by the Congress as its official office, this could not be changed without a meeting of the Grand Council. Furthermore, it was felt that questions incidental thereto were beyond the authority of the Executive Committee to settle."

* We may inform the younger generation of internationalists that the Headquarters of the International Council of Nurses has never been located in, or associated with, the office of the *BRITISH JOURNAL OF NURSING*. When the International Council of Nurses was founded by Mrs. Bedford Fenwick in London in 1899, the Council, primarily composed of British, American, and German nurses' organisations naturally voted to have Headquarters in London, and the beautiful room at 431, Oxford Street—the board room of the Registered Nurses' Society—was made available, free of cost, for the work of the Council. Here, records have been kept, and for many years, nurses have come from all over the world seeking help and professional advice, which has been readily available from experts.

Here Miss Lavinia Dock, R.N., did much of that wonderful work which built up the International Council of Nurses in all the principal nursing centres of the world—an inestimable service to the Nursing profession and the community—which, apparently, is not realised at its true value by the younger generation of American nurses.

The official organs of the nurses' national organisations affiliated to the International were adopted as the official organs of the International Council. Thus the *BRITISH JOURNAL OF NURSING* has, since 1899, been the recognised organ of the I.C.N. in Great Britain, just as the *American Journal of Nursing* fills the same position in the United States.

The League of Red Cross Societies has its uses, but the control of the International Council of Nurses is not one of them. It is advisable, therefore, that whilst working in sympathy side by side for the benefit of humanity, each organisation should maintain its autonomy and independence. Co-operation with all, but fusion with none, is our policy.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 182.)

The Nurses' Directory Bill was not squandered in the "Lords" without an immense effort upon the part of the State Registrationists to instruct their Lordships, and I should like to place it on record that the little army of propagandists were listened to with the most courteous consideration, their letters and appeals most kindly replied to, and the case for Registration easily grasped by our hereditary legislators—educated men of the world. Lord Ampthill thought it was a pity all this work should be lost, and he advised the Society for the State Registration of Trained Nurses that it would be wise to strike whilst the iron was hot, and withdraw its Bill "to regulate the qualifications of Trained Nurses and to provide for their Registration," from the House of Commons, then in charge of Sir. R. C. Munro Ferguson (now Lord Novar), and have it brought into the House of Lords. In accordance with this advice Lord Ampthill brought the Bill into the "Lords" on June 23rd, 1908. It was read a second time on July 6th, and a third time, and passed, with the support of the Government, on November 10th of that year. The Bill was brought from the Lords to the Commons on November 16th, and ordered to be printed. Alas! Mr. Asquith being then in power, and apparently a confirmed "anti," the Chief Whip, the late Master of Elibank, refused to give time for the consideration of the Bill, which could easily have been provided, with good will, before the end of the Session.

The Nurses learned one useful lesson during 1908, and that was that however friendly a Lord might be, almost invariably his "lady" wife was strongly opposed to defining standards of nursing education, and providing legal status for trained nurses. Apparently the peeresses were wedded to a system of the social patronage of "Gamps," a system which unfortunately had even then spread through the country, through the Cottage, and County Nursing Associations with which they were associated as Patrons and Presidents. The influence of these ladies was at the disposal of the Anti-Registration Party. We praised Allah that they had no votes!

1908 saw the formation of the first Scottish Registration Committee, with Miss E. S. Haldane, L.L.D., as Chairman, and in the following year the Association for the Promotion of the Registration of Nurses in Scotland, and the Scottish Nurses' Association were organised—a great step forward as they placed State Registration in the forefront of their work.

In 1909 three separate Registration Bills were introduced into the House of Commons and there were now some eight organisations including the British Medical Association, which had pronounced for State Registration.

In 1910, on my initiative, an invitation was sent through the Society for State Registration to these

organisations, proposing that a conference should be held to consider the advisability of affiliation for the purpose of agreeing upon one Bill. The formation of the Central Committee for the State Registration of Nurses was the result of conference, under the Chairmanship of Lord Amptill, composed of delegates from the British Medical Association, Royal British Nurses' Association, the Matrons' Council, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Irish Nurses' Association, the Scottish Nurses' Association, and the Association for the Promotion of the Registration of Nurses in Scotland, and later the National Union of Trained Nurses.

In 1910, 1911, 1912, and 1913, the Central Committee's Bill was introduced into the House of Commons, but was persistently blocked by Members put up by the Central Hospital Council, and the Nurse Training Schools, led by the London and St. Thomas', the Matrons of these institutions and others obediently signing every "Anti-Registration Manifesto" issued by their employers, the basic principle of such manifestoes being the pronouncement, "That a legal system of Registration of Nurses is inexpedient in principle and injurious to the best interests of nurses, and of doubtful public benefit."

In 1914, Sir Ronald Munro Ferguson, P.C., was appointed Governor-General and Commander-in-Chief in Federated Australia, and Dr. W. A. Chapple, M.P. for Stirlingshire, was entrusted with the Central Committee's Bill.

Dr. Chapple did great service to the cause by obtaining leave from the House to bring in the Bill under the Ten-Minutes Rule. This gave him an opportunity of speaking to it, and he made very good use of his ten minutes' time. A division was challenged by Mr. Handel Booth to bring in the Bill—a most unusual course—and, as it proved, a great tactical mistake for the "Antis," as, for the first time in the ten years during which they had blocked its course in the Commons, the opinion of the House was tested on the *principle* of registration, and its expediency was triumphantly vindicated by a majority vote of 228. Those voting for leave to bring in the Bill included four Cabinet Ministers and 23 Members of Parliament holding official posts of responsibility in Government Departments; 161 Liberals, 59 Unionists, 66 Nationalists, and 25 Labour Members. This vote constituted State Registration a practical proposition, and compelled the "Antis" to drop their obstructive, and adopt a constructive policy.

I was the only nurse in the House during this historic event, and was only saved from whirling down the marble steps in my excitement by being caught round the waist by Dr. Chapple, and thereby no doubt saved a serious accident. One cannot step on air with impunity!

During the following months little progress was made with the Bill in the House, though, as for ten years past, we worked in season and out of season in support of its principles, and then came the terrible month of July, 1914, when the world

stared the red terror of war in the face, and with trumpet and drum men stepped forth to battle to save the liberties of mankind, and women followed the flag to minimise the horror and suffering. They were great years, in which we lived at high altitudes. By order of the Government private members ceased to promote legislation. The Bill for State Registration of Nurses was not introduced again until after the Armistice in 1918. In 1919, Major Barnett, M.P., drew a lucky place in the Ballot, and most generously gave it to the nurses and introduced their Bill on March 11th, 1919, which would have passed through all its stages during the Session had not the College of Nursing, Ltd., with unparalleled meanness had it blocked on the Report stage by Mr. (now, of course, Sir) Leonard Lyle, and the Members for Manchester.

We now come to the history of the formation of the hospital employers' Union, the College of Nursing, Ltd., and its Caucus Council, and I shall, next week, begin to expose its tactics in its determined policy to subjugate and govern the Profession of Nursing.

ETHEL G. FENWICK.

(To be continued.)

THE NURSES' MISSIONARY LEAGUE.

"N. M. L." meetings have often been described as "family gatherings," and the title would have been especially applicable to the Valedictory Meetings on October 12th. Nurses and their friends rallied in numbers, the evening meeting being almost crowded out, and the interior of University Hall, decorated with masses of autumn-tinted flowers, formed a glad contrast to the dismal streets, where rain fell persistently. As usual members were present from many a distant land, and from many different hospitals and various branches of nursing work. The nurse speakers came from far afield—Miss Hammond from the Congo; Miss Manwaring from Quetta, North India; Miss Haward, Miss Hope Bell and Miss Sharpe from China. They could all tell of diseases and conditions very different from those in the homeland. Miss Hammond told of the 200 patients treated annually for sleep-sickness; Miss Haward of the successful new treatment for leprosy; Miss Manwaring of the terrible wounds due to feuds and quarrels, the horrible results of ignorant treatment, and the thousands of eye cases treated during the seven weeks spent annually at Shikarpur. They told, too, of strange beliefs and customs; Miss Hammond spoke of the strong belief in fetiches in Africa; Miss Hope Bell vividly described the belief in dragons of the air, the earth, the sea, the intense fear of demons leading to all sorts of queer devices; both she and Miss Haward spoke of the fear of mental cases and the cruelty shown towards them, and Miss Haward described the terrible sufferings of the little slave girls; and Miss Manwaring made vivid the bewildering variety of types, nationalities and languages met

day by day at Quetta. Anyone who imagined a missionary nurse's life to be monotonous would have been disillusioned by Miss Sharpe's account of a day's work, including language-study, interrupted by a casualty case needing operation, settling a violent quarrel between two pro.'s, settling a dispute in the kitchen, helping with the evangelistic work and encouraging the Christian workers to do their share, lecturing two or three times to the nurses, dealing with a senior nurse who had "lost face" by a junior excelling her in an examination, correcting examination papers (again interrupted by a casualty case), seeing out-patients, supervising the nurses, doing committee work and translating for the Nurses' Association of China—at last to bed, only to be waked by the night nurse—and so on! Through each speech there rang the tremendous plea of the suffering in these lands where there are so few to help, and the plea for more helpers. Each speaker had worked as the *only* European nurse in her hospital, two had worked without a doctor. But there was also the note of thanksgiving for results obtained, the thanksgiving of the thousands who receive their sight at Shikarpur, and, perhaps above all, the thanksgiving for the native boys and girls who are being trained in San Salvador, the school-girls learning the elements of midwifery, and the Chinese nurses who are forming the beginning of the nursing profession in China. What a triumph of Christianity it was when Miss Haward could say that her Chinese nurses "gave of their very best service to the most repulsive cases."

The challenge to service was thus sounded by the "veterans." At the evening meeting the recruits told of how they had been led to offer for such service. Letters were read from some of the thirty-one "sailing members" who were unable to be present; eight others were on the platform and each spoke a few words. Without exception they voiced two thoughts, the joy and privilege of such service, and their dependence upon the prayers of other members of the League.

The day which showed such wonderful opportunities, began and ended with devotional addresses both of which centred round the thought of the presence of God. In the morning Mrs. Sturge spoke of learning to know God and to practise His presence in all the details of life. In the evening the chairman, the Very Rev. the Dean of Manchester, spoke of Christianity as a good news, covering the whole of life, and gave the three principles of a joyous life as (1) work, (2) love, (3) the knowledge and service of God.

◆◆◆

NOTICE.

Miss Ména M. G. Bielby, Cranford, Middlesex, will be grateful if any reader of this Journal can give her the address of Miss Alice M. Beedie, formerly matron of the Maternity Hospital, Aberdeen, and the Cottage Hospital, New Malton, Yorkshire, and who a year ago was resident at the Theosophical College, Letchworth.

THE PROFESSIONAL UNION OF TRAINED NURSES.

TO MEMBERS.

We hope that many members of the Professional Union of Trained Nurses and their friends will come and purchase our charming gifts contributed by the Handicrafts Guild of the Union, at "The Challenge" Book and Picture Stores, 24, Great Russell Street, W.C. 1 (near Y.M.C.A. Central Building, Tottenham Court Road), on Saturday, October 20th, from 3 p.m. to 6 p.m.

Christmas is Coming!

MATTERS OF INTEREST TO NURSES.

Two matters of interest to Nurses came before the Consultative Committee of Women's Organisations at 4, Portugal Street, Kingsway, on Thursday, October 11th, Lady Galway in the chair.

A letter was read, asking the Constituent Societies to interest themselves in obtaining money for Cancer Research, a Fund for which is being raised under the auspices of the British Red Cross Society. The Secretary of the Professional Union of Trained Nurses suggested that, before any definite action were taken, it would be well to ascertain if all the money thus raised would be given to the object specified, and whether a detailed account of the Fund would be published. She stated that, according to the British Women's Hospital Committee Report, 1919, £50,000 of the money collected for wounded soldiers was handed over by the B.R.C.S. to an Association which had no connection with wounded soldiers, but of which Sir Arthur Stanley (Chairman of the British Red Cross Society) was Chairman.

The second point of interest was a resolution set down in the name of the Women Sanitary Inspectors' and Health Visitors' Association, deprecating the action of the Minister of Health in sending a circular letter to the Metropolitan Borough Councils and Metropolitan Borough Standing Joint Committees, suggesting that the Scale of Salaries for Sanitary Inspectors and Health Visitors recommended by the London District Council for Local Authorities, Administrative and Clerical Services, should not be adopted.

In the absence of a representative of the Women Sanitary Inspectors' and Health Visitors' Association, Lady Rhondda very ably put the case, pointing out that it was a direct attack upon the principle of collective bargaining which underlies the constitution of all Whitley Councils.

Miss Maude MacCallum, in supporting this resolution, gave proofs that Health Visitors were among the most important of public servants, and that many who were members of her Association, besides being State Registered Nurses with a three years' certificate, also held certificates for Fever Training, Midwifery, and as Health Visitors and Sanitary Inspectors. She said that the Public Health Service used to be considered one of the "plums" of the profession, and argued that the Minister of Health, by depreciating the

status and salary in the way he had done, would not encourage the right type of woman to enter the Nursing Profession, or prevent those who were already in it from seeking other means of earning a livelihood.

MAUDE MACCALLUM,
Hon. Secretary.

NURSING AND NURSING EDUCATION IN THE UNITED STATES.

(Continued from page 153.)

Having declared their belief (1) (*Conclusion 3*) "That, for the care of persons suffering from serious and acute disease, the safety of the patient and the responsibility of the medical and nursing professions demand the maintenance of the standards of educational attainment now generally accepted by the best sentiment of both professions, and embodied in the legislation of the more progressive States; and that any attempt to lower these standards would be fraught with real danger to the public"; and (2) having recommended (*Conclusion 4*) the definition and licensure of a subsidiary grade of nursing service in the care of mild and chronic illness, the Rockefeller Committee state that their survey has led them to the conclusion that the good of the community demands the recruiting for public health nursing, hospital nursing, and the care of the acutely ill, of a larger number of young women of good natural capacity, and the provision for such women of a sound and effective education. They agree that so far as the trained nurse is concerned, whether she is to function in private duty, in public health, or in institutional service, it is clear that her basic professional education must be acquired in the hospital training school, and they have devoted a major part of the investigation to a somewhat detailed study of existing conditions and future possibilities in hospital training.

THE HOSPITAL TRAINING SCHOOL.

"The development of the hospital training school for nurses constitutes a unique chapter in the history of education. In almost all fields of professional life education has begun on a basis of apprentice training. The first law schools and the first medical schools were the outgrowth of the lawyer's and the physician's office. In nearly all other fields than that of nursing, however, even in such relatively new professions as journalism and business advertising, education has outgrown the apprentice stage, and leadership has passed into the hands of independent institutions, organised and endowed for a specifically educational purpose. The training of nurses, on the other hand, is still in the main actually, if not technically, directed by organisations created and maintained for the care of disease, rather than for professional education.

"The progress which has been accomplished in nursing education, under such anomalous conditions, is such as to reflect high credit under both

hospital administrators and the leaders of the nursing profession. The hospitals have in many instances been inspired by a broad and constructive vision of training school possibilities; while the devotion with which nursing directors have laboured for high standards, often against almost insuperable obstacles, calls for the warmest admiration. Yet the conflict of interests between a policy of hospital administration which properly aims to care for the sick at a minimum cost, and a policy of nursing education which, with equal propriety, aims to concentrate a maximum of rewarding training into a minimum time, is a real and vital one.

"The fact that a field so tempting as that of modern nursing, with its remarkable possibilities of service in public health, in institutional management, and in teaching, fails to attract students in the number, and of the quality we should desire, strongly suggests that there is some shortcoming in the established avenues of approach to the nursing profession."

The conditions revealed by a detailed study of typical hospital training schools by two types of investigators—one a practical expert in nursing education and the other an experienced educator from outside the nursing field—will, the Committee believes, prove highly enlightening to the student of this problem.

"The training of the nurse involves a certain basic knowledge of the fundamental chemical and biological sciences, theoretical instruction in the principles of nursing, and, above all, supervised practical training in actual nursing procedures. In all three phases of this work, Miss Goldmark's report reveals conspicuous successes, and equally conspicuous failures; and the remarkable thing is that successes and failures so often appear side by side in the same institution.

"Thus we may find in a training school with a good ward service that the fundamental science courses fail because of wholly inadequate laboratory equipment. In another school, the theoretical instructor may show a hopeless lack of teaching ability, or she may be so handicapped by other duties as to leave no proper time for the conduct of her classes. Lectures by physicians may be informative and inspiring in one department of a hospital; irregular in delivery, careless, and dull in content in another. Ward assignments are in many cases largely dictated by the need for hospital service rather than by the educational requirements of the students. . . .

"The supervision of work in the wards was in certain instances notably inadequate. In only a few brilliantly exceptional cases was the ward work purposefully correlated with theoretical instruction. The lack of an intelligently planned progressive training was obvious in a large number of the hospitals studied, first year students often being found in positions of responsibility for which they were wholly unprepared; while seniors in another ward were repeating an educationally idle and profitless routine. Most striking of all was the factor of time wasted in procedures

essential to the conduct of the hospital, but of no educational value to the student concerned. Hours and days spent in performing the work of a ward maid, in putting away linen, in sterilizing apparatus, in mending rubber gloves, in running errands, long after any important technique involved had become second nature, accounted in one typical hospital operating under the eight-hour system, for a clear wastage of between one-fourth and one-fifth of the student's working day.

"The total amount of time assigned to ward service under the conditions which obtain in many hospitals is, in itself, a fairly complete obstacle to educational achievement. Our selected group of hospitals, surely in this respect far above the general average, shows a median day of between 8 and 8.5 hours on ward duty alone, exclusive of all class-room instruction. Irregular and excessive and unproductive night duty is the rule rather than the exception. Crowded and unattractive living conditions tend, in certain hospitals, to impair the morale of the student body; and an atmosphere of autocratic discipline frequently prevents the development of a psychological atmosphere favourable to effective co-operative effort."

The Committee is careful to emphasise in the first place that such shortcomings as have been pointed out are not fairly chargeable to deliberate neglect on the part of hospital authorities or nursing superintendents. "In so far as they exist they are due to the inherent difficulty of adjusting the conflicting claims of hospital management and nursing education, under a system in which nursing education is provided with no independent endowments for its specific ends. The difficulties involved in the task of resolving this conflict are perhaps illustrated by the fact that, out of 144 registered training schools in New York State, 60 changed Superintendents during a single recent year.

"In the second place it is encouraging to note, by reference to Miss Goldmark's report, that every one of the shortcomings in hospital training, discussed above, has been corrected, with substantially complete success, in one or more of the training schools studied by our investigators. The difficulties are not insuperable. Each of them has been overcome in some schools, and most of them in some of the best schools. Training schools exist to-day in which the student receives a sound and an inspiring education, with a minimum of sacrifice to the exigencies of hospital administration. Yet such schools are still the exception, and we are convinced that the progress we desire can come only through a frank facing of the truth."

Conclusion 5.—"That while Training Schools for Nurses have made remarkable progress, and while the best schools of to-day in many respects reach a high level of educational attainment, the average hospital Training School is not organised on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and

the health and strength of the students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are, on the whole, in the majority of schools, inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of Public Health Nursing and Nursing Education; and that one of the chief reasons for the lack of sufficient recruits of a high type to meet such needs lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field."

(To be continued.)

THE HOSPITAL WORLD.

Princess Mary will open with a silver key the War Memorial Nurses' Home at Newmarket on Thursday, November 1st, at 11.30 a.m. Several ladies well known in "Turf" circles are endowing cots in a children's ward connected with the Home.

An appeal for £50,000 is being made for bringing Westminster Hospital up to date. The cost of reconstruction is estimated at £70,000, of which £20,000 has already been subscribed. "Westminster" is the oldest of those supported by voluntary contributions, and dates back to 1719, and has earned the confidence of the philanthropic public, its reputation for economic management is recognised by King Edward's Hospital Fund.

The Minister of Health has sent a somewhat uncompromising letter to the Insurance Acts Committee of the British Medical Association in reply to their communication rejecting the proposed new panel fees. He states that his offer represented a considered decision, arrived at on the merits of the case, and he refuses to submit the matter to arbitration.

In a rejoinder to the Health Minister, the Insurance Acts Committee declares that, while it would have preferred arbitration or negotiation, it has no option but to accept the responsibility he now imposes on it.

If the medical profession is loyal to the best interests of the public—to say nothing of its own stability—there should be but one result in this controversy.

It is over ten years since 476 children helped to build the Birmingham Children's Hospital by buying and laying their own bricks. It was then decided that any children purchasing bricks after July, 1913, when the first bricklaying ceremony was held, should have an opportunity of making their contribution to the building of the out-patients' department, when that was decided upon. There are 200 children waiting to lay the bricks they have purchased for £1 1s. 6d. each; and the ceremony will take place on Saturday, November

24th, but in the meantime this number, it is hoped, will be considerably exceeded.

St. Albans Poor Law Guardians propose to buy Oster Hills, a large house, for the accommodation of nurses in the workhouse infirmary. The cost, if not exceeding £6,000, will be sanctioned by the Ministry of Health.

At an inquest recently held at Bristol, Dr. Aubrey said that the cause of death was carbon monoxide poisoning from the exhaust gases from the motor-car. One per cent. of carbon monoxide would kill in ten minutes. He had heard of similar cases, one in the same neighbourhood.

The Coroner said the danger of such an accident should be made known to the public.

THE LABORATORY.

Dr. Godfrey, Minister of Health in the Ontario Government, announced at a meeting of medical men at Hamilton, that Dr. Banting, the discoverer of insulin, would shortly disclose a new discovery "of greater importance than the diabetes cure."

"It is a marvellous thing," Dr. Godfrey said, "but I am not at liberty to divulge any further information."

Dr. Banting has been engaged in research work in Toronto under Federal and provincial grants.

A later report states that it will be some time before accurate details can be made public on the new discovery. In the meanwhile, give research workers every facility to follow and verify their gleams of light. It is just here that no expense should be spared, and every encouragement given. Had Dr. Banting been a successful shopkeeper, wire-pulling politician, or newspaper man, he would no doubt have received some titular distinction. But a man of genius, to whom humanity already owes a stupendous debt, sits long below the salt!

VICTOR HORSLEY MEMORIAL LECTURE.

The first lecture, "On the Relations between Surgery and Physiology" will be given by Professor Sir Edward Sharpey Schafer, F.R.S., in the Barnes Hall of the Royal Society of Medicine, 1, Wimpole Street, on Thursday, October 25th, 1923, at 5 p.m. The chair will be taken by Sir John Bland Sutton, President of the Royal College of Surgeons. Admission is free, on presentation of visiting card, and no doubt some loyal Registrars will wish to be present. The late Sir Victor Horsley was one of our real medical allies, and his death a great blow to the evolution of nursing.

HONOUR FOR AN AMERICAN NURSE.

General Gouraud recently conferred the Legion of Honour on Miss Evelyn Lanely, an American nurse, for conspicuous bravery in a bombardment at Duisburg during the war. The ceremony took place in the courtyard of Les Invalides, Paris, a most appropriate place for such a signal recognition of valour, with the dust of the great Napoleon, Founder of the Order, so near by.

APPOINTMENTS.

MATRON.

North Herts and South Beds Hospital, Hitchin.—Miss Kathleen Bell, S.R.N., has been appointed Matron. She was trained at the Norfolk and Norwich Hospital, and has been Staff Nurse in a Surgical Home in Norwich and at the Cancer Hospital, Fulham Road. For five and a-half years she held appointments at the Dreadnought Hospital, Greenwich, and has been Matron of a Nursing Institute at Uccle, Brussels.

Alnwick Infirmary, Alnwick.—Miss Gertrude Telford has been appointed Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, where she has also held the position of Ward and Theatre Sister.

ASSISTANT MATRON.

Glasgow Eye Infirmary.—Miss Margaret Baker has been appointed Assistant Matron. She was trained at the Victoria Infirmary, Glasgow, in which institution she has held a position of Sister.

NIGHT SISTER.

South London Hospital for Women, South Side, Clapham Common, S.W.—Miss Agnes R. Watt has been appointed Night Sister. She was trained at the Royal Infirmary, Edinburgh, where she subsequently held the position of Sister. She has also been Sister-Tutor and Office Sister at the Royal Berkshire Hospital, Reading.

SISTER-MATRON.

Oldchurch Hospital, Romford.—Miss Eleanor Beatrice Shields has been appointed Sister-Matron. She was trained at Wingrove Hospital, Newcastle-on-Tyne, and at the East End Mothers' Home, and has been Sister, Night Sister and Assistant Matron at Mile End Infirmary, and Theatre Sister at Mile End Military Hospital.

MESSAGE SISTER.

Royal Albert Edward Infirmary, Wigan.—Miss Grace Pearson has been appointed Message Sister. She was trained at the General Hospital, Kettering, and the National Hospital, Queen Square, Bloomsbury. She has also been Assistant Sister in the Massage Department at the Wolverhampton General Hospital.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following promotions have been made: Sen. Nursing Sister to be Lady Supt.: Miss M. D. Knapp, R.R.C., April 26th, 1923; Nursing Sister to be Sen. Nursing Sister: Miss O. Vernon, A.R.R.C., April 26th, 1923.

The following lady nurses have been permitted to resign the Service:—Nursing Sisters: Miss M. D. Rabbidge, July 25th, 1922; Miss W. M. Thomson, March 9th, 1923.

The following lady nurses have been permitted to retire from the Service:—Chief Lady Supt.: Miss A. M. Harris, R.R.C., Sept. 18th, 1923; Nursing Sister: Miss A. G. Veech, on account of ill-health, Aug. 1st, 1923.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elsie M. Bath is appointed to Surrey C.N.A., as Superintendent; Miss Mary K. Reid, to Lancaster, as Senior Nurse; Miss Florence Alpen, to Chichester; Miss Violet M. Colchester, to Chertsey; Miss Beatrice Filley, to Norton-in-the-Moors; Miss Eleanor Hendley, to Brixton; Miss Grace A. J. Hynd, to Fareham; Miss Gertrude Perry, to Cleator (St. Bees); Miss

Margaret Lodge, to Buckland; Miss Gertrude M. Speakman, to Three Towns; Miss Gwendolin M. Stephens, to Chertsey; Miss Una Thompson, to Barnsley.

THE PASSING BELL.

Mrs. Greig.

The death took place, on October 13th, of Mrs. Greig (*née* Sally Lunn), at 9, Regent Street, Nottingham. She was trained at the General Hospital, Nottingham, and held the posts of Ward Sister (Medical and Surgical) and Night Superintendent. After finishing a course of Housekeeping there she was appointed Assistant Matron at the Royal Albert Infirmary, Wigan. She married in September, 1922, Mr. F. C. Greig, one of the Honorary Assistant Surgeons at the General Hospital, Nottingham. Her death is sincerely lamented by her colleagues at Nottingham and elsewhere.

Miss Amy Trevor Steele, M.A.

We regret to record the death of Miss Amy Trevor Steele, M.A., Head Mistress of the Grey Coat Hospital for thirteen years, and a member of the first General Nursing Council for England and Wales upon the nomination of the Board of Education. Miss Steele was seriously out of health when appointed to the General Nursing Council, as was apparent when she succeeded Miss Tuke, who honestly gave as her reason for her resignation that she did not see that she could be any use. Frankly, we do not see that educationists who have no knowledge of nursing can be of use in dealing with so highly technical a branch of education as that of nursing, any more than they would be of use on the General Medical Council, and it does not appear fair that the Registered Nurses should have to pay the expenses of these persons.

Knowing nothing of nursing education and organisation, Miss Steele's sympathies, like those of her lay colleagues on the Council, were not with the aspirations of the Registered Nurses; and, referring to our records of Council meetings, we find that her vote was invariably given for what we consider to be contrary to the interests of the Registered Nurses.

THE NURSE.

I have known the gasp of the dying,
And the first, faint cry of the born;
And wavering souls have brushed me,
As they sought their own in the morn.

I have looked upon sorrow and suffering,
And engaged the battalions of pain;
Trampled them under in triumph,
And forth to the battle again.

Alone, through the long night watches,
I have seen the day-star rise;
But I've glimpsed more of heaven
In fading, triumphant eyes.

I've raised the head of the dying;
And shrouded the face of the dead;
And bathed the warm limbs of the new-born,
To carry the race ahead.

*Charlote Whitton,
From The Canadian Nurse.*

THE DEATH OF MISS ELIZABETH CLEMENT HUMPHREYS, O.B.E., R.R.C.

The War Office announces, with regret, the death, in Cologne, on Tuesday, October 9th, of Miss Elizabeth Clement Humphreys, O.B.E., R.R.C., Principal Matron of the British Army of the Rhine. Miss Humphreys, who received her training at the London Hospital, from January, 1897, to April, 1900, served for two years in the South African Campaign as a Sister, Army Nursing Reserve. She was appointed to the Queen Alexandra's Imperial Military Nursing Staff in February, 1903, and promoted Matron in November, 1911. During the late war she served from 1916 to 1919 in Salonika, and was twice mentioned in despatches for distinguished service. She was awarded the Royal Red Cross (First-Class) in June, 1917, the O.B.E. in 1918, and the Greek medal for Military Merit (Fourth Class) in November, 1919. Miss Humphreys was Matron of Queen Alexandra's Military Hospital, London, from May, 1919, to November, 1921, when she proceeded to the British Army of the Rhine as Principal Matron.

IMPRESSIVE FUNERAL AT SUDFRIEDHOF.

The funeral of the late Miss E. C. Humphreys, O.B.E., R.R.C., Q.A.I.M.N.S., Principal Matron of the Rhine Army Medical Services, took place at the Sudfriedhof on October the 12th. A large number of sympathisers followed the coffin to its last resting place. Nearly one hundred officers attended. General Sir A. J. Godley was represented by Lieut. Fitz R. H. Fyers, Rifle Brigade A.D.C., and Col. on the Staff J. D. McLachlan was represented by Col. A. H. Hutton Wilson. Col. E. W. Bliss, D.D.M.S., Col. Lecky, Col. Young, and Col. Woodfield were also present. Every branch of General Headquarters was represented by an officer, as was also every unit on the Rhine. The chief mourner was Mr. Wilson, nephew of the deceased. The pall-bearers were Lieut.-Col. Dorgan, Lieut.-Col. Packer, Lieut.-Col. Bond, Lieut.-Col. Shea, Major McEwen, and Major Crawford, all Medical Officers, while the bearers were Staff-Sergt. Brindall, Sergt. Kay, Sergt. Rolfe, Sergt. Hudson, Sergt. Plunkett and Sergt. Green, also members of the R.A.M.C.

Miss A. B. Smith, C.B.E., R.R.C., Matron-in-Chief, War Office, attended the funeral from England, while all the available Sisters from the Rhine Army hospitals were present. Over one hundred men of the Royal Army Medical Corps attended.

The coffin was conveyed to the cemetery on a gun carriage, supplied by the 3rd Brigade R.F.A., and the band of the 5th Fusiliers played appropriate music. The firing party, also supplied by the Fusiliers, fired three rounds at the graveside, while buglers played the "Last Post." The burial service was conducted by the Rev. Thorold, Principal Chaplain, assisted by the Rev. Jagoe and Rev. Stiff.

Floral Tokens.

A very large number of beautiful wreaths were sent from relatives, friends and medical and nursing colleagues.

IMPRESSIVE MEMORIAL SERVICE.

A deeply impressive memorial service for the late Miss E. C. Humphreys, O.B.E., R.R.C., Matron, Q.A.I.M.N.S., was held at the Chapel of the Queen Alexandra Hospital, Grosvenor Road, on Friday afternoon, October 12th. The service was arranged to take place concurrently with the funeral service at Cologne.

The Chaplain-General to the Forces, the Right Rev. Bishop J. Taylor Smith, C.B., C.V.O., D.D., conducted the service and was assisted by the Rev. W. S. Jaffery, C.M.G., C.B.E., D.D., K.H.C., Deputy-Chaplain to the Forces, and the Rev. J. B. Elliott, the Chaplain to the Q.A. Military Hospital.

Among those present were: Mr. G. J. Lloyd Humphreys, brother; Dr. and Mrs. Griffiths, relatives; The Countess Roberts, D.B.E., Major-General Sir William Leishman, Director-General of the Army Medical Services; Col. C. B. Martin, Lieut.-Col. J. F. Martin, Major J. H. Spencer, Major J. M. Weddell, Miss Hodgins, R.R.C., Principal Matron, Q.A.I.M.N.S., Dame Maude McCarthy, D.B.E., R.R.C., Matron-in-Chief T.A.N.S., Dame Elizabeth Oram, Miss Garriock, Miss Lloyd Still, Miss Cox-Davies, Miss Russell, Miss Chadwick, Miss M. Blair, M.D., Miss B. Cunningham, M.D., members of the Nursing Staff of the Hospital, the Massage Staff, and R.A.M.C., and also representatives of the Nursing Staffs from the Military Hospitals at Aldershot and Woolwich.

MENTAL NURSES SUFFER FROM DEFERRED REGISTRATION.

Miss Maud Wiese tells us that her remarks at the last meeting of the General Nursing Council for England and Wales, in reference to the deduction of proficiency pay of mental nurses, did not apply to nurses under the London County Council, but that she was "deluged with letters from mental nurses all over the country who had had their money deducted.

"In 1918 most authorities revised wages, and they gave their nurses who were on the staff at that time 4s. per week proficiency pay. Those who had the Medico-Psychological Certificate, and also those who had not obtained it. But they resolved that those nurses who did not obtain the Medico-Psychological Certificate by 1923 should lose this payment.

"Recently they have passed a Resolution to the effect that uncertificated mental nurses who have registered under the General Nursing Council should retain this payment. Some authorities have already made the deduction from those nurses whose applications have not yet been approved." That is why the nurses have urged Miss Wiese to represent this fact to the General Nursing Council.

WORDS FOR THE WEEK.

A man may be festooned with the whole haberdashery of success, and go to his grave a cast-away.—*Dr. Rudyard Kipling.*

The other day I was told that by "listening-in" I could hear people cough in America; I would rather hear a thrush singing in England.—*Mr. F. B. Malim.*

"Nothing is more certain than that hardship is necessary to health, and that preoccupation with comfort is the most deadly sort of hypochondria."—*Mr. Bernard Shaw.*

"So far there has been no real civilisation of the world."—*Mr. H. G. Wells.*

"Paradise lies at the feet of the mothers."—*Mahomedan Scripture.*

TRAINING IN NIGHT DUTY.

BY MISS MENA M. G. BIELBY.

Training in Night Duty has special value, if only to dispel the popular notion that any well-meaning, untrained woman is competent to "sit up" with the patient. Experience has proved that the converse holds, that the perilous hours are those between midnight and dawn, thus demanding unceasing vigilance, knowledge, skill, and power of observation. The cause of this is that the sun is then at its farthest distance from us. By day it floods our part of the globe with its vitalising rays, and as to the vitality then absorbed—more in exposure to the direct rays of the sun, less when received indirectly—so is the body fortified to build up during the night the waste of the day, to carry on the conflict with disease germs or continue the repairing process, as well as to withstand the lowered vitality. This truth is particularly valuable to nurses, and is the real reason for the traditional importance of an hour's sleep before midnight. Keeping awake until midnight wastes accumulated vitality and inhibits the recreative process of sleep. The ability to keep awake all night is acquired only by training and practice.

During the night the nervous and mental tone of the patient is likely to be relatively very low; disease then gains the upper hand; lack of mental energy deprives the patient of desire to live, and death often occurs. With some forms of mental disease night brings an aggravation of existing symptoms, or new symptoms develop.

If the battle is to be won, and rapid recovery follow, he must secure natural sleep early in the night, and this he can only do with the maximum degree of comfort and nourishment. Fresh air without draughts or chilling, protection from bright light, warmth without oppression or disturbance, skilled assistance to change of posture, a fresh pillow in place of a wearied one, a warm—or cool—nourishing drink to recapture sleep which threatens to vanish; comforting, encouraging words in gentle tones during periods of wakefulness, all play a potent part in bringing down a high temperature, and ensuring a favourable report. Night duty also develops the personal responsibility, judgment, initiative and resource. With no one to consult, the nurse must decide if and when to use remedies against emergencies; whether to send for the doctor, or wake relatives.

In private duty, a great advantage is the additional quiet, and the elimination of the social element which often adds strain, or friction, to the nursing. In a favourable case the improvement during the night is more rapid, and giving the report becomes a keen pleasure. In hospital nursing one is spared the rush of the day during the early night hours, but the exigencies of hospital conditions preclude from the patients that benefit from night nursing which falls to the private patient, and convalescence is often retarded by insufficient sleep and quiet. Though a hospital ward seems heaven to earth's most unfortunate, there are many sensitive souls who bewail with Henley

"a stertorous sleeper snoring him to hate and despair," and who find their own sleep "full of dreams and misgivings, broken with brutal and sordid voices and sounds." In a nursing home, too, unless one is a "special," one cannot enjoy the satisfaction of giving the patients the care they need.

In the country, during the summer months, the ever-varied miracle of dawn and sunrise, with their poignant beauty of scents, sights and sounds, brings æsthetic delight and spiritual uplift. In winter, full moon on snowy landscape, or star-filled sky softly lighting and beautifying the umbrous night, offer sweet compensation for the loss of the noontide hours.

Amongst the drawbacks of night duty may be mentioned: Irregular meals, resulting in indigestion and constipation. Difficulty in sleeping by day because of noise. Failing vitality and consequent sense of illness between 2 and 3 a.m. Increased eyestrain. It is unfair to both patient and nurse to ask the latter to obtain part of her sleep on night duty.

OUTSIDE THE GATES.

The International Council of Women have issued a leaflet entitled "A Call to the Women of the World," inviting societies of women internationally organised to take part in the Conference on the Prevention of the Causes of War, to be held in London next March. The *raison d'être* of the Conference is the necessity of awakening the rank-and-file of women everywhere to a sense of their responsibility and to a realisation of their power in regard to the removal of the *causes* of War through the creation of new ideals in connection with all international relations.

COMING EVENTS.

October 18th.—Memorial to Dr. Elsie Inglis. Laying of foundation stone of "The Hospice," Edinburgh, by Viscountess Novar: 2 p.m.

October 20th.—Memorial Service for Miss Amy Hughes. St. Thomas's Hospital. 2 p.m.

October 20th.—Urgency Cases Hospital. Fifth Annual Dinner. Gatti's Restaurant, Strand, London. 6.30 for 7 o'clock.

October 20th.—Professional Union of Trained Nurses. Handicrafts Guild Exhibition. "The Challenge" Book and Picture Stores. 24, Great Russell Street, W.C. 3 to 6 p.m.

October 22nd.—Bazaar at the Mansion House, E.C. in connection with "Fleet Street Week for St. Bartholomew's Hospital." Patroness: The Queen. Opened by the Lady Mayoress.

October 24th.—Royal British Nurses' Association Lecture: "The Mental Attitude in Private Nursing." By Miss A. E. Macdonald, R.M.N.

October 27th.—Matrons' Council of Great Britain and Ireland. Meeting, 194, Queen's Gate, S.W. 3 p.m. Mrs. Bedford Fenwick, S.R.N., will speak on "The International Moral Sense." Tea.

November 9th.—Meeting Grand Council, National Council of Trained Nurses, 431, Oxford Street, London, W. Tea 4. Meeting 4.30 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.

"NOT A MAN BUT A FLAME."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—One does not like generalities, they are never fair, but I assert confidently that there are many Nurses of this year of Grace who do not appear to possess the same ethical standard that inspired their sisters of a quarter of a century or more ago. Nurses of that day were taught that those who entered the portals of a hospital must be prepared for a life of discipline and self-sacrifice; moreover, that the consideration of duty must come before pleasure. Duty to the patients; duty to fellow Nurses; and the maintenance of a high professional standard—*esprit de corps*. At that time there was no smoking among Nurses, no betting, no popular slang. Skirts were worn modestly down to the ankles, stockings were not transparent, heels were low. The demeanour was different, the "style" was different; and yet, although conditions were worse than in the present day, Nurses seemed happier.

Was there not more thoughtfulness for others in those good old days? Was there not a more vivid imagination apparent—that beautiful gift, the fruit of selflessness? Was there not a strong moral influence felt in the Ward, radiating from women who regarded nursing the sick as the highest calling for women, and one requiring the highest and best qualities of brain and heart?

And were there not among them women with a vision, women who saw the effects alike upon patients and Nurses of stultifying disabilities, and who, imbued with a passionate desire to raise this, the highest calling of women, from the unrecognised and obscure position in which it then was, set to work with unselfish devotion, and laboured unceasingly for many years, against tremendous opposition from those who should have been their strongest allies?

The joyful fruition of these hopes was followed almost immediately by a tragic drama of selfishness and self-interest almost unbelievable, which has rendered almost null and void the laborious work of years. The story is so well known. The magnificent instrument, the Nurses' Registration Act, made to benefit mankind, has been converted into one for destruction of ideals, and of unpardonable self-interest. The iconoclasts have even dared to break the law, by *violating the Act itself* on more than one occasion, the Act—let it be remembered—which is not permissive, but *imperative*—the law says *shall not may*. This poor lifeless Act, which is now nothing better than a plaything in the hands of the majority on the G.N.C., is of no value, no protection, and

no use to trained certificated Nurses. Because there seems no power to enforce its enactments, it is a positive danger and snare to the Sick Public. Evidence goes to prove that its only real value is to assist the untrained women, and defeat the aspirations of the highly qualified, for whose benefit it was placed on the Statute Book. I write this, Madam, with sadness and righteous indignation in my heart, on behalf of the host of young Nurses who have been so grievously betrayed. I strongly recommend two things:—(a) Read, and re-read the inspiring Editorial in this week's issue, and make of Thomas Wakley one of your heroes. (b) Read the life of that great and wonderful man Mussolini,* who has saved and purified his country with the motto "God and My Country," and who is called by those who know him, "Not a man but a flame." A Facisti movement is needed in the Nursing Profession to-day to overthrow the evil forces which prevail. This could be done if the Nurses had the will and the strong moral fibre to do it. Nothing else will save it.

BEATRICE KENT.

DISLOYALTY TO COLLEAGUES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Miss K. N. Price expresses the hope in the press that no midwife will be foolish enough, or mean enough, to apply for two posts advertised for dispensing midwives in Kerry at £30 a year each. I wish I could share that hope, but my experience is that someone is always to be found to take any post which she thinks it will be to her personal advantage to secure, regardless of the effect upon her colleagues, whether it be applying for a post which a colleague has resigned for good and sufficient reason, or from which she has been ejected without due cause; or in which the pay offered is not a living wage, because she herself has other means of support and can afford to regard it as pocket money.

Even this is not so mean as pretending that the work and ideas of other people are one's own original conception, and claiming and receiving credit for what is due to another. This particular form of meanness and disloyalty always reminds me of the rejoinder of a parish priest who was informed that a parishioner boasted that his church membership had only cost him an infinitesimal amount, and exclaimed, "The Lord have mercy on his poor stingy little soul."

Those who are so despicable as to claim credit, instead of giving it where it is due, will surely need much mercy "in that Day."

When will women as a sex learn not only to be loyal to one another, but to observe the rules of common honesty in their public relations?

Yours faithfully,

CERTIFIED MIDWIFE, S.R.N.

*Mussolini: The Birth of a New Democracy." By G. M. Godden.

KERNELS FROM CORRESPONDENCE.

"FORCE MAJEURE."

A late Member of the G.N.C. writes:—"The Chairman of the General Nursing Council says that it has had to yield to *force majeure* in the matter of the enforcement of a 'prescribed training' for probationers. I beg leave to differ from that pronouncement. In the first place, the Council yielded because of its own weakness and vacillation; it seems totally unable to cope with any opposition, even of the mildest description, and in the second place may I point out to our Chairman that his own ignorance of the Nurses' Registration Act, demonstrated when he electrified not only the Deputation from the Association of Poor Law Unions, but the Nursing Profession throughout the country, through the Press, by informing them that the Syllabus of Training never could be and never would be compulsory, has much to do with the situation. If the Chairman of the G.N.C. diverted some of the force with which he addresses our representatives on the Council (though he seems to have been somewhat more courteous of late) to his dealings with the Ministry of Health when making representations concerning our affairs, and having the authority of an Act of Parliament behind him, perhaps he would not have to own that he had to yield to *force majeure*."

A LOW EBB.

Provincial Matron.—"To prove to what a low ebb we have come in this institution, candidates as probationers and ward maids apparently come from the same strata of society. I never know which position they intend to apply for until I ask the question."

REGISTRATION OF INTERMEDIATE NURSES.

The only Nurses who are now eligible for registration are what are termed Intermediate Nurses—those who have completed their three years' training and been awarded a Certificate since November 1st, 1919. The term of two years' grace for Existing Nurses has terminated.

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.

OUR PRIZE COMPETITION QUESTIONS.

November 3rd.—State what you know of diphtheria antitoxin, its preparation, doses, and the methods adopted in its use in the treatment of diphtheria; also state what is meant by Serum Sickness, its manifestations, and diagnosis from other conditions having similarity.

The Midwife.

CENTRAL MIDWIVES' BOARD.

The Monthly Meeting of the Central Midwives Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on Thursday, October 11th, Sir Francis Champneys, Bart., M.D., F.R.C.P., presiding.

Report of Standing Committee.

CORRESPONDENCE.

A letter was received from Miss E. Adams (a trained nurse, who has had midwifery training at the Royal Hospital for Women, Paddington, Sydney, and is a registered member of the Obstetrical Section of the Australasian Trained Nurses' Association) asking that she might be admitted to Examination without further training. It was agreed that the application be granted.

A letter was received from Miss G. Sawers of Rangoon (who holds the L.O.S. Certificate) asking that she might be admitted to Examination after undergoing a two months' post-certificate course. It was resolved that before being admitted to Examination Miss Sawers be required to attend a full course of lectures delivered by an approved lecturer, and to attend for a period of three months the post-certificate class at such an Institution as 77, Southampton Street, S.E., and to produce at the end of that period a satisfactory report as to her fitness to sit for Examination.

A letter was received from the Honorary Secretary of the Association of Inspectors of Midwives asking if, under Rule E. 18, a midwife may lay out the dead body of a patient upon whom she has been in attendance at death, notwithstanding that she has been in attendance as nurse and not as midwife.

It was resolved that the Honorary Secretary of the Association of Inspectors of Midwives be informed that under Rule E. 18 a midwife may lay out the dead body of any patient upon whom she has been in attendance at the time of death, whether in the capacity of midwife or nurse, but of no other person.

APPLICATIONS.

For Approval as Lecturer.—It was resolved that the following applications be granted:—Elizabeth Labrey Ashby, M.B.; Howard English, M.B., F.R.C.S.I.; Robert Park, M.D.

Of Certified Midwives for Approval as Teachers.—It was resolved (a) that the following application be granted:—Midwife Mary Leigh Tarver (No. 41,605). (b) That the following applications be granted subject to conditions:—Midwives Dinah Berryman (No. 41,459), Constance Kate Gudgin (No. 52,396), Marion Malyon (No. 46,160), Edith Sayers (No. 55,014).

CERTIFICATES TAMPERED WITH.

The Secretary reported the presentation by the following candidates for examination of a certificate

of birth or of marriage which had been tampered with: Edith Annie Forster (marriage), Susannah Owen (birth), and Rosanna Waldron (birth). It was resolved that all three candidates be admitted to the December Examination of the Board.

RECIPROCAL REGISTRATION.

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 seven 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:—

VOLUNTARY REMOVAL OF NAME FROM THE ROLL.

Applications were received from six women for the removal of their names from the Roll on the grounds of ill-health, old age, and inability to discharge the duties of a Midwife.

It was resolved 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.

Penal Cases.

At a special meeting of the Central Midwives' Board, charges alleged against the following women were heard, with the result that the Secretary was directed to strike their names from the Roll of Midwives and to cancel their certificates. Midwife Elizabeth Beddows (No. 1,494) and Midwife Jane Elizabeth Haynes (No. 43,776, C.M.B. Examination).

CENTRAL MIDWIVES BOARD FOR IRELAND.

The Eleventh Examination of the Central Midwives Board for Ireland was held simultaneously in Dublin and Cork on October 9th and 10th, 1923. Forty-six candidates entered in Dublin—from the Rotunda Hospital, the Coombe Hospital, and the National Maternity Hospital—and seventeen in Cork—from the Cork Maternity Hospital, the Cork Lying-in Hospital, and the Limerick Lying-in Hospital. Of the 63 candidates, two did not attend, 12 failed, and 49 passed satisfactorily.

NEW-BORN BABY'S SONG.

When I was twenty inches long,
I could not hear the thrushes' song;
The radiance of the morning skies
Was most displeasing to my eyes.

For loving looks, caressing words,
I cared no more than sun or birds;
But I could bite my mother's breast,
And that made up for all the rest.

From Autumn Midnight.

Frances Cornford.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,857.

SATURDAY, NOVEMBER 3, 1923.

Vol. LXXI

EDITORIAL.

THE REPORT OF THE COMMITTEE ON DOMESTIC SERVICE.

The Committee appointed to inquire into the conditions affecting the supply of female domestic servants has now issued its Report, and the question is one which is of great national importance, seeing that hygienic homes and well-cooked food are necessary for all classes, from the highest to the lowest, if the standard of health is to be maintained and raised.

It is frequently asserted that one of the reasons for the unpopularity of domestic service is that those who enter it lose caste, and while endorsing this view, the Committee state "maids who gave evidence, or wrote to us, invariably agreed that it is not so much the employers as their own friends and relatives who look down upon domestic service, and regard the domestic workers (especially those in private situations) with a mixture of pity and contempt."

This contempt has its origin, no doubt, in the snobbishness which relegates manual work to a lower level than clerical work; and yet, of two workers, a far higher capacity for organisation, method, and skill is necessary in the domestic worker than in one who sits in front of a typewriter and strikes the keys.

Take the daily routine of a kitchen, the management required to keep it spotlessly clean and orderly, the knowledge of food values, the skill which provides well-prepared food and serves it to time in an appetising manner. To achieve all this efficiently needs a high standard of intelligence, talent upon which training is superimposed, the eye and hand of an artist, and the administrative capacity and temperament to maintain order, and to keep the other members of the domestic staff happy and contented. Women who possess these qualities—and there are many thousands efficiently exercising them in kitchens throughout the country to-day—are worthy of all honour and respect.

The same applies to those whose constant care, and efficient service, keep the houses we

live in sweet, clean, and attractive. A knowledge of housecraft, method, orderliness and organisation underlies the charm of the homes we love so well.

The Committee, of which Mrs. E. M. Wood, formerly Secretary to the London War Pensions Committee, is Chairman, considers that the general public is not free from blame in the matter of despising domestic service, and relegating it to an unfair status. But is not this point of view demonstrated in the composition of the Committee itself? Although appointed to inquire into the conditions affecting the supply of female domestic service, not one of the class concerned was placed upon it, though, without doubt, valuable assistance could have been given by one who had learnt from practical experience where the shoe pinches, had the Committee had the advantage of her co-operation.

She might also have warned them that the domestic workers of the present day do not desire to be regarded as wax dolls, and be pampered and kept in glass cases, but rather to be permitted to develop and exercise the sturdy self-respect and independence which have been the backbone of the British nation.

It is difficult to understand why the Committee should think the present time opportune for extending unemployment insurance to domestic service, when the demand for such service is greater than the supply.

Recommending that provision be made for the efficient training of domestic workers, the Committee says:—

"The present conditions, which enable inefficiency, neglect of duty and bad service to obtain the same rewards as efficiency and good service, are demoralising for the workers, and intolerable for the employers. The only way to improve so unsatisfactory a condition of affairs is to render domestic work more attractive to the right type of girl, and to make it possible for her to obtain the preparation for her career which we consider absolutely essential, domestic service being, in our opinion, a highly skilled occupation, requiring good qualities both of character and mind."

OUR PRIZE COMPETITION.

STATE WHAT YOU KNOW OF DIPHTHERIA ANTI-TOXIN, ITS PREPARATION, DOSES, AND THE METHODS ADOPTED IN ITS USE IN THE TREATMENT OF DIPHTHERIA; ALSO STATE WHAT IS MEANT BY SERUM SICKNESS, ITS MANIFESTATIONS, AND DIAGNOSIS FROM OTHER CONDITIONS HAVING SIMILARITY.

We have pleasure in awarding the prize this week to Miss Violet Ventris, S.R.N., North-Western Hospital, Lawn Road, Hampstead, N.W.3.

PRIZE PAPER.

Anti-toxin, used in the treatment of diphtheria, is the blood serum of horses that have been immunised by repeated injections of diphtheria toxin.

1. *Preparation.*—To produce this serum, a horse is taken, and during a period of some weeks gradually increasing doses of the toxin of diphtheria are injected into its body, so that at the end of that time its system contains a large quantity of the anti-toxin. It does not contract diphtheria, for horses are very insusceptible to this disease. Some of its blood is drawn off, and by allowing it to clot the fluid part, or serum, is separated. This serum, which is rich in the anti-toxin of diphtheria, is then injected under the skin of patients suffering from that disease. It is then absorbed into the circulation, where it helps the anti-toxin which has been made by the patient's tissues to overcome the influence of the toxin.

2. *The Dose* of anti-toxin depends upon the severity of the case, and upon the length of time that the patient has been ill.

On the first day 2,000 units will be sufficient unless the case is a very bad one. But the longer the patient has been ill, the worse he usually is, and the larger number of units up to 10,000, 12,000, 15,000 or 24,000 should be injected. Half the dose should be repeated next day, and again the day after should no improvement be observed.

3. *Methods adopted in its Use.*—The serum is injected subcutaneously into the lateral region of the abdomen by means of a syringe, which is so constructed that it can be sterilized by boiling. The needle should be connected to the barrel of the syringe by a piece of rubber tubing to prevent injury in case the patient moves. The syringe, needle and tubing should be boiled immediately before use, and the skin at the site of injection washed with some antiseptic solution. Everything must be prepared with strict surgical cleanliness, so that there may be no risk of an abscess forming at the

site of injection, nor of any septic trouble occurring.

In cases of extreme toxæmia intravenous injection is sometimes done.

4. *Serum Sickness* constitutes certain after-effects which frequently follow the injection of anti-toxin and which cause discomfort and inconvenience. They occur from one to three weeks after the injection, and the most common are *rashes*, *pyrexia* and *joint-pains*.

Joint-pains are less frequent than rashes, and the peri-articular structures are more involved than the joints themselves, although effusion into the latter may occur.

There is generally *pyrexia* accompanying joint-pains, and there are often considerable constitutional disturbances.

The chief *serum rash* that is produced is erythema multiforme and urticaria; but besides this there is a rash which is papular, blotchy and exceedingly like that of measles. Occasionally the rash is scarlatiniform. These rashes appear from five to twenty days after the injection of the serum.

The rash often begins to appear at or near the site of injection, but unfortunately this fact is of little value as an aid to diagnosis, as the eruptions of the acute specific fevers will sometimes start at this place if an injection has been recently given. There is often pyrexia, but no vomiting, coughing or sneezing. In the scarlatiniform variety there is no circum-oral pallor; and the rash often affects large areas of skin, these areas being bounded by a well-defined margin. In rare cases the anti-toxin rash may become hæmorrhagic; and it is very rare indeed to find the formation of vesicles.

The ordinary effects of serum are less severe than they used to be. There is one other type of serum sickness which should be mentioned, and this is the condition known as anaphylaxis, which occurs in patients who have had anti-toxin previously, and if given again may produce alarming symptoms. To avert this, usually a sensitised dose is given, followed six hours later by the full dose if the patient has exhibited no ill effects.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss S. F. Rossiter, Miss Catherine, Miss R. S. Dodd, Miss Ramsey, S.R.N., Miss P. Thomson.

QUESTION FOR NEXT WEEK.

What first aid would you render to a child who is burnt or scalded, and what are the dangers to guard against? State what you know about the degrees of Burns.

NURSING ECHOES.

The General Meeting of the League of St. Bartholomew's Hospital Nurses will be held on Saturday, December 1st, at 3 p.m. A Social Gathering in the Great Hall will follow the Business Meeting.

By special request, the Professional Union of Trained Nurses is holding another Sale of the work of the Guild of Handicrafts at 6, Nottingham Place, W.1 (by kind permission of Mrs. Northwood), on Friday and Saturday, November 2nd and 3rd, from 3 to 8.30 p.m.

The proceeds of the recent flag-day held on behalf of the funds of the Cathedral Nursing Society for the Sick Poor, Newcastle-on-Tyne, amounted to £414 13s. 8d. The Committee wish to thank the workers who so willingly gave their services and also the general public for the splendid response they made to the appeal.

We are often asked if there is room for trained nurses in various parts of the Dominions and in the United States. We hear of a great shortage of nurses in many parts of the world, but well trained as many of our nurses are, we fear they are not as adaptable as they might be. Nor is this altogether their fault. England is an over-populated little kingdom, and its educational system does not qualify middle-class girls from little homes to face great spaces. For instance, we seldom meet a trained nurse who can ride, and in many parts of the world this is necessary. Again, how few nurses can speak a foreign tongue? This places them often at great disadvantage. We have heard nurses say: "I like things just so." That means very often a narrow outlook on life. The people in other lands like things "Just so," and the old adage, "Do in Rome as the Romans do," is a hard lesson to learn, after years of routine. We have come to the conclusion that the domestic virtues are the most valuable assets which trained nurses are required to take along when seeking their fortunes in other lands.

Apparently quite a number of foreigners have of late years been admitted to hospitals for training, and already they are eligible for registration, and are taking up private nursing in England. This is specially so in Mental Hospitals, where the supply of well-educated probationers does not nearly meet the demand. The fact that in Scandinavia English is widely taught makes these refined probationers much

more acceptable than uncultured British girls. It is high time the millions we spend on education produced better results; as it is, we get very poor value for our money. English "as she is spoken" in our streets is a hideous lingo; manners there are none—you have but to try to board a bus to appreciate this, whacks, bangs and bruises being one's daily fate. But we have run away from the question of whether trained nurses are required abroad. A good nurse is of value and should be welcome in any part of the world, but she cannot pick and choose. She has got to adapt herself to her environment, and had better leave "just so" at home.

The *South African Nursing Record* informs us that: "The scholarship of £150 presented by the well-known firm of Allen & Hanburys, Ltd., to the S.A.T.N.A. was won by Nurse Banfield, who trained at the General Hospital, Johannesburg. Miss S. M. Behr, of Durban, was a close second. Miss Banfield sailed on September 7th by the "Kenilworth Castle" for England to commence her course of training as Sister Tutor at King's College Hospital, London, early next month. We extend to her our hearty congratulations, and we are sure that she will justify the generosity of Messrs. Allen & Hanburys in giving this splendid opportunity to South African nurses. Miss Behr also deserves congratulations; she was beaten only by three per cent."

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

The Grand Council of the National Council of Trained Nurses will have an interesting Agenda before it on Friday, November 9th, when it meets at 431, Oxford Street, London, W., at 4.30 p.m. Tea will be served at 4 p.m.

Miss M. Breay, the Hon. Treasurer of the Council, will give a report of the recent Meeting of the International Council of Nurses held at Copenhagen in July. We hope delegates from all affiliated Leagues and Societies of Nurses will be present. The suggestion to inaugurate an International Delegate Fund will be considered. Travelling is now so costly that it is only fair that the whole expense of attending a Conference abroad should not be entirely borne in the future, as it has been in the past, by the representative women the Council approves to represent it. The Isla Stewart Memorial Fund Committee approves of expenditure in this connection, but a grant is, of course, only available for members of the League of St. Bartholomew's Hospital Nurses.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

[Continued from page 268.]

3. 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 three times—on September 25th, October 2nd, and October 9th, 1923.

II. CONSIDERED—The amendment to Paragraph 10 of the Regulations for the Examination approved by the Council on September 21st.

Recommendation 8.

"That the Preliminary Examination consist of one paper of three hours and an oral and practical.

"That the paper include Anatomy, Physiology, and Hygiene, and Nursing.

"That alternative questions be set in each subject.

"That in Anatomy and Physiology three questions must be answered, of which one must be in Anatomy and one in Physiology.

"That in Hygiene and Nursing three questions must be answered, of which one must be in Hygiene and one in Nursing.

"That the oral and practical include all the subjects.

"That full marks for the practical be double those for the paper."

[THE CHAIRMAN said that Recommendation 8 should be read as notified on the Preliminary Agenda, i.e., with the following introduction:—

The following Recommendation will form part of the Report:

"That Recommendation 15, Para. 10, Regulations for conduct of the State Examinations approved at the Meeting of Council on September 21st be rescinded, and that the following be substituted.]

III. CONSIDERED—Regulation 6 of Instructions to Candidates referred back by the Council on September 21st for re-drafting.

Recommendation 9.

That Regulation 6 read as follows:—

"Under no circumstances may a Candidate enter into communication with the Examiners (other than the Presiding Examiner in charge of the examination room) on the subject of her examination. If there are any points concerning her examination with which, in her opinion, the Examiner should be acquainted, she should communicate with the Registrar, who may, should she consider it desirable, forward the communication to the Examiners."

IV. CONSIDERED.

EXAMINERS—CONDITIONS OF APPOINTMENT AND GENERAL INSTRUCTIONS.

1. *Appointment.*—Examiners shall be appointed twice a year from the Panel of Examiners for the State Examinations constituted by the Council; they shall be eligible for re-appointment while still on the Panel, but will not as a rule be invited to serve for more than four consecutive examina-

tions. Acceptance of an invitation to act as an Examiner will be regarded as an undertaking to carry out all the duties required of Examiners as set out in the Instructions issued by the Council.

A.—SETTING PAPERS.

2. *Joint Responsibility.*—Every Examination paper in examinations, for which two or more Examiners are appointed, shall be set by the Board of Examiners (*see* scheme for Appointment of Examiners)* for that Examination in consultation, and all the Examiners shall be jointly and severally responsible for every question contained in it.

3. *Copyright.*—It is a condition of appointment that any copyright possessed by the Examiner in Examination papers prepared for the Council shall be vested in the Council.

4. *Transmission of Papers.*—All copy or proof of Examination papers shall be forwarded by the Chairman of the Board of Examiners under seal in the special envelopes supplied, and shall be addressed to the Registrar.

5. *Proof.*—Only one proof of Examination papers shall be issued, the same proof being sent in rotation to all the Examiners concerned in the alphabetical order of their names. The Examiners shall be required to satisfy themselves that the proof is in every respect complete and accurate, and to sign the certificate to this effect stamped on the proof. Each signature will be taken as signifying that the Examiner in question has individually satisfied himself or herself that the proof is correct.

B.—GENERAL.

6. *Vacation Addresses.*—Examiners are informed that, when on vacation, their addresses must always be communicated to the Registrar, or measures must be taken by them to ensure the due forwarding of communications from the Council through their usual addresses.

As Examination papers and Answer books cannot be sent abroad, Examiners are requested to give early notice to the Registrar of their intention to go abroad at any time during which they may be called upon to correct Examination papers and Answer books, or conduct *viva-voce* examinations, in order that the Council may take the necessary steps for finding substitutes.

7. *Communications from Candidates and Training Schools.*—Any communication which Training Schools or Candidates may desire to make on the subject of the Examinations shall be made to the Registrar and not to the Examiners; and should any such communication be addressed to the Examiners it shall not be dealt with by them, but shall be referred to the Registrar. Any application by candidates or their friends for information as to the best mode of preparing for Examinations, or as to the manner in which such candidates have answered at the Examinations, shall be dealt with in like manner.

*The scheme for Appointment of Examiners is not yet completed.

8. *Private Tuition.*—It shall be a condition of appointment that Examiners shall not, during their term of office, take any private pupil who is reading for any State Examination for which the said Examiner shall be appointed to examine.

9. *Attendance at Meetings.*—Attendance at Examiners' Meetings is an integral part of the duties attached to the Examinerships, and Examiners are expected to make their other engagements consistent with such attendance.

Recommendation 10.

"That Examiners' Conditions of Appointment and General Instructions be approved."

Recommendation 11.

"That it be an instruction to the Education and Examination Committee to draw up such confidential communications as may be requisite for the instructions to Examiners."

V. CONSIDERED.

Scale of Payments to Examiners,

I.—PRELIMINARY STATE EXAMINATION.

1. *Setting Papers.*

For each paper set a fee of Four Guineas (to be divided equally among the Examiners taking part).

2. *Marking Scripts.*

A fee of £6 per hundred. When a paper is divided into two sections marked by separate Examiners, a fee of £3 per hundred for each section.

3. *Examiners' Meetings.*

A fee of £2 a day for attending Meetings of Examiners.

4. *Combined Oral and Practical Examination.*

A fee of ten shillings per candidate divided equally among the four parts covered by the Examination.

5. *Travelling expenses and subsistence allowances.* (See below.)

II.—FINAL STATE EXAMINATION.

(It is possible that this may have to be modified for the Supplementary Registers.)

1. *Setting Papers.*

For each paper set a fee of Four Guineas (to be divided equally among the Examiners taking part).

2. *Marking Scripts.*

A fee of £6 per hundred. When a paper is divided into two sections marked by separate Examiners, a fee of £3 per hundred for each section.

3. *Examiners' Meetings.*

A fee of £2 a day for attending Meetings of Examiners.

4. *Viva-voce Examination of Candidates.*

A fee of seven shillings and sixpence per candidate examined.

5. *Practical Examination of Candidates.*

A fee of five shillings per candidate examined.

Travelling Expenses.

First-class return fare from the usual place of residence will be allowed. Cab fares may be allowed where no alternative form of conveyance is available, but the use of cabs or special conveyances should, as far as possible, be avoided.

Subsistence Allowance.

Night allowance for a night's absence from home to cover 24 hours.. .. .	£1 5 0
Day allowance for absence from home of 8 hours or more.. .. .	8 6
Day allowance for absence from home of less than 8 hours, but not less than 5 hours	4 0

A day allowance is admissible in addition to a night allowance when the period of absence extends 5 hours or more beyond the period of 24 hours covered by the night allowance.

III.—OPTIONAL STATE EXAMINATION.

The fees are the same as for the Final State Examinations.

Recommendation 12.

"That the scale of payments for Examiners be approved."

VI. CONSIDERED—Regulations for Examinations. (Not published, by request of Chairman.)

Recommendation 13.

"That the Regulations for Examinations be approved."

VII. CONSIDERED—Further list of General and Poor Law Hospitals whose authorities have replied to enquiries instituted by the Council:—

Recommendation 14.

That the following Hospitals be recognised as Complete Training Schools:—

Southend, Victoria Hospital.

Dartford Union, King Edward Avenue Hospital.

Recommendation 15.

That the following Hospitals be recognised as Training Schools which in combination with other Public Hospitals give complete training under Section I (2):—

London, Battersea General Hospital (In affiliation with St. James's Hospital, Balham.)

Hastings, Union Infirmary. (In Affiliation with Paddington Hospital.)

Denbigh, Denbighshire Infirmary. (In Affiliation with Chester Royal Infirmary.)

Discussion.

MISS LLOYD STILL, commenting on the recommendations of the Committee, said that she was aware that by some persons they were considered too elementary, but they must realise that the Council was at the beginning of its work, and that the Examinations must be simpler than two or three years hence.

THE REV. G. B. CRONSHAW said he realised that there were many nurse training schools the standards of which were not the same. He would be satisfied if the Recommendations as to the Examinations were provisional and remained in force until December, 1926, and that in the meantime they were revised by the light of experience.

He was of opinion, however, that alternative questions should be entirely taken out.

SIR JENNER VERRALL inquired whether Mr. Cronshaw meant that one question in each subject was sufficient? He thought each candidate should be given a choice. From the point of view of

an examiner, of which Mr. Cronshaw had had more experience than he had, no doubt one question was preferable; but, from the point of view of an examinee, he considered alternative questions were not enough. He moved that three questions be set in each subject instead of two, and the candidates given a choice.

MISS LLOYD-STILL said the questions would not be fair unless they were on the same level.

MISS COX-DAVIES thought it would be very difficult to get three questions of the same level.

SIR JENNER VERRALL moved that the Recommendation "That alternative questions be set in each subject" should be amended to read:

"That in the third sentence the word 'three' should be substituted for 'alternative.'"

MISS MUSSON seconded the recommendation, and in doing so said that she had seen in an Examination in General Knowledge how hardly one question worked. Also in a hospital it was not possible for all nurses to begin work in surgical wards, or to have equal experience in medical and surgical work in their first year.

DR. GOODALL said he understood that it was hard to let the nurses off to do two papers. So long as it was distinctly understood that there was only one paper he would support the amendment.

THE CHAIRMAN said that the practical difficulty of getting all the nurses sitting for the Examination away on the same day was emphasised in Committee.

MISS SEYMOUR YAPP said that from the point of view of an examiner she would like one question, from the point of view of an examinee more would be preferable.

DR. BEDFORD PIERCE thought one question in each subject best, he was not in favour of three.

SIR JENNER VERRALL'S amendment was carried.

MISS DU SAUTOY desired to emphasise the importance of Nursing in the examination. She thought it should be put before the other subjects, but it was put last every time.

She moved an amendment to the eighth line of Recommendation 8, which as standing read, "That the oral and practical include all the subjects." The amendment she proposed was:—

"That the Oral and Practical shall be on Nursing, and on the other subjects so far as they bear on Nursing."

DR. GOODALL said he would second this (presumably for the purpose of getting it discussed), but should speak against it. THE CHAIRMAN therefore disqualified him as a seconder and the amendment fell to the ground.

MISS LLOYD STILL, replying, said that Nursing was built up on the other subjects, that was why it was put last.

On *Paragraph IV (1) re appointment of Examiners*, DR. BEDFORD PIERCE questioned whether it was wise that Examiners should be appointed twice a year. He thought it desirable to have continuity. He moved an Amendment that the Examiners should be appointed each year.

THE CHAIRMAN explained that the paragraph did not mean that the Examiners should only

serve for six months. But it was thought that hospitals could not possibly spare members of their nursing staffs for more than one year.

This explanation apparently satisfied DR. BEDFORD PIERCE.

On *Paragraph V (II. Final State Examination)*, MISS WIESE said she had always been an advocate for equal pay for equal work. Why was it suggested that the fee for the *viva voce* Examination should be 7s. 6d. per candidate examined, and for the Practical Examination 5s. per candidate?

THE CHAIRMAN said he was waiting for some one to ask that. As a matter of fact higher fees would go to the nurses, because in a *viva-voce* examination, of twenty minutes, each candidate would be examined separately, whereas in the practical examination (which is to last half an hour) the nurse examiner could take three at the same time.

MISS WIESE also wished to know why first-class fare was to be paid to Examiners when the members of the Council travelled third class.

THE CHAIRMAN said because they would not get the Examiners if they did not pay first-class fare. It was the difference between honorary and paid work.

MISS SEYMOUR YAPP said the Council used to travel first-class and ought to do so now.

On *Paragraph VI (Regulations for Examinations)*, THE CHAIRMAN asked the Chairman of the Education and Examination Committee to withdraw Recommendation 13, in order that a further scheme might be brought up at the next meeting. This was accordingly done. At the same time THE CHAIRMAN asked the Press not to print the Regulations referred to in the Recommendation.

MISS WIESE enquired whether anything was being done in regard to a shortened training for Mental Nurses. Hospitals under the London County Council were losing some of their best nurses because they could not get such training. The question had been referred to the Education Committee at the last meeting of the Council to see what could be done.

MISS LLOYD STILL said that was the case. She was afraid the Education Committee had overlooked the question, but it would attend to it.

MISS SEYMOUR YAPP said that the Ashton-under-Lyne Guardians had already agreed to a shortened training for mental nurses.

4.—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 October 3rd, 1923.

II. CONSIDERED—Details in regard to the Examinations supplied by the Education and Examination Committee.

Recommendation 16.

"That the three Examinations for Mental Nurses be held in the following months—viz., July, October and April."

Recommendation 17.

"That the Final Oral and Practical Examinations for Mental Nurses correspond with those for General Nurses—viz., that the Oral Examination shall consist of two parts, not less than ten minutes each, and the Practical Examination shall last at least half an hour."

Recommendation 18.

"That a circular letter be sent to Mental Hospitals, similar to that sent to the approved General Training Schools, with regard to the appointment of Examiners."

Recommendation 19.

"That the Oral and Practical Examinations be conducted by a Registered Mental Nurse having special qualifications in mental nursing, and that one of the Examiners for the written paper be a Nurse similarly qualified."

Recommendation 20.

"That the paper in the Final Examination for Mental Nurses be marked on similar lines to that for General Nurses—viz., 20 marks for each of 10 questions, and that 80 marks be given for each of the Oral and Practical Examinations; that the pass mark for the written paper be 40 per cent., and for the combined Practical and Oral Examination 50 per cent."

(N.B.—This was by leave withdrawn.)

III. REPORTED—That the Committee has had an opportunity of considering the Fees for Examiners proposed by the Education and Examination Committee, and has no observations to make.

IV. Recommendation 21.

"That a circular letter be sent to all the Medical Superintendents of Mental Hospitals enclosing a copy of the Syllabus of Training in Mental Nursing, and giving information with regard to the Preliminary and Final Examinations, and also forwarding a Questionnaire covering information which the Mental Nursing Committee wishes to obtain prior to the recognition of Mental Hospitals in future."

Discussion.

On Recommendation 19 DR. BEDFORD PIERCE said that he was afraid that it was by a mistake of his own that certain words had appeared in this recommendation. He proposed that the words "Oral and" before Practical Examinations, and "Mental" between Registered and Nurse should be withdrawn.

THE CHAIRMAN asked whether he did not wish to retain the word "Mental," and DR. BEDFORD PIERCE replied in the negative. He said a Registered Nurse whom it was desirable to secure as an examiner might have special qualifications in mental nursing and still not be a Registered Mental Nurse; therefore, he did not wish to bind himself, though she no doubt usually would be.

The amended Recommendation therefore ran:—

"That the Practical Examinations be conducted by a Registered Nurse, having special qualifications in mental nursing, and that one of the Examiners for the written paper be a Nurse similarly qualified."

The Report as amended was approved as a whole.

5.—Report of the General Purposes Committee.

MISS COX-DAVIES, Chairman of the General Purposes Committee, moved that "her" report be received.

I. REPORTED—That the Committee has met once—on October 9th, 1923.

II. *Recommendation 22.*

"That the letter of appreciation (as recommended at a meeting on July 9th), of the able and accurate way in which Miss Davies has conducted the affairs of the Registration Department during her tenure of office, should be addressed to Miss Davies."

III. *Recommendation 23.*

"That authority be asked from the Ministry of Health for an extension of time for the present temporary staff up to the end of the year."

IV. *Recommendation 24.*

"That two extra clerks be engaged at a salary of £3 per week—one for the Registrar's Department and one for the Education and Examination Department."

V. *Recommendation 25.*

"That sanction be given for the purchase of an extra typewriter at a cost of £25."

MISS M. WIESE asked, on Recommendation 24, what was the number of clerks at present employed?

THE CHAIRMAN replied 41; at least that was the full staff.

MISS WIESE said she had had the honour of standing on the mat for an hour, and saw all the clerks trooping up from tea. She wondered why any more were wanted, and where room was found for them.

MISS SEYMOUR YAPP said that all were necessary.

MISS COX-DAVIES said the Committee had carefully considered the question, and would not have asked for the extra clerks if it had not been of opinion that they were required.

(There appears to be no reason for the Chairman of a Committee to resent legitimate questions from a member of the Council which is the Statutory Authority. The Standing Committees prepare the business for its consideration, and must be prepared to justify their recommendations if called upon.—ED.)

The Report as a whole was approved.

6.—Report of the Uniform Committee.

MISS S. A. VILLIERS, Chairman of the Uniform Committee, moved that the Report be received.

I. REPORTED—That the Committee has met once—on October 4th, 1923.

II. CONSIDERED—Letter from Mr. Sydney Pitt, submitting draft of Rules regulating the Uniform, and draft of pamphlet to be issued to Tailors, showing illustrations of and giving instructions regarding the Uniform, also Form of Agreement with Tailors and Form of Permit to Nurses.

Recommendation 26.

That the following be approved by the Council:—

"Rules regulating Uniform and Badge."

"Pamphlet containing description of Uniform."

"Form of Agreement with Tailors and firms making the Uniform."

"Form of Permit to Nurses to purchase Uniform."

III. Recommendation 27.

That both booklets be issued free to the nurses:—

(a) Containing Rules and Regulations only, concerning Uniform and Badge.

(b) Containing Designs and Prices, &c., of Uniform.

Recommendation 28.

"That the cost of production of both booklets be defrayed by accepting advertisements from suitable firms to be approved, in the book containing the designs and prices only."

Recommendation 29.

"That a sub-committee, consisting of Miss Villiers, Miss Bremner, Miss Cowlin and Mr. Donaldson, be appointed to approve and accept advertisements."

The Report as a whole was approved.

Advertising in Booklet Sanctioned.

THE CHAIRMAN said that a notice of motion given by MR. DONALDSON should have appeared on the printed Agenda, but it had been notified on the typed preliminary Agenda.

MR. DONALDSON then moved in accordance with notice—(1) That Recommendation 32, Clause 2, approved at the Council Meeting of July 20th, 1923, be rescinded, and that the following be approved:—

"That the Booklet be issued free of expense to nurses, and that Nurses' Tailoring and Outfitting firms be invited to advertise and so defray the cost of printing."

MISS WIESE seconded the motion.

THE CHAIRMAN said that he found Government Departments utilized advertising in their publications.

MISS VILLIERS said it was only proposed to insert advertisements in the booklet containing the designs and prices.

The motion was carried.

Proposal to issue an Audited Balance Sheet.

MR. DONALDSON further moved:—

(2) "That in accordance with the Nurses' Registration Act, 1919, Part 4, Clause 4, the Minister of Health be requested to allow the General Nursing Council to appoint their own Auditor in order that a proper Balance Sheet be prepared annually for publication."

MR. DONALDSON said that the auditing up to the present time had been very good auditing, but if the Council had its own auditors there would be certain advantages.

The motion was seconded by MISS BUSHBY.

SIR JENNER VERRALL said that the Council was bound to have an audit by the Ministry of Health. This Government audit was done at cost price, and it would be cheaper for the Council to go on having it than to establish one of its own.

The probability was, however, that, if the Council desired to have its own auditor, the Ministry would accept the audit, and the Government audit, as such, would be dropped.

REV. G. B. CRONSHAW asked what would be the expense to the Council of having its own auditor?

THE CHAIRMAN could not say, but thought it would run into three figures.

MR. DONALDSON estimated the cost at from £50 to £80 per annum.

SIR JENNER VERRALL enquired whether Mr. Donaldson was willing to refer the question to the Finance Committee to report upon.

This was agreed.

The public business then terminated, and the Council continued its deliberations *in camera*.

Points for Nurses to note and remember from this report will appear next week.

GENERAL NURSING COUNCIL FOR SCOTLAND.

THE REGISTER OF NURSES.

The first issue of the Register of Nurses kept by the General Nursing Council for Scotland has been published, containing the names, qualifications, and addresses of nurses registered up to December 31st, 1922.

The Register, which is bound in Royal blue, is of an unusual shape, being 12½ inches wide and 10 inches deep, and we find it very inconvenient to handle. The type and paper are excellent.

The Register is divided into seven columns—Reg. No., Name, Address, Date of Registration, Qualification, Date of Obtaining Qualification, and Hospital in which Qualifying Training received. The dates are inserted in numerals throughout, which makes calculation necessary and is very confusing; and the qualification is given in capital letters. Under Explanations we find the following: (1) M.P.A. Medico-Psychological Association; (2) E.N. Existing Nurse; (3) N.T. Nurse in Training before issue of Rules; (4) Where a Nurse has produced a Certificate of not less than three years' training from a Training School recognised by the Council, the column headed "Hospital in which Qualifying Training Received" is filled in, where a Nurse has not produced such a Certificate the column is left blank, although she may have had hospital training.

The eighteen months covered by the Register contains in all 2,577 names. In the General Part, 2,229; Mental Part, 159; Sick Children's Part, 62; Fever Part, 121; and Nurses for Mental Defectives, 6.

As there are calculated to be at least 10,000 trained nurses in Scotland, like their colleagues in England they evidently showed much the same apathy in availing themselves of legal status, up to the end of 1922. As another issue of the Scottish Register will soon be due, no doubt some thousands are still waiting the publication of their names. The 2,577 entries show a very low percentage of uncertificated nurses—99 out of 2,229 General; 33 out of 159 Mental; 7 out of 62 Sick Children; and 10 out of 121 Fever. Only 149 uncertificated nurses out of 2,577 entries. So far good.

But we are of opinion that the General Nursing Council for Scotland has done an injustice to those

nurses who, not holding a three years' certificate, yet may have useful hospital training, and that these candidates have been deprived of this evidence of experience is unfair.

For instance, take the case of Miss Geraldine Bremner, a partly trained Nurse, whom the members of the College of Nursing, Ltd., elected a member of the General Nursing Council for England and Wales. This lady appears in the Scottish Register with a blank record so far as hospital experience is concerned. Miss Bremner received two years' training at the Royal Infirmary, Edinburgh, for an English Private Nursing Institution, and although uncertificated by the Infirmary surely this term of training should appear to her credit in the Scottish Register. It seems very unfair that the public and the profession are left to surmise that she may have no training at all.

In the College Register a false entry appears in connection with Miss Bremner's name, as she has been awarded in that publication a "certificate" from the Royal Infirmary, Edinburgh, which she has never possessed.

We think the 149 Nurses registered by the General Nursing Council for Scotland, who are deprived of any record of their hospital experience whatever, have a very just grievance against it, but we fear as all the business of the Scottish Council is done *in camera*, and the Nurses know nothing of its decisions until they are effected, they are in a very helpless, not to say humiliating, position, and not likely to rise to the occasion. Anyway, highly qualified and certificated private nurses in England have bitterly resented the conduct of the College in electing as their representative on the G.N.C. a Nurse partly trained in Scotland, and the present "blank" in the Scottish Register opposite the name of Miss Geraldine Bremner is not likely to have a soothing influence in our private nursing world. One hundred and twenty-five Nurses are registered on the Scottish Register on Certificates obtained in English Training Schools, and eleven from Irish Schools. Existing Nurses without Certificates, who had not been partly trained, or worked, in Scotland, are excluded from registration altogether. The General Nursing Council for England and Wales have treated Scottish Nurses much more generously, and it is its duty to provide that the Reciprocity Rule between England and Scotland is not "all on one side," as the Irishman said.

We doubt, however, if the majority of our Governing Body have read the Scottish Rules.

THE HEALTH OF THE SCHOOL CHILD.

Sir George Newman's Annual Report for 1922 to the Board of Education on "The Health of the School Child" will, it is anticipated, be published (price 1s. 6d.) towards the end of this week, and will contain a very full review of the ever-widening sphere of the School Medical Service which is so profoundly altering the life

and health of school children. Special chapters are devoted to the findings of medical inspection, medical research work in the school, medical treatment, the school clinic, methods of dealing with the abnormal child, physical training, juvenile employment, and lastly Orthopædics and the child, which has been considered in detail.

LEGAL MATTERS.

WHICH HOSPITAL?

A commercial traveller, Matthew Jack, thirty-three, of Kingston, who is charged with having by unlawful violence compelled George Horton Bellingham, a Wimbledon solicitor, to execute a cheque for £200, was sent for trial at Wimbledon on Saturday last.

Charlotte Paquet, thirty, a hospital nurse, also of Kingston, was sent for trial for aiding and abetting.

In cross examination, Jack, who owned to being a bigamist, said that the cheque from Mr. Bellingham was intended to send Paquet and her child back to South Africa.

It would be interesting to know what has been the professional career of Charlotte Paquet. Such details are seldom brought out in Court.

VICTIMISED NURSES.

An educated young woman's seven years' crime record was read at Margate, last Saturday, when a "Sheffield nurse," Grace Crammer, was sentenced to eighteen months' hard labour for stealing jewellery from a school clinic where she obtained a night's lodging.

The jewellery, which she was found guilty of stealing, included a gold watch and chain, a diamond ring, and gold buckle ring.

There were three other warrants against her for stealing jewellery—one each from Southampton, Newport (I.O.W.), and Southend—in addition to a warrant from Eastbourne for false pretences.

These, with seven cases of theft of jewellery and clothing in London, were taken into consideration at her request.

It was stated that it was her method to ascertain the name of a nurse in a town and then call on her and complain that she had lost her purse. She would be befriended and offered hospitality for the night, and in the morning when she had left, the victim would miss some jewellery.

The Chief Constable of Margate read the woman's amazing crime record, which began when she was twenty-four, and included offences at Grimsby, Brighton, London, Brentford, and Sheffield.

The prisoner said she was an experienced nurse, and had several degrees for music.

It is amazing that these criminals can continue to victimise the public as "experienced" nurses!

Under the Chapple Modification Order, initiated by the College of Nursing, Ltd.—which deprives the General Nursing Council of jurisdiction where the registration of untrained "experienced" nurses are concerned—it behoves the Council to keep a sharp eye on applicants and the Police Courts.

NURSES' MISSIONARY LEAGUE.

The Annual Sale of Work of the Nurses' Missionary League will be held at 135, Ebury Street, London, S.W.1, on Friday and Saturday this week, from 10 a.m. to 9 p.m. Funds are urgently needed to enable the League to take advantage of the great opportunities at the present time. Gifts of money, undergarments in pairs, towels, dusters, table and tray cloths, jam, soap, sweets, and all useful articles will be gratefully received, and should be sent to Miss Richardson at the above address. Orders will be taken if full particulars are sent in good time. Any members unable to attend the Sale can have boxes of goods left over sent on sale or return, if they write giving details of requirements.

APPOINTMENTS.

LADY SUPERINTENDENT OF NURSES.

Smithston Asylum and Poor House, Greenock.—Mrs. Morag Meadows has been appointed Lady Superintendent of Nurses. She was trained at the General Hospital, Leith, the Belvidere Fever Hospital, Glasgow; and the Gartloch Asylum, Glasgow, and has held the position of School Nurse at Salford.

MATRON.

Mental Hospital, Middlesbrough.—Miss Elsie M. Welch has been appointed Matron. She was trained at Cheddleton Mental Hospital, and the Sheffield Royal Hospital, and has been Sister of the Tuberculosis Ward at the Cheddleton Mental Hospital, Staff Nurse at the Leek Memorial Hospital, Matron at Bailbrook House, and Assistant Matron at Glasgow Royal Mental Hospital.

Infectious Diseases Hospital, Luton.—Miss Lilian A. Dally, S.R.N., has been appointed Matron. She was trained at the Royal Gwent Hospital, Newport, Mon., and at the North-Eastern Hospital, Tottenham.

SISTER.

Royal Victoria Hospital, Belfast.—Miss Isabel Browne has been appointed Sister. She was trained at the Royal Victoria and West Hants Hospital, Bournemouth, where she was subsequently Theatre and Out-patient Sister. She has also been Sister at the Kent and Canterbury Hospital, at an Exeter War Hospital, and at the Royal Salop Infirmary, Shrewsbury.

Royal Infirmary, Huddersfield.—Miss A. E. Hicks, S.R.N., has been appointed Sister. She was trained at the General Infirmary, Worcester, and the Royal Sea-Bathing Infirmary, Margate, and has held the position of Sister in various departments at the Worcester Infirmary. She has also been Sister at the City Hospital, Worcester, and Sister-in-Charge of the Ransom Sanatorium, Mansfield. She is a Certified Midwife.

NURSING SISTER.

Holy Cross Hospital, Pondoland, South Africa.—Miss Nina M. Clisby, S.R.N., has been appointed Nursing Sister, in connection with the Society for the Propagation of the Gospel. She was trained at the Middlesex Hospital.

SCHOOL NURSE.

Borough Education Committee, Blyth.—Miss Lily Graham has been appointed School Nurse. She was trained at the Royal Infirmary, Sunderland, and in

Maternity work at Nightingale House, Derby. She has had experience of District Nursing under the Blyth District Nursing Association, where she has also acted as Health Visitor. She has also done Military and private nursing.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss G. M. Orr-Ewing resigns her appointment (October 9th).

ST. BARTHOLOMEW'S HOSPITAL, E.C.

NURSES' FINAL EXAMINATION, OCTOBER, 1923.

1, Anne Robertson (Gold Medal); 2, Pugh; 3, Tracey; 4, F. Willey; 5, J. Porter; 6, G. Thomas; 7, Hetherington; 8, A. Ward; 9, Ping; 10, Hopkins; equal 11, Roulstone and Hoyle; 12, Mallins; 13, Cloke; 14, H. Parker; 15, May; 16, Bailey; 17, Gamble; 18, Staveley; 19, Deering; 20, Lightfoot; 21, Calvert-Jones.

PROBATIONERS' FIRST YEAR EXAMINATION.

1, Fellows (Clothworkers' Prize—Books); 2, Bartle; 3, Jennings; 4, Swanson; 5, Dean; 6, D. A. Jones; 7, Cullinan; 8, Jenkins; 9, Fairhurst; 10, F. E. Jones; 11, Bligh; 12, Marchant; 13, Masters; 14, Rutter-Smith; 15, Archer; equal 16, Carter and C. S. Smith; equal 18, Herve and E. Ward; 20, Wilmot; 21, Weir; equal 22, E. Ross and E. M. Smith; 24, F. Barnes; 25, M. Coates; 26, Sarah Evans; 27, D. Taylor.

LEGACY TO A NURSE.

Mrs. Mary Frances Valentine, of 64, Lansdowne Road, Bournemouth, left two thousand pounds, her fur-lined coat, a gold watch, and her household and personal effects to her nurse, Miss Marion Erskine Thomson.

WEDDING BELLS.

DOBREE : TODD.—On October 25th, at Trinity Presbyterian Church, Hampstead, by the Rev. J. Chalmers Lyon, Arthur Hugh, fifth son of the late Rev. J. Bonamy Dobree, Rector of West Tilbury, and Mrs. Dobree, "Fauvic," Worthing, to Jean Todd, R.R.C., late Q.A.I.M.N.S., eldest daughter of the late Mr. and Mrs. Todd, of Pineholme, Silloth, Cumberland.

THE PASSING BELL.

We regret to announce the death of Miss Alice Telfer, Matron and Principal of the East Putney Nurses' Association for more than twenty years. She retired from active work this year and died at Boscombe, a few hours after an operation.

INJUSTICE HAS BEEN DONE.

Miss Dodds, Matron of the Bethnal Green Hospital, writes in its *Nurses' League News*: "I have not touched on the big nursing questions of the day. I am intensely disappointed that untrained nurses are admitted to the Register. If Registration had been made compulsory to anyone nursing for profit, it would have been unjust to keep them out, but as it was not, I feel that injustice has been done to the nurses who have trained. There will, however, be many more trained than untrained nurses on the Register, if all trained nurses do their duty to their profession in keeping on the Register, and therefore the trained nurses can elect their own representatives to the Council."

THE HOSPITAL WORLD.

The Lord Mayor's Fund for the relief of victims of the Japanese earthquake now amounts to over £250,000. Considering the poverty of the average taxpayer, it is a handsome gift.

The Senate of London University last week accepted a gift of £10,000 to found a Chair of Otolaryngology, from Mr. Geoffrey E. Duveen, of the family of art dealers, who intends to allocate a further £15,000 to the University College Hospital to provide the most modern treatment for the deaf.

£40,000 has been left to the Nottingham General Hospital by Miss Florence Carver, daughter of the late Mr. Richard Carver, a Nottingham lace manufacturer. A new out-patients' department is to be built with the money, and the Corporation has promised to give a site for the building.

A beautiful new hospital has been opened by Princess Alice, Countess of Athlone, at Hastings, to which the King has granted the title of Royal East Sussex Hospital, as a memorial to those who gave their lives in the war. Altogether £120,000 has been spent on the building, which will be a great blessing to the sick in the town and county.

THE LABORATORY.

A POPULAR AWARD.

The Nobel Prize for Medicine for 1923 has been awarded to Dr. Banting and Mr. Macleod, of Toronto, for the discovery of insulin.

The Nobel Prize for Medicine for 1922 has been divided between Professor Archibald V. Hill, University College, London, and Professor Otto Meyerhof, Professor of Physiology at Kiel University.

The *Times* correspondent states that Dr. Banting, who, with Professor Macleod, has been awarded the Nobel Prize, expresses regret that Dr. Best has not been mentioned in the award. He is anxious that it should be known that Dr. Best had an intimate part in the discovery of insulin, and declares that he will share his own portion of the award with Dr. Best and devote the remainder to medical research.

The Transitional Executive Committee, under the chairmanship of the Minister of Health, has appointed Dr. Andrew Balfour, C.B., C.M.G., M.D., B.Sc., D.P.H., to be Director of the School of Hygiene, which is to be established as a result of the gift of the Rockefeller Foundation.

Dr. Balfour was, until recently, Director of the Wellcome Bureau of Scientific Research. The post carries with it, we believe, a salary of £4,000 per annum.

A GREAT NATIONAL LOSS.

The Nation is profoundly grieved by the death of the late Prime Minister, the Right Hon. A. Bonar Law, M.P., for it recognised in him a sincere and honourable patriot, loyal to his King and country, to whom the guidance of its destinies in these critical years might safely be trusted.

Rarely has a deceased statesman received such universal appreciation from leaders of all parties in the political world at home and abroad. The Nursing Profession adds its homage to theirs.

OUTSIDE THE GATES.

As so many Nurses' Organisations are affiliated to the National Council of Women, members will be interested to know who, nominated by the societies, were elected on to the Executive Committee at Edinburgh.

REPRESENTATIVES OF AFFILIATED SOCIETIES.

Miss Rundle, Miss Picton-Turbervill, Lady Nott Bower, Miss M. E. Phillips, Mrs. Percy Bigland, Miss Knight Bruce, Hon. Mrs. Home Peel, Miss Helen Ward, Miss Bannatyne, Mrs. John Clay, Dr. Mary Gordon, Mrs. Halford Hewitt, Councillor Beatrice Kent, Mrs. Neville Rolfe, The Lady Mabelle Egerton, Miss Agnew.

THE MONTHS.

NOVEMBER.

I.

You are a month of Memories, 'tis said,
Who urges on mankind
To bear in loyal mind
"All Saints," "All Souls," lofty and lowly dead.

2.

For your renown, may be for ever told
That you saw warfare cease
You brought the Nations Peace
And turned your sombre grayness into gold!

3.

One of your thirty days in sun or fog
Lord Mayors must come and go
With their historic "Show"
And claim remembrance for Magog and Gog!

4.

To-day we do not need Gunpowder Guy
Beneath it we've enough
Inflammatory stuff
To blow St. Stephen's roof beyond the sky.
C. B. M.

WORD FOR THE WEEK.

What is civilisation? I will tell you. That State is the most civilised in which a heroic life is most within the reach of every citizen; and that State again is the most civilised in which human life has most value set on it.—*Napoleon.*

"A pint of milk, egg, orange and greens,
Will give you your daily vitamins."—*Harold Scurfield, M.D.*

BOOK OF THE WEEK.

"THE PITIFUL WIFE."*

Once or twice perhaps in a generation we are given a book which is a work of genius. Of such were "The Story of An African Farm" and "The Magnetic North"; and of such is "The Pitiful Wife," by Storm Jameson, which should be read and re-read.

The author has the art of narration which makes the Yorkshire moors live before us—their grandeur, their bleakness, their wildness, and, in contrast, their sweetness.

"In summer, the moorland air bears in its bosom the most subtle of all the wandering airy scents of earth, bitter as death, sharp as a blade edge, sweeter than honey and the honeycomb. There is none like it, nor any other that so takes the heart with longing. This all North Riding folk know, and all men born in moorland places. The moor men wander over the earth, avid of new dangers. In all strange lands where they go the sweet harsh scent of an English moor whispers with the blood in their veins, and when they die last of all kindly earth things they remember it, when love weeps unheeded and life itself is little but a memory."

"On a summer morning a child called Jael ran across the lawns of Trudesthorp. Her flying feet left dark prints on the dewy turf. Her eyes were wide and bright in the sunlight and her small brown hands rested on the stem of a young birch tree. Suddenly below her in the valley the mists parted and a shaft of sunlight poured down where the beck ran softly into a brown pool. Then the pool was a pool of living light. A fire stirred in its shallows, and the waters fell apart into a hundred silver flames that leaped quivering in the burnished air. A tree leaned over the water, so green and shining that it seemed new come from God.

"The child's eyes filled with tears. She laid a hand upon her breast; her throat swelled, and her small heart laboured, surcharged with joy. The mists swept back. With a rush like the swoop of a wing, Jael vanished behind the house, leaving the garden empty."

To a child so sensitive to beauty, life could never be an easy thing, a great capacity for pleasure carries with it a corresponding capacity for pain. Nor was her childhood an easy one. "Jael set teeth into her joys and sorrows and held on like a young stoat. She had no sense at all in such things. Jael happy was joy made visible. Her face burned with a delicate flame and her eyes blazed out the light within. Jael beaten or repulsed tumbled straightway into a pit of grief and became dazed and foolish with grieving—a completely daft little Jael."

Jael's mother died when her brother was born, and she and the small Jude ran wild in the care of servants, and then suddenly into her life came

Richmond Drew, the son of the owner of a neighbouring estate. "She did not know why she laughed nor why the lark's song, rising from the lower meadow, filled her with such joy. She looked again at Richmond and he at her. Her heart that, though she knew it not, had been so passionately waiting, flew straightway into his careless keeping. She did not know that she was no longer free but captive—Jael captive, caught and held in the glance of vivid eyes and challenge of mocking mouth. She only knew that the grass under her feet was alive with magic, and magic the tree that lifted its young green against the dazzling sky.

Years after he spoke to her of love. He told her that nothing but love makes marriage right. "To marry, you must love so that the other person is as much you as you are yourself. You must love with your mind and your soul and your body, and not keep back anything. Love of the body would be nothing—nothing at all—without the other things."

The day came when she told him, "I love you, Richmond, didn't you know?"

"O, Jael, I—worship you," he said."

Later he realised Jael's need of her mother, in spite of hints from an old servant.

"Don't you *know* what Theodocia meant?" he asked.

"No," said Jael, and would have left it there, but Richmond was shocked past speech. His dismay would have been comic if it had not been so boyishly vehement. He felt suddenly very wise and full of love. He put an arm round her thin shoulders and said, "You must make Theodocia tell you just what she meant. This very night. Promise me, Jael."

"Obediently, Jael promised."

When they next met, he said, "I am wondering if Theodocia made you happier—or not so happy."

"Jael said gravely, 'Theodocia said that I must never stay with you too long or let you hold me too closely.'

"Is that all she said?"

"Jael nodded."

"He put her gently off his knee, making her sit beside him on the rock.

"He made his voice gentle to tell her what Theodocia meant, simply, and with the most loving care. He did not falter for words, though his heart and his whole body ached for her, sitting with folded hands beside him in the cool night, while, compassionate as a mother, he took her childhood reverently from her. He did but serve his lady with his passionate boy's innocence as later he meant to serve her with his man's strength and wit.

"She neither looked nor spoke, but lifted his hand and laid her cheek against it. . . . He did not learn then, nor, indeed, for many years, to what a white flame of adoration Jael came, thinking of his kindness. Perhaps if she had talked more readily, he had spared himself and her much of what afterwards happened to their hurt."

So their idyll prospered and Mrs. Hender, the

*By Storm Jameson. Constable & Co., Ltd., London, W.C.2.

40 million
prescribed portions of
VIROL
were given in
3,000 Hospitals
and Clinics last year

For over 20 years Virol has been prescribed by doctors and used in Hospitals. During all this time doctors have been carefully observing the effects of Virol, and proving its *permanent* good results over long periods of time.

The result is that they have enormously increased their use of Virol, until the prescribed portions in Hospitals and Clinics alone last year reached the colossal figure of 40 million.

The prescribing of Virol by doctors is based on their knowledge that Virol not only contains those vital principles, including the three Vitamins, so often lacking in ordinary diet, but also supplies "every class of building material" in just that form required to create living tissue. Virol fortifies the whole system, strengthens the "weak spots," and builds up in convalescence.

vicar's wife, thought she had never seen anything so fresh and gay as Jael since she came to this lonely moor country, and "she was almost afraid for her, as we all must be afraid for gay, lovely, and courageous youth, knowing that gaiety, courage and beauty have challenged unwittingly the jealous gods, since man first lifted his head from the saving dust."

On their marriage night Richmond sleeps, but Jael is wide awake. "She ponders gravely on this great gift that has been placed in her two hands. Lover and wife she is, allowed to serve with her body and all her mother-wit and tenderness, this dear Richmond of the gentle hands and gracious ways."

Four years they had, in which Richmond worked for his father, when there was anything to do, and the rest of the time for himself, in one of the great Trudesthorp barns which he had turned into a fine atelier, and his work began to slough its immaturities and show some qualities of its glorious maturity.

"In a hot autumn the little *garçon d'atelier* (Jael) drooped. Richmond watched over her with a strange, sensitive care. Theodocia even remonstrated with him. 'Children have been born before,' she said. 'You'll make the maid afraid.' After that Richmond hid his anxiety."

In the end Richmond was away from home when their boy was born, and came through a blinding snow-storm over the moor to get back. "Jael saw him when she woke. He was bending over her, and he closed his eyes because the light that woke in hers dazed and blinded him. "Dear Richmond," she said; "they said you could not come. I love you so."

Jael's son was two years old when Richmond left Trudesthorp to go to the wars, and, save for two brief visits, bitter-sweet like passion in a dream, did not come back to it again for five years.

The death of Paul, Richmond's adored friend, instantaneously, horribly, had a profound influence on his life, and later affected his work. "Jael," he said, "the world's too beastly. I can't make gay, lovely things."

And then—the pity of it—there happened that which may be a passing episode in the life of a man, but which was high tragedy for a pure, loving, high-souled woman like Jael—Richmond's entanglement with a girl of the Air Force; an entanglement lasting over several years.

Bitterly Jael told him, "You don't understand. I could have borne for you to have the girl. I—I've always let you have the things you wanted. I might have been unhappy, but I could have borne it, and faced it in my mind. If you wanted her so much you had to have her. But you didn't have to make me the butt of your lies, and shame me with your secret thoughts. It's that I can't face. I'm sick with shame and disappointment. Why didn't you tell me, Richmond? Why did you let me lay up for myself so many bitter memories of things I've said and done in my ignorance? Oh, Richmond, what an end to our proud words. Oh, you should have told me—you should have told me."

"He said inaudibly, 'Men don't tell these things to women.'"

"'But it's not men and women. It's you and me, Richmond. Didn't you remember me?'"

But after all love conquered. "Richmond had come this day very near her, and seen her naked love shining the light of its white courage through the madness of anger and grief. She had lifted her torn hands to comfort him, and smiled with her tortured lips.

The curious illness of little David may be best told in his mother's words to Richmond.

"I did the most dreadful thing. When you had gone I hated you. I came in here and looked at David and hated him too, because, oh, Richmond—because he was your son. I—my wickedness—it frightened him."

It was as he sat by his sleeping son that freedom came to Richmond, but he saw pitifully that his freedom had come through the crucified body of Jael.

"The wages of sin is death.

"He was done with lies. He was free.

"He looked at the son of his body, miraculously brought back to him out of strange peril, and thought of his wife's love shining through her pain, and of the hopes and courage given back to him past all expectation, and his heart swelled with thankfulness.

"Not to all men is a chance given twice. Richmond swore humbly and fervently that he would do nothing to spoil this chance."

P. G. Y.

A RICHLY DESERVED SENTENCE.

Public opinion will endorse the sentence of three years' penal servitude passed upon a Welsh quarryman for an assault on a district nurse. The man called the nurse up at night, saying that her services were needed for a sick person.

In passing sentence, the judge said he realised the seriousness of the case. District nurses, at any time of the day or night, might have to go along lonely roads and lanes, and women would not be found to undertake this onerous and difficult work, if they were not protected by law.

COMING EVENTS.

November 2nd and 3rd.—Professional Union of Trained Nurses. Sale of Work of the Guild of Handicrafts. 6, Nottingham Place, W. 3 p.m. to 8.30 p.m.

November 9th.—Meeting Grand Council, National Council of Trained Nurses, 431, Oxford Street, London, W. Tea 4. Meeting 4.30 p.m.

November 10th.—Remembrance Day.

November 10th.—Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Recital, by Miss Anderson Parsons. 3 p.m.

November 11th.—Armistice Day.

November 14th.—Six Point Group Meeting. Subject: "Child Assault." Kingsway Hall. Chair: Viscountess Rhondda. 8 p.m.

November 21st.—National Milk Conference. Council Chamber, Guildhall, London, E.C. 10 a.m. to 1 p.m., 2.30 p.m. to 5.30 p.m. Fee £1 rs.

LETTER 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 PRESCRIBED PART FOR UNTRAINED NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I trespass on your space to give a short personal explanation of what I fear, from a remark in last week's B.J.N., may give my constituents cause to think that I have departed from the independent standpoint I adopted at the G.N.C. Election.

This is in no sense true.

I voted against a separate Appendix for untrained Nurses on the Register for two reasons, viz. :—

First—Strongly opposed as I am to the admission of untrained Nurses to the Register, I think it is undignified not to accept the Order of the Privy Council, and to interpret it as it was intended to be interpreted.

Secondly—I think it is less confusing to the public to have all Nurses on one list with the three qualifications stated, *i.e.*, Certificated, Trained, and Admitted under Rule 9 (1) (g), than to have two lists of names without any qualifying remarks.

SUSAN A. VILLIERS.

South-Western Hospital,
Landor Road, Stockwell, S.W.9.

[We do not know to which remark in our last week's issue Miss Villiers alludes, but no doubt she voted as she thought right on the very important matter under discussion. At the same time, many trained and certificated nurses, strongly disagree with her opinion.

First. Nothing can be more "undignified" than the position the majority of the G.N.C. have adopted on the Chapple Modification. The Nurses' Registration Act made the Council responsible that it should satisfy itself of the good character, and of the standard of "knowledge and experience of the nursing of the sick" required from each candidate to be placed upon the Register, and the late Minister of Health, in opposing the Chapple modification of Rule 9 (1) (g), stated in the House of Commons, on June 13th last, "I am not sure whether this Motion is not inconsistent with the Statute."

We are quite sure the Motion was out of order, and if the Council had had an ounce of courage and genuine solicitude for the prestige of the Register—or the safety of the public—it would have contested the legality of this Motion, which deprived it of all authority and discretion, and would at least have attempted to keep the contract it had made with thirty thousand Registered Nurses under the Statutory Rules of 1921. We can appreciate the "dignity" of protecting the

powers and prestige of the General Nursing Council, but altogether fail to appreciate anything "dignified" in its pusillanimous policy and lack of principle.

Secondly. Having failed to keep its contract—for which they had paid upwards of 30,000 guineas—with the nurses, registered under the 1921 Statutory Rules, the least the Council could have done was to protect certificated and trained nurses from alphabetical association with persons posing as trained nurses, who have no training whatever, women who for years have exploited the sick for gain, and who now are to be permitted to exploit them under the authority of the State.

The Act provides for "prescribed parts," and there is no reason why a "Part" should not be compiled of women registered under Rule 9 (1) (g) following the General Part of the Register.

We sympathise sincerely with well trained and certificated Fever Nurses. They have genuine cause for indignation, as no class has been more seriously injured by Rule 9 (1) (g) than they have.

The Act does not provide for a Fever Nurses' Register, yet whilst they are compelled to register on a Supplementary Part as specialists, totally untrained women may now rank alphabetically as "general" nurses and assume a status—with the resulting economic advantages—denied to the most highly skilled Fever or Sick Children's nurses. We are of opinion that Dr. Goodall and Miss Villiers, both of whom have seats on the Registration Committee, should have attempted to protect trained Fever Nurses from such injustice by voting to place *untrained* women in a list to themselves.

The history of this episode is an epitome of the ignorance and ineptitude with which our Act is being administered, and which is bringing nursing in this country into contempt at home and abroad. The incapacity of the General Nursing Council for England and Wales, in managing our professional affairs, cannot fail to arouse a deep sense of injury and indignation in those of us who have given a life-time to raising nursing standards, and to striving to protect the sick from dangerously ignorant attendants.—ED.]



OUR PRIZE COMPETITION QUESTIONS.

November 10th.—What first-aid would you render to a child who is burnt or scalded, and what are the dangers to guard against? State what you know about the degrees of burns.

November 17th.—Define and briefly indicate the treatment required for the following conditions :—

- (1) Vesicular mole.
- (2) Incomplete abortion.
- (3) Tubal pregnancy.
- (4) Accidental hæmorrhage.
- (5) Tonic contraction of uterus.

November 24th.—Describe the nursing of a case of Vesico-Vaginal fistula that has had an operation for closure of the fistula.

The Midwife.

CENTRAL MIDWIVES' BOARD.

At the October Examination of the Central Midwives' Board the Candidates examined numbered 603. Those who passed the examiners numbered 464, the percentage of failures being 23.1.

CENTRAL MIDWIVES' BOARD FOR SCOTLAND.

MIDWIFERY NURSE STRUCK OFF THE ROLL.

At a Special Meeting of the Board for the Hearing of Penal Cases, Dr. James Haig Ferguson in the chair, Mrs. Janet Adam, Certified Midwife, No. 3,182, 9, Fulton's Lane, Kilmarnock, was cited to appear in respect of failure to notify a case of ophthalmia neonatorum, and for other breaches of the Rules.

The Board found the charges to be proved and instructed the Secretary to cancel her Certificate and to remove her name from the Roll.

THE NEW MATERNITY HOSPITAL, NEWCASTLE-ON-TYNE.

On November 24th, Princess Mary will visit Newcastle-on-Tyne to open the new Maternity Hospital, in the Jubilee Road, a situation particularly suited to the needs of the work, as it is in the very heart and centre of the homes of those from which its patients will be drawn. The legend over the entrance, "Because there was no room for them in the Inn," carries back the memory to the urgent need of the provision of help for women "great with child" since close on 2,000 years ago, the Mother of the Saviour of the World brought forth her first born in a stable, and laid him in a manger because there was no room in the Inn.

The present premises of the Maternity Hospital form three sides of a large quadrangle, two of which have been rebuilt, greatly increasing the accommodation.

The old building in New Bridge Street was originally designed for eight patients; before it was vacated it received as many as forty at one time. Those who know the importance of abundance of air space for maternity patients will realise the urgent necessity for the new hospital and for further extension on the fourth side of the quadrangle.

Each nurse will have her own bedroom, groups of eight forming a unit, with complete equipment and accommodation; the quarters of the two resident doctors, six students and forty nurses are all in self-contained sections.

DRIED MILK—ITS MEDICAL ASPECT.

A valuable illustrated booklet having the above heading has been issued by the Glaxo Medical Department, 56, Osnaburgh Street, London, N.W. The object of this booklet is briefly and clearly to demonstrate the advantages of the use of Glaxo in infant feeding when breast feeding is impossible or inadequate, and especially to give a brief outline of the scientific methods which are adopted to ensure the production of an article of the highest bacterial purity and constancy of composition.

The department is to be congratulated upon the clearness with which the story of the successful production of Glaxo is told, demonstrating how, after patient research and experiment, the proprietors of Glaxo succeeded in overcoming the difficulties which had up to that time stood in the way of producing a soluble form of dried full-cream milk. On bacteriological examination this milk was found to be milk in a practically sterile form—the dream of many decades of scientific research.

Even then no extensive advertising was indulged in. The advice and guidance of the medical faculty was sought, and the strictest ethical code followed. The result of a most searching Government investigation on dried milk has vindicated the most sanguine hopes of Glaxo.

The investigation ordered by the Local Government Board in 1914 was carried out under three headings: not only a strict laboratory investigation was made, but also an inquiry as to the nutritive value of dried milks and their use in infant feeding.

This thorough investigation was welcomed by Glaxo, and that its nutritive value was effectively proved is evidenced by the fact that more than 4,000 tons of Glaxo were purchased by the Government during 1917 and 1918.

In the booklet before us the methods of its manufacture are described in detail, and we commend it to the attention of our readers. Many nurses and midwives have proved the value of Glaxo (1) in cases where breast feeding is impossible, (2) as an article of diet for nursing mothers, and (3) in many cases of illness. If they study and assimilate the teaching of this booklet they will be able not only to affirm their belief in the value of Glaxo, but to give sound reasons for the faith that is in them.

THE MATERNITY NURSING ASSOCIATION.

A ball in aid of the Maternity Nursing Association and Infant Welfare Centres, Myddelton Square, E.C., and Oakley Square, N.W., will be held at Claridge's on Wednesday, November 14th.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,858.

SATURDAY, NOVEMBER 10, 1923.

Vol. LXXI

EDITORIAL.

THE TRAINING OF HEALTH VISITORS.

We are reminded by Sir George Newman, Chief Medical Officer of the Board of Education, in his Annual Report, on "The Health of the School Child," that "the day for working in water-tight compartments has gone," and we have a concrete instance of this in the Regulations for the "Training of Health Visitors" promulgated by the Ministry of Health in this country, and the "Conditions for the Certification and Registration of Health Visitors" issued by the Scottish Board of Health. The position in this connection was interestingly discussed—at a meeting convened by the London Workers' Section of the Association of Infant Welfare and Maternity Centres, held at Carnegie House, Piccadilly, on Tuesday in last week—by Miss Gladys Le Geyt, S.R.N., a member of the Central Midwives Board.

Miss Le Geyt strongly advocated the establishment of an English Register of Health Visitors, and based her argument in support of her contention on two main grounds. (1) That the Scottish Board of Health have already decided to form a Register of Health Visitors working in Scotland; and (2) that the Scottish Register, unless Reciprocal Registration can be arranged, will work most adversely against a woman taking her Diploma in England without the protection of an English system of Registration after certification.

The Curriculum laid down by the Scottish Board of Health is, Miss Le Geyt points out, one which should command the respect and attention of all persons interested or concerned in the future of Public Health Work. In normal circumstances the course of training extends over four years, one and a half years of which are devoted to specialised instruction, and not less than two and a half years to hospital or other work. The training must include, in addition to instruction and practice in General Medical, Surgical, and Gynæcological Nursing, the nursing of sick children,

nursing of infectious and communicable diseases (including fevers, tuberculosis, and venereal diseases), and nursing in special hospitals or institutions (*e.g.*, for the treatment of ailments of the eyes, ears, nose, throat, and skin). The Health Visitor must also hold the certificate of the C.M.B. for Scotland, or have received a year's training, including instruction in midwifery, in a Maternity Home approved by the Board of Health, and must be 25 years of age before receiving the full Health Visitors' Certificate. Miss Le Geyt contrasted this training with that in England, where the Course prescribed by the Board of Education can be taken by a candidate just fresh from school. A girl at latest leaves school at 18, and can therefore complete the Diploma Course at 20, and the Minister expects preference to be given to her application by Local Authorities. She considers it most undesirable that this youthful person, even if she adds a year's experience of midwifery to her qualifications, should be able to establish herself in Public Health Work, and be permitted to officially visit the homes of the mothers, give advice, make recommendations, and undertake the multiple duties assigned to Health Visitors. She contends that the experience of life's gravities possessed by "sweet and twenty" cannot be such as to make her suitable to invite the friendly confidences Health Visitors work to establish when Home Visiting.

She further pointed out that there is nothing to prevent the really competent and registered product of the Scottish Model of Training from competing for Public Health work in England, and is of opinion that, with a public-spirited Committee, or Local Authority, such a candidate would rightly and justly be appointed to any vacancy that might arise.

Reciprocity in regard to the definition and recognition of standards between the two countries is thus of great importance, and Miss Le Geyt considers it also of primary importance for existing Health Visitors to press for Registration in real earnest, both in their own interests and in those of the public whom they serve.

OUR PRIZE COMPETITION.

WHAT FIRST AID WOULD YOU RENDER TO A CHILD WHO IS BURNT OR SCALDED, AND WHAT ARE THE DANGERS TO GUARD AGAINST? STATE WHAT YOU KNOW ABOUT THE DEGREES OF BURNS.

We have pleasure in awarding the prize this week to Miss Lena H. Innes, S.R.N., Royal Hospital for Sick Children, Edinburgh.

PRIZE PAPER.

There are few, if any, surgical emergencies which call for such prompt treatment as the effects produced by burns and scalds. The associated shock is most severe; the danger to life very great. Constitutional treatment must be instituted at once. The patient is one person's care, and where possible an assistant would prepare a bed or other convenient resting-place, fill hot-water bottles or substitutes, protect them thoroughly, and have blankets and bed warm.

If clothing has been worn at the time of injury it should be removed as quickly and carefully as possible. Each garment should be cut away and all unnecessary movement of the patient avoided. When the injury is very extensive, combined with destruction of skin, the clothing may be very adherent to the raw surface. A good plan is, after cutting away what is possible, to immerse the patient in a warm bath (temperature 100° F.), to which may be added a proportionate quantity of sod. bicarb. or sod. chlor. These substances have a soothing effect. This procedure, apart from facilitating the removal of clothing, aids in diminishing shock. (Medical permission should be first obtained.) The temperature of the bath is maintained by adding warm water as required. This treatment having been completed, the patient is wrapped in a clean, warm sheet and put to bed in the recumbent position, with the head lowered. In emergency, blocks at the foot of the bed may be substituted by two low chairs or a collection of old books.

The wounds are thoroughly protected. It is essential to exclude air, and to avoid exposure of the entire surface at a time. Consequently the dressing should be applied in strips. Where the skin is broken a simple dressing of clean rag wrung out of a solution of sod. bicarb. ʒi to Oi sterile water may be applied. Carron oil, which is a popular application, has the disadvantage of readily becoming rancid, and should therefore not be used. Cover the moist dressing with a light layer of wool and fix with a bandage.

If the injury is in the neighbourhood of a joint, it is advisable to apply a splint to obviate the tendency to contraction of scar.

The patient must be stimulated and kept very warm. Unlimited fluids, viz., warm tea, coffee, milk, Bovril, should be given frequently. Brandy in small doses at intervals of four hours is often necessary. Saline solution (normal) may be given per rectum. Water may be given freely, with the addition of sod. bicarb. (gr. v to gr. xxx, according to age), every four hours; also a solution of glucose ʒss to Oi water, in small quantities frequently.

Dangers to guard against are: Increased shock, sepsis, exhaustion, hæmorrhage, congestion and infection of internal organs, particularly lungs, kidneys, alimentary tract. Great attention must be given to diet, which should be light, nourishing, and easily digested, on account of the associated irritation of viscera and tendency to ulceration of duodenum. Very mild purgatives should be given to aid the elimination of toxins. Urine should be examined frequently for presence of albumin and blood.

Burns and scalds are divided into six classes or degrees:—

1. *Erythema or Redness* of affected part, due to dilatation of superficial blood-vessels.
2. *Vesication or Blistering*, when the epithelium and epidermis are separated by a collection of serum.
3. *True skin is destroyed* and nerve terminals exposed. This the most painful type.
4. *Fat and subcutaneous tissues are destroyed.*
5. *Muscle is destroyed.*
6. *Whole limb is charred to the bone, and invariably has to be amputated.*

The factors which determine the severity of a burn or scald are:—

- (1) *Age* (children and adults bear shock badly).
- (2) *Extent* (if injury involves one-third of body, even if of first degree, the prognosis is bad).
- (3) *Situation* (burns of chest and abdomen are very serious).

The mortality from burns and scalds is unfortunately very high.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Phoebe Goddard, Miss R. S. Dodd, Miss M. Ramsey, S.R.N., Miss A. M. Burns, Miss Helen Blackwood.

Miss Goddard mentions skin grafting to avoid contraction: (1) Autogenous (from other parts of the patient's own body); (2) Homogenous (from another person); (3) Heterogenous (from frogs).

NURSING ECHOES.

Princess Mary Viscountess Lascelles last week opened the War Memorial Home for District Nurses at Newmarket, erected out of the balance remaining after meeting the cost of monuments at Newmarket and Exning, the site being given by Major Dermot McCalmont. Her Royal Highness, who was accompanied by Viscount Lascelles and Mrs. Edward Clayton, was received and welcomed by Mr. Seymour Cole, in the absence, through illness, of the Hon. George Lambton. The Princess unlocked the main door with a silver key, presented by the architect, Mr. Leopold E. Cole, and then made a tour of inspection of the building, being particularly interested in the children's ward of six beds.

"Our Tradition—The Past," by Sir D'Arcy Power, K.B.E., his Introductory Address at the Abernethian Society at St. Bartholomew's Hospital on October 18th, appears in *St. Bartholomew's Hospital Journal*.

It is, like all hospital history, of wonderful interest, and alludes to the Patients, the Hospital as a Place of Healing, the Professional Staff, the Students, and the Nurses. Of the latter he writes:—

"The nursing tradition is continuous. It extends unbroken for a single moment since the Hospital was founded in 1123 until the present day, and a very noble one it is.

"Professed Sisters for the first 400 years, the nurses lived entirely for and in the Hospital, sometimes bequeathing to it any little savings they might have acquired. The religious habit was abandoned with the Reformation, but the scheme of their life seems to have changed but little. The profession was practically for life, and all the Sisters slept together in one room, from which they were not allowed to come out at night except upon most special occasions. This common dormitory continued until 1787, when the Sisters were assigned the small room partitioned off from their ward, which they still use as a bed-sitting-room. Even to our own time many of the Sisters have served the Hospital and often the same ward for 30 years and more. Think of the knowledge that they had gained by experience in that time. It is well exemplified by the story Sir William Church tells of one of his old Sisters, who used to say: 'There's a many who comes into this ward and dies and the young doctor don't know what he dies of, and there are others who die and the physician

don't know what he dies of, and there are some as comes in and even I don't know what he dies of.' It is a standing wonder to patients who are not very ill and can watch the work in the ward how it is that so much can be done in so orderly and pleasant a manner. My answer is TRADITION."

How interesting it would be to compile a book of the historettes of Great Sisters! There have been many such—women of noble character and strong personality. In our experience we can recall hospital Sisters of great charm, individuality, and accomplishment. It is a pity their example is not available for the general benefit of the profession. We want Sister Historians as well as Sister Tutors.

We have received several inquiries from Superintendents of Private Nursing Societies *re* fees, and the following letter embodies two of the most important points requiring an expression of opinion:—

"Dear Madam,—Having for quite a number of years been at the head of a Private Nursing Institution, where the staff work either on salary or on the co-operative system, it would be interesting to know your experience on the following points:—

(1) What is to be done when patients or their friends fail to pay the fees for nurses' services. It is now no uncommon thing to have to wait weeks for fees, and, indeed, for patients in hotels and flats to depart and never pay. The cost and trouble of placing the matter in the hands of a solicitor seems equally hopeless, as, even if he gets judgment, unless the patient has something to distrain on, one never gets the money. You would be surprised to know the names of people who, moving in Society, do not hesitate to deprive the nurse of her hard-earned fees.

Then (2) nurses, on their part, often fail to realise what co-operation means, and after being with a case for some time, think nothing of resigning and taking on the case for their own personal benefit. Surely this is very dishonourable conduct. I wonder if you would express an opinion in the *B.J.N.*—always the voice of Justice."

We have pleasure in giving our opinion. During the past few years great changes have taken place in private nursing. Before the war a private nurse was well employed at a salary of £2 2s. a week and all found. She often remained some weeks as nurse and com-

panion through convalescence with her patient, and had far less wear and tear than under new conditions. The patients paid their fees most regularly, and it was quite an exception to name a defaulter. Now that fees are from 3½ to 4 guineas, the nurse is often sent for at the last moment and kept for as short a period as possible. People in hotels and flats are often compelled to have a nurse, and our experience is that they think little of going away and leaving the fee unpaid for weeks, and some disappear, leaving no address. We know of several such cases where rich and titled relations have paid the fees, and others where they refuse to help, even with the address of the defaulters. The Law Courts, apparently, are on the side of employers, as, even if a judgment is given in the nurse's favour, she has no power of compelling people to pay. If things go from bad to worse nurses will be compelled to subsidise a Nurses' Protection Society—as medical practitioners do—through which to recover fees. It is a sad condition of affairs, and proves the gradual depreciation of honourable dealing amongst the general public. It is very necessary to see that fees are paid regularly, especially in Nurses' Co-operations, as otherwise there is no commission with which to conduct their business.

The second matter of nurses working on a co-operative system resigning, and taking patients on their own account, is very dishonest, as it deprives a Society of the part of the income upon which the whole staff rely to pay their initial expenses of management. We fear the only remedy is to insert a clause in the agreement making the nurse who "lifts" cases responsible for paying the p.c. as long as she remains with the case. So few nurses know anything of business that some do not realise they are not acting honourably in providing for themselves at the expense of their colleagues.

At a recent meeting of the Durham Guardians a letter was read from the clerk to the Visiting Committee of Sedgfield Asylum repudiating the allegation that the asylum nurses were performing 14 hours' duty per day.

The letter set forth that the hours of duty did not exceed 11½ hours in any day, or 55½ hours per week, or an hour less than had been agreed to by the National Asylum Workers' Union.

It was further pointed out that the nurses had two days off duty each week and 21 days' annual leave—in all, 125 days per annum.

In the opinion of the Committee there was no justification for the Guardians' suggestion

that owing to the hours of duty the nurses were not in a fit condition to give proper attention to the patients.

The new Home of the Newcastle and District Nursing Association in Barracks Road, Newcastle-on-Tyne, was opened recently. There was a large representation of the committee of the association, and of its many friends, and interest in the Home was shown for hours after the official proceedings had concluded. An American tea was conducted from three o'clock until six, and during that time the Home was available for inspection. Inside the hall, at the foot of the stairs, a notice was displayed giving a concise history of the Association. "The Newcastle and District Nursing Association," it ran, "was inaugurated in the year 1912, when Mr. R. C. Trigger was Mayor and Miss Trigger Mayoress. Since its inauguration the association has continuously received the whole-hearted support of the Newcastle people. The purchasing and the furnishing of this Home in 1923 was largely due to Mr. Trigger's instrumentality and generosity."

Mr. Trigger is the Association's President, and from the time of the Association's formation down to the present he has always taken the liveliest interest in its welfare. His sister, Miss Trigger, as long as she lived, shared this interest, and, as Chairman of the Executive Committee, devoted herself with the utmost zeal to the Association's progress. It was the remembrance of this fact that led Mr. Trigger to take steps to realise the ambition long cherished by the hon. secretary of the Association, Mrs. C. J. Pratt, and the committee, to possess a Home of their own, and now, thanks to his liberality, it exists as a beautiful memorial to Miss Trigger. The Home is not large, but it is of convenient and comfortable dimensions, and it is furnished and upholstered in the most hygienic and cosy way, so as to make it an ideal residence for the Association's two nurses—Nurse Chilton and Nurse Ibbott. Both nurses are qualified under the regulations of the Queen Victoria Jubilee Institute. The work of the Institute can be appreciated by the following extract from last year's annual report—the tenth:—"Medical cases, 210; surgical cases, 83; operations, 20; general nursing visits, 6,575; casual visits, 429; infant health visits, 243."

The President handed the key of the front door to Mrs. Pratt for transmission to the nurses. He hoped the nurses would always find there a happy home.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

The Quarterly Meeting of the Matrons' Council of Great Britain and Ireland was held at the Club of the Royal British Nurses' Association, 194, Queen's Gate, S.W.7, on Saturday, October 27th, at 3 p.m.

The Hon. Treasurer, Miss S. A. Villiers, S.R.N., introduced and welcomed the new President, Miss Kathleen A. Smith, S.R.N., who was very cordially received.

Before the business of the meeting began, the President said it was with great regret she announced that Mrs. Bedford Fenwick was unable through indisposition to be present to give her address on "The International Moral Sense." It would, she knew, be a great disappointment to the Council.

Miss Breay gave a message from Mrs. Fenwick, who had asked her to say how sorry she was to be unable to be present. There were few occasions in the last forty years when she had not fulfilled a professional engagement.

It was unanimously resolved to send a message of sympathy to Mrs. Fenwick, and to express the disappointment of those present at her absence.

The Minutes of the previous meeting were read and confirmed.

CORRESPONDENCE.

The correspondence included the following letters:—

LETTER FROM THE HOME SECRETARY.

MADAM,—I am directed by the Secretary of State to inform you that the Resolution of Condolence of the Matrons' Council of Great Britain and Ireland upon the occasion of the death of Her Royal Highness the Princess Christian, has been laid before His Majesty, who was pleased to receive the same very graciously.

I am, Madam,
Your obedient Servant,

A. J. EAGLESTON.

THE HON. SECRETARY,
The Matrons' Council of
Great Britain and Ireland.

A letter was read from Miss L. E. Ashby, the Nurse Organiser of the Glaxo Mothers' Help Bureau, in reply to the official letter of thanks sent after the visit of the Council to Glaxo House.

DEAR MISS HULME,—Your very kind letter of to-day has been placed before those members of the Glaxo Staff who were associated with your visit to Glaxo House. It is a great source of satisfaction to all of us to know that the afternoon you spent here was so enjoyed by you all. Some of the other members of your Council have been kind enough to write us very charming letters, which, it goes without saying, are greatly appreciated by us.

Yours truly,
L. E. ASHBY.

Also letters from Mr. Ramsay Macdonald, M.P., and from Miss Norah Green, General Secretary, National Council of Women; and from a number of Members regretting their inability to attend.

APPLICATIONS.

Applications for membership were then considered and accepted.

REPRESENTATIONS AT MEETINGS.

Action was taken on invitations from the National Union of Societies for Equal Citizenship to send representatives to a demonstration on Inequalities in the Marriage Service, to a Conference on the Separate Taxation of Married Persons, and to take part in a Deputation in support of the Guardianship of Infants Bill in the event of Women's Organisations being received by the Home Secretary. It was further decided to send representatives to the meeting at the Kingsway Hall, on November 14th, on the subject of Child Assault.

VICE-PRESIDENT.

It was unanimously agreed to invite Miss M. Heather-Bigg to accept the position of a Vice-President of the Council.

REPORT OF ANNUAL MEETING AND CONFERENCE, NATIONAL COUNCIL OF WOMEN.

Miss Kathleen Smith, President, then gave an interesting account of the meeting of the National Council of Women in Edinburgh, at which she represented the Matrons' Council. In doing so she said she would like to congratulate THE BRITISH JOURNAL OF NURSING on its report of the meeting, which those present had no doubt read, and which embodied most of the things she had intended to say.

A most interesting Annual Report (the 28th) was presented by Miss Norah Green, General Secretary, covering an immense amount of work done. She was amazed, after hearing this report, to learn that the whole of the work in the office of the N.C.W. was done by three women, and her mind went to 12, York Gate, with its staff of 43 persons.

One of the most interesting Receptions was that by the ladies of the University in its Library, and the service in the beautiful Cathedral of St. Giles was one to be remembered.

Miss Smith said that her general impression of the Conference was that these meetings must do a certain amount of good for all concerned. Such Conferences drew together women of all kinds of thought from their own Council and from the members of the affiliated societies. Not only from the platform but from general conversation and meeting together, much could be discussed and many seeds sown.

The women who attended the Conference were those who took a keen interest in various activities or they would not be there, and she felt that for members of the Nursing Profession, especially, it helped to broaden its ideas, and raise its ideals. Speaking for herself, personally, she had come back from Edinburgh with a much wider outlook upon the various questions which affect the women and children of to-day.

The meeting concluded with a cordial vote of thanks to the President, proposed by Miss Ramsden, and those present then adjourned for tea in the Club dining room.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE MENTAL ATTITUDE IN PRIVATE NURSING.

On Wednesday, October 31st, Sister A. E. Macdonald gave an address on the Mental Attitude in Private Nursing, and Mr. Donaldson, Member of the General Nursing Council, took the chair. In commencing, Sister Macdonald said that she did not wish to give a lecture, but merely to speak as a worker to workers, in order that so far as possible one might help another by subsequent discussion. She pointed out that the basis of her remarks might be found in articles which had recently appeared in the nursing press, and continuing, said that when the affirmation was made that the Psychology of Private Nursing is greater than the work itself it was but stating a principle applicable to life in general. We get from life in exact proportion to our contribution to it, rather less than more, for the banker is just rather than generous. It is the bounden duty of everyone to lay up in store for the proverbial rainy day, and only a rogue or a fool would gainsay this. But, if our main object in life is to acquire, we contribute nothing to the general good, and we starve that other self which cannot live by bread alone. Burns expressed this thought well when he said:

"Not for tae hide it in a hedge,
Nor wi' a train attendant,
But for the glorious privilege
Tae mak us independent."

Dr. Rudyard Kipling gave voice to the same sentiment the other day: "A man may apply his independence to what he calls worldly advantage and discover too late that he has made himself dependent on a mass of worldly conditions for the maintenance of which he has sacrificed himself. So he may be festooned with the whole haberdashery of success and go to his grave a castaway."

Some of us find our ideals in private nursing, others find it merely a means to an end, and each has to dispose of one personal question—whether or no private nursing is her metier. If it is not so, then no adjustment of the mental attitude will make it so. Certain types of mind are happier in hospital, where the routine enables them to fit into a certain niche and work there. Such people find private practice well-nigh impossible to them.

As regards the economic point of view, Sister Macdonald said that she believed that the advantage lay with the nurse in hospital owing to the heavy expenditure involved in carrying on private practice and the irregularity of employment. She did not propose to deal with economic questions, however, save that she would reiterate the slogan, "Until the remuneration of the trained nurse is at least equal to that of kindred workers in the Civil Service and the Teaching Professions our honoured service will continue to be at an economic disadvantage."

The lecturer next referred to the nurse in private work, successful in this work but not happy in the doing of it—capable, kind, wise, and adaptable, but up against conditions that try one to the breaking point. In such a case the nurse is living far below the level of her possibilities because of her attitude towards her work. The difficulties may be great but only when work is allied to some ideal can it react to the advantage of the worker. The law of sequence operates when the aesthetic and the practical unite in life; therefore we hold that duty in itself cannot satisfy. Auto-suggestion so educates and trains the sub-conscious strata that in turn it reacts upon conscious thought, and then we approach work from a different angle. Life must be lived from within outwards that we may be less easily affected by external circumstances. To be bearers of hope and comfort to patients, as well as of plasters and potions, we must see life from the standpoint of Matthew Arnold:

"A peace amid the city's jar,
Man did not make and cannot mar."

Hope and assurance for the future is every patient's need and the nurse's mental attitude should be such as to create the "atmosphere" unconsciously in which such attributes can grow. Within ourselves lie untapped sources of supply to draw strength from. With even a tentative belief in the power of thought the daily practice of auto-suggestion will establish that belief. At the beginning of each day hold one affirmative thought of well being, health, success or attainment poised in the mind for two minutes, and the gradual result of such exercise will be confidence and stability otherwise unattainable. By such methods we attract success. Acknowledgment of the fundamental principle that thought controls and

'influences all conscious life causes thought-life to become the servant of the will. Faith in the power of thought is indispensable and makes all things possible. Realise that life is being guided and controlled by that Divine Spark at the centre of all life, and that faith is not merely the vehicle of supply but the supply itself, and all things are possible. Some of us have tested the worth of auto-suggestion in adjusting life's balances, but its greatest value is that it changes our mental attitude towards life and its problems; the solutions of many of these lie with ourselves.

Sister Macdonald spoke strongly in favour of uniform. In the past this had been open to abuse, but now that a uniform registered by the State was within sight it was to be hoped that the whole profession would realise the honour of wearing it; that it is the uniform of the King as surely as any in the Navy or the Army, and there is something wrong with the mental attitude of a nurse towards her profession if she does not love her uniform.

At the close of the address there was considerable discussion. Miss Sadleir made some remarks which were greatly appreciated on the claims made upon the nurse as regards adaptability, and there was a good deal of lively argument on the subject of uniform, several nurses expressing the belief that by wearing mufti their minds were more likely to escape from the atmosphere and problems of the sickroom. In closing, Mr. Donaldson paid tribute to the splendidly ethical address which Sister Macdonald had given, and also urged the nurses strongly to adopt the registered uniform.

DRAMATIC AND LYRICAL RECITAL.

To-day (Saturday, November 10th, at 3 p.m.) Miss Anderson Parsons is to give her recital, and we all look forward to a great treat. Miss Parsons says that she never meets a more appreciative audience than in the R.B.N.A., and we hope that there will be many to welcome her this afternoon, especially as she is giving the recital in order to help us to establish a permanent memorial to the beloved President of our Association, who has passed from among us, and whose loss we so deeply mourn. Come and bring your friends. The cost of admission is 2s. and 1s, and we will listen to a beautiful interpretation of many of the fine gems of English literature.

PROGRAMME OF RECITAL.

The Barrel Organ (By request) .. .. .	.. Alfred Noyes
The Ballad of Lorraine Lorree .. .. .	.. Chas. King ley
Lasca (By request) .. .. .	.. Fred Deprez
The Aristocrat .. .. .	.. From the French
He Fell Among Thieves .. .. .	.. Sir Henry Newbold
Vita Lampadæ .. .. .	.. Sir Henry Newbold

INTERVAL.

Sea Fever .. .. .	.. John Masefield
Laugh and be Merry .. .. .	.. John Masefield
The Passing .. .. .	.. W. E. Henley
Wander Thirst .. .. .	.. Gerald Gould

The Soldier (By request) .. .. .	.. Rupert Brooke
Babies' Eyes .. .. .	.. Habberton Lulham
Riches .. .. .	.. Habberton Lulham
Little Mary Cassidy .. .. .	.. Frances A. Fahy
The Grand Match	} Songs from Antrim by Moira O'Neill
The Emigrant's Letter	
Her Sister	
The Choice .. .. .	.. Winifred M. Letts
The Bold Unbiddable Child .. .. .	.. Winifred M. Letts
L'Envoi (By request) .. .. .	.. Dr. Rudyard Kipling
Tickets 2s. and 1s.	

SALE OF WORK.

The date of the Sale of Work for the Trained Nurses' Annuity Fund has now been fixed for Wednesday, December 5th, and it will commence at 2 p.m. We have not yet received our usual amount of work and so we ask all readers of the Journal to be so kind as to send a contribution, either in money or in gifts, so that the result of the Sale may not be lower than in former years. If everyone will do this we may anticipate success on the 5th, and look forward to granting a fresh annuity to some sick or aged nurse at an early date. Christmas time is approaching. Please do not forget to send your gift that the burden of life may be made easier to one of those upon whom it weighs heavily, and who probably must pass ere very long from the ranks of the profession.

LECTURE.

In accordance with arrangements made when a representative of the National Council for Combating Venereal Disease was received by the Executive Council of the Association, Dr. Letitia Fairfield will lecture before the Corporation on 24th inst., at 3 p.m.

We hope all nurses who can will make a point of attending, as the N.C.C.V.D. is exceedingly anxious to gain the interest and co-operation of the nursing profession for the work of combating the spread of this terrible disease.

GIFTS TO THE CLUB.

Miss Clark, vases; Misses Cutler, Glover, A. E. Macdonald, Parsons, Perkins, and Rice, flowers.

TRUE TRAVELLERS: A TRAMP'S OPERA.

When Autumn's fruit is packed and stored,
And barns are full of corn and grain;
When leaves come tumbling down to earth,
Shot down by wind or drops of rain:
Then up the road we'll whistling go,
And, with a heart that's merry,
We'll rob the squirrel of a nut,
Or chaffinch of a berry.

By W. H. Davies.

ISABEL MACDONALD,
Secretary to the Corporation.

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

A meeting of the Grand Council of the National Council of Trained Nurses of Great Britain and Ireland will be held at 431, Oxford Street, London, W.1, on Friday, November 9th, at 4.30 p.m.

AGENDA.

1. Minutes.
2. Correspondence. Communications from :—
Their Highnesses Princess Helena Victoria and Princess Marie Louise, and from the Secretary of State for Home Affairs *re* vote of condolence on the death of Her Royal Highness Princess Christina.
Baroness Mannerheim, President of the International Council of Nurses.
Sister Bergliot Larsson, President, Norwegian Council of Trained Nurses.
The Privy Council *re* Modification Rule, Nurses' Registration Act.
Miss M. Thornton, R.R.C., President Irish Matrons' Association.
Miss Macaulay, President, Mental Hospital Matrons' Association.
Miss Muriel Payne, Hon. Secretary, School of Nursing and Child Welfare for Russia.
Dr. Helen Wilson, J.P., President, Association for Moral and Social Hygiene.
Mrs. Hubback, Parliamentary Secretary, National Union of Societies for Equal Citizenship.
Miss Jean S. Wilson, Executive Secretary, Canadian National Association of Trained Nurses.
Miss Adda Eldredge, President, American Nurses' Association.
Miss Agnes G. Deans, Secretary, American Nurses' Association.
The Comtesse d'Urzel, President, National Federation of Belgian Nurses.
Miss Cora E. Simpson, Hon. Secretary, Nurses' Association of China.
3. To receive the resignation of Miss Isabel Macdonald as Hon. Secretary of the Council, and to appoint a successor.
4. To receive the names of Delegates deputed to serve on the Council from :—
(a) The Registered Nurses' Parliamentary Council.
(b) The Registered Nurses' Society.
5. To receive a report from :—
(a) Miss M. Breay, Hon. Treasurer, International Council of Nurses, on the meeting of the Executive Committee, and Conference of the I.C.N. at Copenhagen.
(b) From Miss H. L. Pearse, Representative of the National Council of Trained Nurses of Great Britain and Ireland at the Conference of the I.C.N.
6. To consider business in connection with the International Council of Nurses.
7. To send a cordial vote of thanks to Mrs. Tscherning, President, and the Danish Council

of Nurses, for the exceeding kindness and hospitality extended to the representative of the National Council of Trained Nurses of Great Britain and Ireland, and to the Hon. Treasurer of the International Council of Nurses during the meeting of the Executive Committee of the I.C.N. in Copenhagen.

8. To send a similar message to Sister Bergliot Larsson, President, and other members of the Norwegian Council of Trained Nurses for their kindness and hospitality to the British representatives when passing through Norway.

9. Other business.

Tea 4 p.m.

ISABEL MACDONALD, *Hon. Secretary.*
431, Oxford Street,
London, W.1.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 261.)

It will be remembered that in his Circular Letter addressed to the Chairmen of Hospitals on December 30th, 1915, Sir Arthur Stanley stated that "there is no unanimous feeling either amongst those responsible for the training of Nurses or amongst Nurses themselves in favour of any system of State Registration . . . and that for the time, at least, we must rely upon a voluntary scheme of co-operation amongst the Nurse Training Schools throughout the country." By April 7th, 1916, he had modified that opinion to the extent of informing a meeting of representatives of hospitals and training schools and of societies of nurses, held at St. Thomas's Hospital, with a view to discussing the formation of a Consultative Board for the College of Nursing, Ltd., that he "came into this business with an open, and entirely ignorant mind, and very soon discovered that the overwhelming feeling of the nurses in whatever grade of the profession they were, was in favour of State Registration, and he had, therefore, been constrained to put State Registration as the first of the three fundamental principles upon which the College was founded."

Meanwhile, the Central Committee for the State Registration of Nurses had been on the alert, and on January 15th, 1916, instructed its Executive "to seek an interview with Mr. Stanley and his advisers, on behalf of representatives of the Central Committee, and with the object of ascertaining full details concerning the proposed scheme."

Interviews took place between representatives of the College of Nursing and of the Central Committee on March 2nd, at the Royal Automobile Club, Pall Mall, and on March 24th, at 83, Pall Mall, S.W., with the object of arriving at an agreed measure.

The promoters of the College of Nursing had now an opportunity of pursuing a really statesmanlike policy for the general good. The Central Committee, which had reconciled the differences in

three Nurses' Registration Bills before Parliament, and had brought all the Societies promoting Registration into line in support of one Bill, was sincerely anxious to arrive at agreement with the College of Nursing also, in spite of the fact that it was drafting a Bill of its own. Had the governors of the College of Nursing had sufficient wisdom to take the hand extended to it, and having given its adhesion to the principle of Nurses' Registration, determined to support the measure before Parliament, drafted and supported by the British Medical Association and all the Nurses' Organisations associated together in support of Registration, how different would have been the history of Nursing in the United Kingdom during the last seven years.

Sir Arthur Stanley and his advisers did not adopt that course, but promoted a Bill of their own, of which seven drafts are extant, copies of which are filed in the archives of the National Council of Trained Nurses.

The Central Committee still persevered with its endeavour to come to an agreement, but ultimately the negotiations did not result in a conjoint Bill, and on October 21st, 1916, the following Resolution was adopted by the Central Committee:—
"That the Central Committee regrets it cannot recede from the position it has taken up, and fully communicated to Mr. Stanley in the letter of September 30th, and it has therefore determined to proceed with its own Bill."

The trouble was that the College of Nursing, Ltd., wished its Council to act as the Governing Body of the Nursing Profession, while the Central Committee stood firm for the establishment of an independent Governing Body appointed under the authority of the State, such as was eventually appointed under the Nurses' Registration Acts of 1919.

Nevertheless, although negotiations had been broken off, the Central Committee amended its Bill, incorporating as far as possible such clauses as had been agreed upon between the two bodies. The Central Committee further issued a Statement concerning the negotiations entered into between the Central Committee and the College, with the object of drafting an agreed Bill showing why agreement had not been reached.

HOW THE COLLEGE CAPTURED THE NURSES.

How were nurses induced to join the College? Firstly, if a nurse knows that it will please her Matron if she adopts a certain line of action, the probability is that she will consider it expedient to do so; and, secondly, it built up its membership on the foundation laid by those who had worked so long for State Registration, by giving a pledge which these pioneers would never give, because they knew well that they could not redeem it.

PLEDGING PARLIAMENT.

We have Sir Arthur Stanley's own statement as to the overwhelming feeling of nurses of all grades in favour of Registration. The College of Nursing, Ltd., therefore proceeded to circulate a leaflet in which it stated:—

"Every Certificated Trained Nurse should apply at once for Registration by the College of Nursing."

Why?

"Because the Council of the College of Nursing has drafted a 'Nurses' Registration Bill' which provides that the Register already formed by the College of Nursing shall be the first Register under the Act. If, therefore, you are on the College Register, you will automatically, and without further fee, be placed on the State Register when the 'Nurses' Registration Bill' is passed."

These leaflets were widely circulated in the hospitals, and through the Joint War Committee at 83, Pall Mall, through which large numbers of nurses were passing at that time, and where they lay on the table inscribed "Take one."

The pledge that nurses would be placed on the State Register "automatically" was a particularly subtle one, because many nurses feared that the entrance to the State Register would be through a State Examination.

Miss M. S. Rundle, Secretary of the College Company, also wrote in a Nurses' League Journal in 1916:—

"It has been decided" (presumably by the College Council) "that a nurse whose name is on the College Register on the passing of the Act becomes at once a State Registered Nurse, and that no other fee shall be required of her than the fee of one guinea which she paid when accepted as a member of the College."

THE CHARTER OF THE ROYAL BRITISH NURSES' ASSOCIATION.

But the "stigma" of the word "Limited" still rankled; and the governors of the College conceived the brilliant idea that they could not only remove that stigma, but could gain the prestige and stability conferred by the possession of a Royal Charter if they could induce the Royal British Nurses' Association to amalgamate with the College Company. An agreement was, in fact, entered into for such amalgamation, and confirmed at a meeting of R.B.N.A. members on Jan. 18th, 1917, when Mr. Herbert Paterson, F.R.C.S., invited those present to pluck the ripe and luscious fruit now dangling before their eyes. He pointed out, however, that "until the R.B.N.A. and the College of Nursing had ceased to exist, and the Royal British College of Nursing had risen triumphantly from the ashes of both, pledges could not be given in black and white. But they had had a letter from Mr. Stanley and Sir Cooper Perry, agreeing to their conditions, and he thought they could trust these gentlemen to feel in honour bound to see that the wishes of the Association were carried out.

"They welcomed their colleagues from the College with open arms, and hoped that the two bodies would live together in godly love and honesty, working together in a common cause."

Professor Glaister, a member of the Council of the College of Nursing, Ltd., came from the North "to assist at the wedding ceremony" which drew from a member the remark that "they had been

summoned to a marriage ceremony; she considered it a funeral."

The Society for the State Registration of Trained Nurses petitioned the Privy Council not to sanction the proposed amalgamation. The Irish Nurses' Association and the Corporation of the City of Glasgow also petitioned it against the grant of a Supplemental Charter to the R.B.N.A., which would enable the College to absorb the R.B.N.A.

Ultimately, doubts seemed to have arisen as to the expediency of the R.B.N.A. and the College Company "living together in holy love and honesty," and the General Council of the Royal British Nurses' Association came to the conclusion that it would not be to the interest of the Corporation to accept certain alterations suggested by the Privy Council. We owe it largely to Mr. Herbert Paterson and Miss Isabel Macdonald that on November 5th, 1917, the President of the Society for the State Registration of Trained Nurses was informed by the Clerk of the Council that he was "directed by the Lords of the Council to state that the Petitioners (the Royal British Nurses' Association) had decided not to proceed with their application."

Thus the marriage did not materialise, and the obsequies of the R.B.N.A. did not take place.

In October, 1918, after various suggestions as to a renewal of negotiations between the Central Committee for State Registration and the Council of the College of Nursing, Ltd., its Executive Committee reported to the Central Committee that, in accordance with instructions given to it, it had carefully considered the re-drafted Bill (Seventh Draft) of the College of Nursing, Ltd. It unanimously reported "That, in the opinion of the Executive Committee, the present Bill of the Central Committee . . . is a better Bill than that drafted by the College of Nursing and should be adhered to."

This Report was adopted, and it was then resolved

"That it is the considered opinion of this Committee that the Bill drafted by the Central Committee for the State Registration of Nurses should be presented to Parliament, and that the College of Nursing, Ltd., be formally invited to agree to this Bill and to join in getting it passed."

ETHEL G. FENWICK.

(To be continued.)

WEST MIDDLESEX HOSPITAL, ISLEWORTH NURSES' LEAGUE.

The Matron of the West Middlesex Hospital, Isleworth, cordially invites all past nurses to the Winter Reunion of the Nurses' League, to be held on Saturday, November 24th, 1923. Tea 3-5 p.m. Dinner, 7 p.m. It is hoped all past nurses will make a special effort to attend. A limited number of those coming from a distance can be accommodated for the night if previous application is made to the Matron.

GENERAL NURSING COUNCIL MEETING, OCTOBER 19th.

POINTS FOR NURSES TO NOTE AND REMEMBER.

Minutes of the Last Meeting.

The point raised by Miss du Sautoy on the Minutes of the last meeting was a very direct and simple one, though it did not receive a direct and simple explanation. It was, briefly, that the proposal of the REV. G. B. CRONSHAW that there should be two papers in the Preliminary Examination, one on Anatomy and Physiology, and one on Hygiene and the Practice of Nursing, carried at the last meeting, was not entered on the Minutes, which it should have been, otherwise it could not be rescinded before the proposal on the Agenda for the present meeting was discussed.

The contention of MISS LLOYD STILL and DR. GOODALL that the discussion took place in Committee was correct, but it is a fact that the Council went out of Committee, and merely resumed, whereas it should no doubt have formally adopted in Council what it did while in Committee. But if it did not conduct its affairs in order it should have put them straight, and then discussed the question on its merits on the motion to rescind. As it was, the discussion on the point quite properly raised by Miss du Sautoy was very obscure, and one was left with the impression that there was something behind which was not revealed. One wondered also why MR. CRONSHAW sat silent during the discussion. It was all very bewildering. One does not lose oneself along a straight road, but one is liable to do so on a winding stair, and the methods of the G.N.C. are very tortuous.

Report of the Finance Committee.

We note that the expenses of two booklets relating to the uniform and badge are to be defrayed by accepting advertisements for one of them, and that a sub-committee has been appointed to approve and accept such advertisements. No proposal was made, nor were the Finance Committee asked to approve any financial arrangements in connection with the advertising scheme, but it is very undesirable that statutory publications should be financed by interested business firms.

The fact that the Finance Committee raised no objection to the recommendation of the General Purposes Committee that two additional clerks should be engaged (on the understanding that the appointments are temporary), and that no member of the Council, with the exception of Miss Wiese, even questioned the necessity for a staff of 43 persons in the G.N.C. office, throws the registered nurses back for redress on the provision of the Nurses' Registration Act (Section 4 (1)), which makes the appointment of the officers employed by the General Nursing Council subject to the consent of the Minister of Health as to numbers.

We commend to the attention of the Minister the fact that the Central Midwives Board, which, like the General Nursing Council, is responsible in certain directions to his Department, that it conducts all its business, *i.e.*, the routine of the office, the Examinations, the monthly meetings and Standing Committees, and the legal proceedings in relation to the penal cases—of which there is a ceaseless flow—with an office staff of a Secretary and five clerks, and that the staff of the General Nursing Council for Scotland consists of a Registrar and three clerks. The 43 officials and clerks now employed by our G.N.C. must cost the Registered Nurses thousands of pounds a year.

Report of the Registration Committee

Mr. Donaldson brought out the fact that the Chairman of the Registration Committee (Dr. Goodall) was responsible for the recommendation "That the names of nurses admitted under the Rules Modification Order (*i.e.*, those who may be totally untrained) be placed in alphabetical order among the trained nurses," inasmuch as it was carried in the Registration Committee by his casting vote, with the proviso that the words, "admitted under Rule 9 (1) (g)" should be entered in the column headed "Qualifications." Nurses on the Supplementary Parts of the Register, and especially Sick Children's Nurses, have to thank Miss A. M. Bushby for pointing out the injustice of side-tracking these well-trained nurses, while untrained women were to be admitted to the General Part of the Register, and their names sandwiched in between those of fully-trained nurses. She further expressed the opinion that many lay persons would take the words "admitted under Rule 9 (1) (g)" as a special qualification.

It is grossly unfair to nurses on all parts of the Register that untrained women should be admitted to the full rights and privileges of the General Part of the Register, while the well-trained nurses registered on the Supplementary Parts are debarred from it.

For the protection of the unfortunate public, a full explanation that women registered under Rule 9 (1) (g) are *untrained*, should appear in the explanation preface to the Register, but the only *just and safe* method is to place them in a "prescribed list," as provided by the Nurses' Registration Act.

Dr. Goodall has proved himself a pitiless enemy to our true interests, since he went over to the College group and, upon its vote, has voiced its policy from the chair of our Registration Committee.

We are glad that Miss Bushby called for a division when the Recommendation of the Registration Committee that the names of these untrained women should be "placed in alphabetical order among the trained nurses" was put to the vote. It elicited the fact that the members of the Council who dissociated themselves from this fatal recommendation and voted against it were Miss Bushby, Mr. Donaldson, Miss du Sautoy, Miss Musson, and Miss Wiese. The Chairman did not

vote. Miss Bremner, Dr. Smedley and Mr. Stratton were absent, and the whole of the rest of the Council, lay, medical and College group, voted solidly for the degradation of the General Part of the Register, having previously turned down an amendment moved by Mr. Donaldson, "That the names of the nurses admitted under Rules Modification Order be placed in a separate list following that of the Trained Nurses, and headed with the words, 'Admitted under Rule 9 (1) (g).'"

A point which we invite nurses especially to note and remember is that a certain section of the General Nursing Council, whose views were voiced on October 19th by Miss Cowlin, supported by Miss Cox-Davies, still consider it "a bad precedent" to record that a Registered Nurse is "trained" or "certificated" in the qualification column of the Register.

Justice to trained nurses, and the precedent established in this connection by the Medical Register, the Midwives' Roll, all the Nurses' Registers, statutory and voluntary, *including that of the College of Nursing, Ltd.*, which record qualifications, have apparently no weight with them. Should the College group succeed in despoiling the nurses of the record of their certificates, *they* would be establishing a "precedent," and a dastardly one at that. State Registered Nurses must realise that "College" jealousy of the State Register is capable of any policy to degrade its status. They are advised to be very alert in this connection.

(To be continued.)

COLLEGE IDEALS.

We hear on all sides of the depreciation of the nursing spirit, and of high professional ideals; can it be wondered at, when, at a recent meeting of the London Centre of the College of Nursing, Ltd., Miss Ruth Darbyshire, R.R.C., Matron of University College Hospital, being in the chair, volunteers were called for to sell the "Poppy Song" in the cinemas, on Wednesday, Thursday, Friday, and Saturday last week, the inducement being that one halfpenny on each song sold would go to the Appeal Fund for the College Endowment.

And what of the ideals of nurses who are willing to cadge for halfpennies from all and sundry, in public places of amusement, for the endowment of a professional College! If the members of the London Centre have any ideals left, let them, for very shame, produce the halfpennies out of their own pockets, and decline to be associated with the shameful and degrading methods of cadging for halfpence advocated as above stated. This is on a par with taking pence from Tommy and Jack.

THE PASSING BELL.

We regret to learn that a Miss May Barradell, a nurse at Bury House, a Nursing Home at Edmonton, was found drowned in the River Lea at Wormley, Hertfordshire. She left the home about a fortnight ago and the body had apparently been in the river for about a week when found. There is no suspicion of foul play.

APPOINTMENTS.

MATRÓN.

Royal Sea Bathing Hospital, Margate.—Miss Joan Kempson has been appointed Matron. She was trained at St. George's Hospital, and has been Assistant Matron at the Royal Infirmary, Wigan, and Sister-Housekeeper at St. George's Hospital, London, S.W.

Isolation Hospital, Eastry.—Miss L. A. Stanley, S.R.N., has been appointed Matron. She was trained at Aston Infirmary, Birmingham, and has been Matron of the Winchcomb Isolation Hospital, Superintendent Nurse at the Poole, Isle of Thanet, and Oswestry Poor Law Infirmary, and worked during the war as a member of Queen Alexandra's Imperial Military Nursing Service Reserve. She is a Certified Midwife.

NIGHT SUPERINTENDENT.

Rochford Hospital, Rochford.—Miss E. M. Archer has been appointed Night Superintendent. She was trained at St. Andrew's Hospital, Bow, and has been Ward Sister at the Grove End Institution, Richmond.

NURSE MATRON.

Dunstable and District Joint Hospital, Dunstable.—Miss Elizabeth Cleminson has been appointed Nurse-Matron. She was trained in General Nursing at the Royal Infirmary, Edinburgh, and in Infectious Nursing in a Glasgow Hospital. She has been Sister-in-Charge of Felixstowe Cottage Hospital, and in addition to other hospital appointments has been Matron of Hartlepool Port Sanitary Authority Hospital. As a member of Queen Alexandra's Imperial Military Nursing Service Reserve she worked abroad during the war.

NIGHT SISTER.

Borough Fever Hospital, Oldham.—Miss Margaret Mary Finan, S.R.N., has been appointed Night Sister. She was trained in the City Fever Hospitals, Liverpool, and the North Middlesex Hospital, Edmonton, and has held many positions of responsibility in the nursing world.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elizabeth McClymont is appointed to Manchester (Bradford), as Superintendent; Miss Margaret H. Banks, to Whitehaven; Miss Alice M. Gillett, to Silvertown; Miss Lilian E. Letts, to Charlton and Blackheath; Miss Clare Marsh, to Rotherhithe; Miss Elizabeth C. P. Miller to Finedon; Miss Ellen M. Newman to Hyde; Miss Mary A. O'Neill, to Bamber Bridge; Miss Emily Richardson, to Chichester; Miss Daisy Shields, to Buxton; Miss Lucy C. Simoons, to Buxton; Miss Constance M. Waters, to Exeter.

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, 1923:—

ENGLAND.

Bertha Bradley, Lucy G. McLaren, Maud E. Cheney, Lilian A. Culverhouse, Mary Fox, Ellen E. Marsh, Elizabeth M. Randles, Doris M. Atkinson, Mary McKeown, Florence E. Marsh, Alice A. Rimmer, Edith M. Bainbridge, Ethel V. Cooper, Katherine L. Hensley, Ada E. Jewell, Sophia L. Pritchard, Edith M. Yeadon, Annie Jackson, Ethel Rushton, Edith S. Witty, Linda A. Wesbroom, Louisa M. Last, Kathleen G. Lowen, Eunice E. Roberts, Bessie M. Rumbold, Elsie M. Gee, Ethel A. Rees, Ethel M. Weaver, Carrie Barnett, Mary Clements, Barbara Walker, Lilian Barlow, Elsie H. Bulbrooke, Annie G. Evans, Elizabeth Phillips, Kathleen Reilly, Ellen L. Ellis, Elsie C. Moss, Laura Williams, Mary E. O. Dilcock, Alice Aspden, Ceridwen Edwards, Eva Maud Lennard, Ellen E. Mead, Hetty

Scott, Mary M. Cotter, Daisy A. Jupe, Myfanwy Matthews, Mildred A. Sturgeon, Elsie Carnell, Elsie Raine, Marjorie A. E. Taylor, Doris M. Timmins, Gertrude E. Stafford, Delia Foy, Sarah McDermott, Margaret McLean, Edith S. Barber, Catherine A. Cooper, Isabella Jenkins, Hannah Cottom, Winifred M. Hix, Alice J. Ringrose, Margaret E. Wright, Gertrude Williams, Marie B. J. A. O'Grady, Ethel Sanderson, Jenny M. Evans, Grace M. Jones.

SCOTLAND.

Catherine Smith, Helen Adie Adams, Mary J. M. Forbes, Olive S. Mayler, Elizabeth MacBean, Annie Smith, Barbara T. Wilson, Jenny S. Wilson, Agnes J. Anderson, Florence E. Goldstone, Jessie M. McRae, Margaret C. Ormiston, Jeanette M. Campbell, Maud M. E. Steele, Jenny H. Masterton.

IRELAND.

Mary K. Kivlehan, Hannah Russell.

DECORATIONS TO BE WORN ON ARMISTICE DAY.

WEARING OF DECORATIONS.

The King has expressed the hope that at all ceremonies arranged to mark the anniversary of Armistice Day war medals and decorations will be worn with civilian dress by ex-officers and ex-service men, members of the Nursing Services and other women to whom they have been awarded.

LEGACIES TO NURSES.

Mrs. Mary Ann Gill Crews, of Portman Square, W., left her nurse, Miss Annie Oliver, £100.

Mr. Frederick Wolfé, of York Gate, Regent's Park, N.W., bequeathed £250 to Miss Mary Isabel Rorison, "who nursed me through a troublesome and painful illness."

Miss Audrey Cecilia Leigh, of Irstead Lodge, Neatishead, Norwich, bequeathed all her dogs, pictures and prints, lace, furs, a quantity of antique furniture, and a life annuity of £300 to Miss Ethel Amelia Herman, formerly of Guy's Hospital, but later residing with her.

Frederic Rossmore Wauchope, fifth Baron Ventry, D.S.O., of Hove, Sussex, who died leaving £92,644 5s. 2d., bequeathed £1,500 to Miss Mary Lilian Skelmerdine, "as an appreciation of her skill and attention whilst acting as nurse."

THE HOSPITAL WORLD.

Wakefield is making a special effort to raise £4,000 to complete the amount required to build a War Memorial Nurses' Home in connection with the Clayton Hospital. The foundation stone is to be laid on November 14th, and Her Royal Highness Princess Mary Viscountess Lascelles has kindly promised to perform the ceremony. The Mayor of Wakefield has made a strong appeal for help in the great effort the city is making and he has received in subscriptions over £1,400.

Lord Knutsford reports a splendid chance of funds for "the London." Some friend of the hospital has offered cent. per cent. for every pound given to the hospital until January 1st, up to £80,000. What a chance! Such an offer is sure to open the purses of all friends of "The London." Every £1 sent means £2. Lord Knutsford writes to the press: "I hardly dare to think what it would mean to the hospital to have £160,000 invested by way of endowment, of which it has none to-day."

PROSTRATION

IN cases of extreme exhaustion Virol is often the one food which can help the patient. It throws absolutely no tax on the digestion, and supplies just those valuable elements which the patient must receive if health is to be restored.

Small quantities of Virol or Virol and Milk given at frequent intervals will help the patient over the difficult stage.

As soon as more normal conditions are restored, the Virol should be continued between meals. Virol hastens convalescence and leads to rapid recovery. The confidence of Doctors in Virol is shown by the fact that

40 million prescribed portions of VIROL were given in 3,000 Hospitals and Clinics last year

VIROL

In Jars, 1/3, 2/- and 3/9

NURSING IN INDIA.

BOMBAY PRESIDENCY NURSING ASSOCIATION.

The Lady Superintendent, St. George's Hospital, Bombay, states the *Nursing Journal of India* for October, forwarded a copy of the Resolution passed at the meeting held by nurses in Bombay, urging that there should be State Registration for nurses, to the Bombay Presidency Nursing Association, when the following Resolution was adopted:

Resolved (Resolution No. 71) that the Committee is in general sympathy with the proposal for a more formal registration of nurses in this Presidency. It is understood the question is already under the consideration of Government, but the Committee thinks it will be impossible to have all the nurses on the Register eligible for registration in Great Britain. To begin with, many of them are not trained in England.

As regards Indian Imperial Registration, there are reasons for believing that this is not likely to be taken up in the near future. The most likely development seems to be Provincial Registration, which might be arranged for in two sections—
(a) eligible for registration in Great Britain;
(b) not eligible for registration in Great Britain.

It is reported that a Nurses' Registration Bill has been passed in Burma, ensuring high status and adequate pay for Burmese nurses, and that a similar Bill is to be introduced at the next Session of the Madras Legislative Council.

The Executive of the Women of India Fund are to pay the expenses of sending Indian women to train as nurses in England. Lady Reading is also paying out of the same Fund for the training of two high caste Indian women at the Dufferin Hospital, Calcutta.

Lady Reading is inaugurating a National Baby week for India and Burma. Maternity and Infant Welfare work is now receiving some attention in India. Dr. R. S. Sethna, Medical Officer of Health, Delhi City, has an informing article in the *Nursing Journal of India*, in which he writes: "No steps taken in this branch of work, no efforts exerted for the well-being of mothers and infants, and no money spent for this cause can be reckoned too great, when we consider how many poor mothers either lose their lives or remain crippled and deformed from the ministrations of untrained and illiterate indigenous dais; and how a large number of infants die at the very beginning of their lives."

SISTER CARTWRIGHT'S ILLNESS.

Miss Rhoda Metherell sends sad news of Sister Cartwright's condition, which is becoming serious. All her friends will be thankful to know how devotedly she is cared for by her nurses.

LEGAL MATTERS.

SLANDERS AND MISCHIEVOUS TALES.

William Moran, 19, whose head was bandaged, was charged at Rochdale with "unlawfully listening by night under walls, windows, and eaves of Rochdale Infirmary, to hear after the discourse, and therefrom to frame slanders and mischievous tales." He resisted capture when caught up a spout looking through the nurses' sitting-room window, and was struck on the head with a hammer by an Infirmary official. The charge was preferred under an old common law respecting "night walkers and eavesdroppers." Moran was bound over.

Mrs. Mona Agnes Bayliss, of Henwick-road, St. John's, Worcester, petitioned for a decree for the restitution of conjugal rights against her husband, Clive L. Bayliss, formerly a captain in the Indian Army, to whom she was married on February 14th (St. Valentine's Day) this year. The suit was not resisted.

Mrs. Bayliss said that the marriage was at the Registry Office, Holborn. She and her husband had never lived together. On May 22nd she received a letter from her husband addressed from the Junior Army and Navy Club, Whitehall, in which he said: "I have thought the matter over and find I cannot make a home for you and I do not intend to live with you. This is not your fault. I am very sorry but this decision must be final."

She wrote to him from a nursing home at Highgate, asking him to reconsider his decision, but he refused to do so.

Mr. Justice Horridge: An extraordinarily cruel proceeding it seems to me.

Mr. J. H. Watts (for Mrs. Bayliss): I think you met him when he was on service in India?—Yes.

And when he came back to this country he called upon you, and later you got a day off from the hospital where you were engaged, and after the marriage went back to your duties?—Yes.

Mr. Justice Horridge ordered that the restitution decree should be complied with within fourteen days of service.

SANITARY RELIEF WORK IN RUSSIA.

Our readers will be interested to learn that at a meeting to be held on Monday, November 26th, at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1, at 5 p.m., Miss Muriel A. Payne, Hon. Secretary International School of Nursing and Child Welfare for Russia, will give an address on "Sanitary Relief Work in Russia." The Chair will be taken by Dr. Louis C. Parkes. Those who have read Miss Payne's most interesting book, "Plague, Pestilence and Famine," will welcome this opportunity of hearing more of her work.

By an unintentional oversight the official report of the proceedings of the General Nursing Council for Scotland did not reach us last week. We hope to publish it in our next issue. Meanwhile, we congratulate the Council on the concise and practical scheme for the State Examinations in Nursing which it has defined.

COMING EVENTS.

November 8th.—Leicester Royal Infirmary Nurses League. Meeting at the Great Central Hotel, Marylebone. 3.15 p.m.

November 9th.—Meeting Grand Council, National Council of Trained Nurses, 431, Oxford Street, London, W. Tea 4. Meeting 4.30 p.m.

November 10th.—Remembrance Day.

November 10th.—Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Recital, by Miss Anderson Parsons. 3 p.m.

November 11th.—Armistice Day.

November 14th.—Six Point Group Meeting. Subject: "Child Assault." Kingsway Hall. Chair: Viscountess Rhondda. 8 p.m.

November 16th.—Meeting General Nursing Council for England and Wales. Ministry of Health, Whitehall, S.W. 2.30 p.m.

November 21st.—National Milk Conference. Council Chamber, Guildhall, London, E.C. 10 a.m. to 1 p.m., 2.30 p.m. to 5.30 p.m. Fee £1 1s.

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.

CERTIFICATED NURSES MUST SHOW FIGHT.

Certificated Nurse.—"I note that in Miss Cowlin's support at G.N.C. meeting of placing totally untrained women alphabetically on the General Part of the Register with trained and certificated nurses, she would like to do us certificated nurses still greater injury by depriving us of the record of our hard-earned qualifications—our hospital certificates—granted to us after years of training and work. Can this College group, in their jealousy of the State Register, accomplish their cruel policy by any means? 'S.R.N.' is no distinction now, but 'Certificated Nurse' is. Surely if Miss Cowlin and her colleagues try to degrade us still further we have some redress, as we have paid for the entry of our qualifications under the First Schedule of the Rules."

[Parliament has approved the First Schedule, providing that Registered Nurses shall have the record of their certificates published in the Register, and unless they prove themselves totally unfitted for professional status they will rise as one woman, should Miss Cox-Davies, Miss Cowlin, and the reactionary group of College Matrons on the G.N.C. attempt again to perpetrate what in our opinion amounts to a crime. Join the Registered Nurses' Parliamentary Council, 431, Oxford Street, London, W.1, Subscription 1s., and thus be prepared to defend your professional rights. We feel sure the Governors of the majority of Training Schools and Boards of Poor-Law Guardians will help their certificated nurses to protect their hard-earned certificates, should any further attempt be made to deprive them of such qualifica-

tions. As soon as the State certificate is awarded by the G.N.C. after examination, it will be imperative for those nurses, trained and certificated by the hospitals, to possess and have recorded on the Register this valuable evidence of training and examination. Moreover, now that the College policy of depreciating the State Register has been accomplished by the Chapple modification, permitting totally untrained persons to be placed on the General Part of the Register, and the G.N.C. is placing such persons alphabetically on the list with certificated nurses, any further deprivation of professional recognition to certificated nurses will spell professional ruin for them in the future.

The R.N.P.C. will fight any such attempted injury by Miss Cox-Davies and her followers on the G.N.C. with the utmost determination, throughout the country and in Parliament; personally, if any attempt is made to delete evidence of training against the entry of our name on the Register we shall apply to the Courts for an injunction to restrain the G.N.C. from inflicting professional damage, and thousands of certificated nurses will follow our example. Now that our courageous President, Councillor Beatrice Kent, has been elected on to the Executive Committee of the National Council of Women, the Council will have an able exponent of the rights of Registered Nurses on that body of representative women, when nursing is under discussion. Justice to certificated nurses and patients stand and fall together.—ED.]

DOPED WITH PLATITUDES.

Private Nurse.—"Would it be possible for you to reprint the letters signed by Miss Rundle as College Secretary, asking members of the College in 1919, to wreck the Nurses' Registration Bill promoted by the Central Committee, and also the other letter signed by her sent—I think last December—to the G.N.C., proposing that all untrained persons—I can't call them nurses—should be registered in the General Part of the Register. At this Club we nurses have nearly come to blows on these questions, College members denying that any such letters have ever been written, and I know they have because I have seen them in print. Of course, such letters are never printed in the *College Bulletin*, and their members are just doped with any platitudes inserted by its controllers. This publication is a 'charity,' and would have little or no circulation if the members had to pay for it."

[We have printed both letters on previous occasions and will republish them as soon as we have space.—ED.]

OUR PRIZE COMPETITION QUESTIONS.

November 17th.—Define and briefly indicate the treatment required for the following conditions:—

- (1) Vesicular mole.
- (2) Incomplete abortion.
- (3) Tubal pregnancy.
- (4) Accidental hæmorrhage.
- (5) Tonic contraction of uterus.

The Midwife.

PLUNKET WORK IN SOUTH AFRICA.

Miss Jentie Paterson's "Truby King" propaganda is going strong in South Africa.

After lecturing and working for five weeks in and around Cape Town, Miss J. B. N. Paterson proceeded to Johannesburg and the Rand. During the month's visit she was the guest of Mrs. J. R. Thurlow.

Mrs. Thurlow, as Nurse Griffiths, received her training under Miss Payne in the Wellington Hospital, and eventually was promoted to a Sister's post. Some time later she went to South Africa to pursue her nursing duties and became Sister and finally Matron of the Potoschefstroom Hospital. Later she revisited New Zealand, but decided to return to South Africa to nurse, and there she eventually married and settled down.

Being a nurse, a New Zealander, and a strong believer in Plunket work, Miss Paterson could not have had a more restful and helpful "home" to stay in, as she writes: "I was spoiled and taken care of, and motored to and from all meetings either by Mr. or Mrs. Thurlow."

On the Rand, as in the Cape Province, Nurses were quick to see all that Plunket training implied (one has already been sent to train at the London Centre), and parents all it meant for their children, especially those whom Miss Paterson found time to advise. Breast milk was restored to a mother whose baby of 3½ months had been eight weeks weaned. Also to the mother of a 4 lb. premature, six weeks of age and five weeks weaned, who was going steadily downhill on sweetened condensed milk, with the result that she began to gain steadily within three days of the change back to human milk. At first a friend acted as foster-mother and also allowed her strong baby to stimulate the breasts of the premature's mother, who was quite able to supply all the nourishment necessary before the end of four weeks. The babe, when first seen, weighed 4 lbs., at the end of four weeks 5 lbs. 12½ ozs. Strict attention having also been paid to regulating the room and cradle heat, the infant's daily temperature never varied more than from 97°.4-98°.8. Such an object lesson has not been lost in Johannesburg—especially as the parents belong to the educated class.

A large drawing-room meeting was held in Mrs. Norman Anstey's house, to give Johannesburg ladies an opportunity of hearing about New Zealand methods. Dolls, clothes, cradle, and charts were shown, and the audience was keenly interested—so much so that afterwards many crowded round the lecturer to ask personal questions.

It is interesting to note that Mrs. Anstey first became interested in Dr. Truby King's work while touring New Zealand last year. She was so impressed with the results, and the grip the work

had, even on the men of the community, that she offered her house to the Child Welfare Society whenever she heard a "Truby King Nurse" was en route for the Rand.

LESSONS ON THE CARE OF INFANTS.

A very useful booklet for use in schools, having the above title, by Mrs. Watson, is published by Messrs. Longman, Green & Co., price 6d. It has a preface by Mr. Benjamin Broadbent, C.B.E., LL.D., M.A., J.P., ex-Mayor of Huddersfield, who has done so much to reduce infant mortality. Mr. Broadbent deplores the fact that the maternal instinct is ignored in girls' schools. He writes:—

"I suggest that this instinct of motherhood in girls, with all its attendant qualities, should be made the basis of education for them. It looks simple enough. We try to make a man, with all his virtues, out of the boy; surely we ought to try to make a woman, with all her graces, out of the girl. A girl's unconscious love of babyhood is educationally a mine of ungoten gold; such wealth of possibility we ought to use as her most valuable dowry. Why not use as an instrument of the utmost worth, the protective tenderness which longs to lavish itself upon some helpless object—that desire which exhibits itself so plainly in girls to help all weak and tender things? Have we not overlooked the fact that the mothering instinct in girls takes the place of the fighting instinct in boys? It should never be forgotten at any period of the school-life of girls that they are really girls. Surely the best way to bring out the best of girls is to take advantage of all the aptitudes and felicities of girlhood and womanhood: let these act and re-act each upon the other, the product will be the perfect and complete development of all that is best in both teachers and taught."

THE INFANT MORTALITY RATE.

It is interesting to learn from the Registrar-General's Statistical Review of England and Wales for 1922 that the deaths of infants under a year old (60,121) were equal to a rate of 77 per 1,000, which is the lowest rate ever recorded in this country. On the other hand, births during 1922 were 780,124, or 69,690 fewer than in 1921, and worked out at the rate of 20.4 per 1,000 persons living, the lowest rate recorded, except in the war years 1917, 1918, and 1919.

A QUESTION OF NATIONAL EXISTENCE.

"The saving of infant life is no longer a question of charity, it is no longer a question of social reform, it is no longer a question of economic organisation, or even a question of Man-power. It is to-day a question of national existence."—*Dr. Truby King.*

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,859.

SATURDAY, NOVEMBER 17, 1923.

Vol. LXXI

EDITORIAL.

CHILD ASSAULT AND VENEREAL DISEASE A MENACE TO THE FUTURE OF THE RACE.

As we go to press the Six Point Group is holding a meeting at Kingsway Hall, Kingsway, W.C.2, on Child Assault—in our opinion the most base of all crimes, and one which is most leniently dealt with by our man-made law. Viscountess Rhondda is to preside, and we sincerely hope many trained nurses will help to cram the Hall, as our profession should be in the forefront of the fight to detect and punish the degraded men who commit this special crime, so tragic in its nature, and so terrible in its results on standards of national health.

On November 8th an extraordinary general meeting of the National Council for Combating Venereal Diseases was held in the Robert Barnes Hall, 1, Wimpole Street, London, W., when Lord Trevethin, President of the Council, was in the chair.

On behalf of the Executive Committee, Commandant Allen, in moving a Resolution on Child Assault, stated that an undoubted increase in offences of this nature against children and young girls is proved by the number of cases investigated by the Women Police of this country, and also by the increasing numbers brought before the magistrates during the last two years and reported by the press. Many cases reported to the police do not come before the magistrates at all owing to insufficient evidence, and therefore do not become public.

Numerous cases, also, are not reported to the men police for the reason that the woman whose child has been assaulted does not like discussing the necessary details with a man, and although the police are invariably kind and considerate questioners, it is indicated that more complete evidence can be obtained by women.

The communication of venereal disease to very young children and girls is the greatest menace to the future of the race. The harm done to a child who is the victim of an assault

is incalculable. Many are infected with venereal disease, and sometimes the child assaulted is only two years old.

The fact that some men are still under the pernicious delusion that venereal disease can be cured in themselves by contact with a very young child is responsible for much suffering.

From press reports it is shown over and over again that the evidence brought forward has proved that the accused has hitherto borne a good character or is suffering from shell shock.

There are also cases where a man convicted of indecent assault on a child and merely fined has appeared again before a magistrate at a later date charged with a similar offence. This proves that fines are no deterrent at all.

Mistaken justice sometimes acquits men on the plea of old age, as instanced by a case in London about six months ago, when a man of eighty was acquitted, not because he was not guilty, but because he was considered too old. In the same court, on the same day, a youth of nineteen was acquitted because he was too young.

The following Resolution was carried unanimously:—

"That the National Council views with concern the extent of the crime of child assault. It is aware that many of these assaults lead to the communication of venereal disease to young girls. They consider that public opinion should be aroused to the evil and that the existing law should be stringently administered. They are of opinion that financial penalties do not act as a sufficient deterrent and that severe penalties should be imposed."

The Council confirmed the recommendation of the executive committee that their representatives on the joint conference of the National Council for Combating Venereal Diseases and the Society for the Prevention of Venereal Disease should form a deputation to urge the Minister of Health to give effect to the recommendation of the Trevethin Report that duly qualified chemists should be permitted to sell materials for self-disinfection, accompanied by instructions, providing no commercial advertising were permitted.

OUR PRIZE COMPETITION.

DEFINE AND BRIEFLY INDICATE THE TREATMENT REQUIRED FOR THE FOLLOWING CONDITIONS: (1) VESICULAR MOLE. (2) INCOMPLETE ABORTION. (3) TUBAL PREGNANCY. (4) ACCIDENTAL HÆMORRHAGE. (5) TONIC CONTRACTION OF THE UTERUS.

We have pleasure in awarding the prize this week to Miss A. M. Burns, Parkside Maternity Hospital, Hammersmith, W.6.

PRIZE PAPER.

1. *Vesicular Mole*.—This is also known as cystic or hydatidiform mole and false conception. Its exact cause is not known, but it is associated with degeneration of the chorionic villi. Small cysts, about the size of a small grape, form in the villi in immense quantities. Occasionally one may be passed per vaginam before the mole comes away, and this happening is a valuable aid to diagnosis. Usually all traces of the embryo or fœtus are obliterated before the mole is extruded. The midwife may be able to diagnose a vesicular mole from the following points:—Undue increase in size of uterus, absence of fœtal parts or movements, severe hæmorrhage.

The dangers of a mole are:—(1) Hæmorrhage; (2) sapræmia from incomplete extrusion; (3) a fragment may be nourished and persist as a malignant growth; (4) the uterine wall may be injured, up to the extent of rupture.

Treatment.—The Central Midwives Board enjoins that:—In all cases of abnormality, occurring during pregnancy, labour, or the lying-in, a midwife, as soon as she becomes aware thereof, must call in to her assistance a registered medical practitioner, using and signing the prescribed form.

If, however, the doctor be long in coming, and the hæmorrhage or collapse severe, the midwife should do all in her power to get the uterus emptied. The midwife should resort to hot vaginal douches, a tight binder, and, if there is much dilatation of the cervix, and no obstruction, a dose of ergot. Shock following hæmorrhage will be treated in the usual way with hot bottles, hot blankets, salines and warm drinks.

2. *Incomplete Abortion*.—This term implies that some part of the fœtus or embryo has been retained in utero and some has been expelled.

Treatment.—The doctor will probably order ergot and rest in bed and douches. If the head be the part retained, dilation of the cervix may be necessary before it can be expelled. The after effects are likely to be:—(1) Sepsis; (2) sapræmia; (3) long persisting irritability of the uterus, which may result in the untimely termination of future pregnancies.

3. *Tubal Pregnancy*.—In this condition the fertilized ovum is retained in one of the Fallopian tubes, instead of coming down into the uterus.

The ovum soon bursts the tube and escapes, usually through the fimbriated end of the tube into the abdominal cavity.

The condition is very serious and calls for prompt abdominal operation to save life.

The midwife can only try to lessen the shock.

An alternative condition may come about in which the fœtus dries up in the abdominal cavity and forms a "stone child." It may give rise to no trouble and only be discovered accidentally.

4. *Accidental Hæmorrhage*.—This condition arises when a portion of a normally situated placenta comes away from the uterine wall during pregnancy. It may occur in a healthy woman and without any apparent causation; but it is more common in women with flabby uterine muscle such as a weary multipara, or a woman suffering from serious constitutional disease. A direct blow is often an exciting cause.

The Central Midwives Board rules direct the midwife to summon medical aid.

The condition may settle down with rest in bed for a few days, or the blood clot formed in the maternal sinuses may act as a foreign body and irritate the uterus to contract and expel its contents. Usually the blood escapes per vaginam, but if it be retained in the uterus, the patient will show all the signs of internal hæmorrhages: quick pulse, shallow breathing, pallor, restlessness and fainting. Concealed accidental hæmorrhage may be difficult to recognise, but there is often a slight escape of blood per vaginam. The patient should be kept in the dorsal position, which has the advantage of promoting stimulating pressure on the cervix, and of preventing blood collecting at the fundus.

5. *Tonic Contraction of Uterus*.—This occurs when there is some obstruction to labour, and is very serious. *Treatment*.—Send for doctor or get patient immediately to hospital. Make preparations to treat for shock, collapse, hæmorrhage. Strong sedatives are indicated.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss H. Ballard, S.R.N., Miss Violet Collingwood, Miss A. S. Dodd, Miss M. Ramsey, S.R.N., Miss S. A. Myers.

QUESTION FOR NEXT WEEK.

Describe the nursing of a case of vesico-vaginal fistula that has had an operation for closure of the fistula.

NURSING ECHOES.

As previously announced, it has been arranged that the Sale of Work for the Trained Nurses' Annuity Fund will commence at 2 p.m. on Wednesday, December 5th, at the Royal British Nurses' Association Club, 194, Queen's Gate, S.W., and we ask our readers to tell their friends about it and to help make it a success in every way they can. Gifts will be gratefully received by Miss Isabel Macdonald, the Hon. Secretary of the Fund.

The recently formed Perth Nurses' Club, 5, Atholl Crescent, was formally opened on November 2nd, in presence of a large and representative gathering.

The chair was occupied by the Lady Helen Tod, President of the Club, and among others were the Countess of Moray, who performed the opening ceremony; Councillor Miss Stewart Richardson, Convener of the Management Committee; and Miss Thomson (Matron of the Royal Infirmary), Convener of the House Committee.

The new venture was given a good send-off by the reading of a telegram of congratulation and good wishes from the Scottish Nurses' Club, Glasgow.

Lady Helen Tod said the idea of a Club was thought of some years ago, but until the spring of 1922 no active steps were taken. As a result of a fancy dress ball and a bazaar a sum of £2,000 was raised. It was, however, soon recognised that subscriptions from the nursing community alone would never meet the needful expenditure, and it was decided to open the membership to other professional and non-professional women at increased subscriptions. In this way a wider outlook of the Club's interest had been achieved without detracting from the benefits of the nurses. For a very small charge any member, if a room was vacant, could sleep either for one night or longer, if desired. Breakfast, lunch, tea, and supper could also be had, and members could bring friends, ladies or gentlemen. The membership was 108 nurses, 32 other professions, and 62 non-professional.

The Countess of Moray said that when she received the invitation to open the Nurses' Club she rather hoped that she would receive a golden key with which to unlock the door. Her hopes had not been realised, so she had provided herself with a key, which she found opened most doors, and that was the golden key of sympathy. Every nurse knew what a valuable possession that key was, the key of

true sympathy, which gave comfort and healing, and gave fresh life and hope to many when courage had well-nigh failed. That afternoon the nurses were foremost in their thoughts, and although they might not fully realise how very arduous a nurse's work might be, she thought they could always sympathise, and they had sympathy with them in their wish for a quiet home-like place in which to spend part of their leisure hours. She trusted that there the nurses would find all they needed to enable them to return to their work refreshed and strengthened, and so more fit to give their very best in unselfish services for others. Wishing every success to that new venture, she had much pleasure in declaring the Perth Nurses' Club open.

Mr. John Little, on behalf of the trustees, gave a short and encouraging financial report.

On the call of Miss Thomson (Matron of the Perth Royal Infirmary), Lady Helen Tod, the office-bearers and trustees of the Club were cordially thanked for their practical assistance in helping to found the Club, and taking part in the opening ceremony.

We hope the nurses will take a real live interest in the Club, and use it for increasing *esprit de corps* and mutual help, as well as for rest and recreation.

Among the most enjoyable functions in the nursing world are the Reunions of the Nurses of Training Schools. The Annual Reunion of the Nursing Staff of the Royal Infirmary, Glasgow, will be held in the Trades House, Glassford Street, Glasgow, on Friday, December 7th, when there will be a Reception at 6.45, followed by the Reunion Dinner at 7.45. Last year we had the pleasure of being present at this Reunion, which was a most delightful and inspiring function.

Tickets for the forthcoming Dinner, price 10s. 6d., can be obtained from the Matron, the Royal Infirmary, Glasgow, for which application must be made before December 1st. Copies of the new issue of the *G.R.I. Nurses' League Journal*, price 1s., will be on sale during the evening.

The League of Red Cross Societies is circulating from Paris the following letter from "The Comité du Monument de la gloire des Infirmières françaises et alliees victimes de leur devoir, 1914-1918":—

You are no doubt aware of the subscription list opened by Mme. Juliette Adam to erect a monument in honour of the French and Allied nurses. We have collected about a hundred and

forty thousand francs, and the city of Reims has donated a very good site in the centre of the Esplanade Ceres. The monument, which is the work of Messrs. Denys Puech and Charles Girault members of the Institute of France, will be completed about next autumn and will have on its sides the names of the nurses who have paid the supreme sacrifice with their lives. Although we have the names of the American and French nurses, we have not been able, so far, to obtain this desirable information in regard to the victims to duty amongst our other Allies. We have thought that it may be easy for you to obtain for us, either directly or indirectly through your good offices, lists as complete as possible of the martyrs whom we wish to honour. I am directed by my venerable President to ask for your kind sympathy in our work. I am at your disposal should you wish to notify me of the necessary method of obtaining the foregoing information.

Should any of our readers wish to supply information to the Comité, of colleagues who died on foreign service in France during the war, whose name should be included in the list, we shall be pleased to receive authenticated information and to forward it to the proper authority.

Many nurses will be interested in a reprint of "Diamonds," by F. E. Penny, published by Messrs. Hodder & Stoughton, which is not only a delightful novel of the period of the seventeenth century, but gives us an insight into the life, the responsibilities, and the administration of Elihu Yale as the head of the Fort St. George (Madras) Settlement (on the Coromandal Coast of India) of the Honourable East India Company, under the title of "Agent and Governor, Commander-in-Chief of the Company's Forces, and President of the Council," a position that he filled ably and creditably.

To most people the name of Elihu Yale is associated with the University in the United States which bears his name, and where there is now a University Undergraduate School of Nursing—with one of the foremost women in the Nursing Profession, Miss A. W. Goodrich, R.N., D.Sc., as Dean—but how many know that this distinguished administrator came of a good old Welsh family, and by a curious coincidence was born in Newhaven, U.S.A., where his parents happened to be on business, and that when the business came to an end he was taken to England and educated there.

"He arrived at Fort St. George in the year 1672, and was then over thirty years of age. He rose steadily from writer to the highest position attainable in India; and during that time he put by a very considerable fortune.

"In later life Yale went back to the land of his birth. He is associated for all succeeding ages with the University which he founded and endowed, and which is known by his name."

We advise our readers to read "Diamonds," when this distinguished educationist will become to them not merely an honoured name but a living personality.

The Christmas Calendar published by the National League of Nursing Education, U.S.A., is for 1924 entitled "Leaders of American Nursing," and contains portraits and brief sketches of twelve women, all of whom, with one exception, are still prominent in the Nursing world, and many of them following the work of the early pioneers—Miss Anna Maxwell, the late lamented Mrs. Hampton Robb, Miss Lavinia L. Dock, and Miss Adelaide Nutting—are carefully conserving their fine professional ideals.

The names of many of the twelve named in the 1924 Calendar are well known to readers of THE BRITISH JOURNAL OF NURSING and as members of the International Council of Nurses we have had the great pleasure of meeting many of them: Annie W. Goodrich (now Dean of the Nursing School attached to Yale University), Mary C. Wheeler, Clara D. Noyes (Director, Nursing Service, American Red Cross, a past President of the American Nurses' Association), Helen Scott Hay (active organiser of trained nursing in the Near East), Ella P. Crandall, Sarah Parsons, Mary Gardner, Georgia Nevins (so long head of the Nursing School in connection with the Garfield Memorial Hospital, Washington), Mary Samuel, Annie Damar, Katherine De Witt, and Jane Hitchcock.

Nursing School Libraries should include copies of these Annual Calendars; the price is one dollar per single copy, and the Calendar can be obtained from the National League of Nursing Education, 370, Seventh Avenue, New York City, U.S.A.

THE IMPERIAL NURSES' CLUB.

The Imperial Nurses' Club, 137, Ebury Street, is keeping its seventh birthday in the week beginning Tuesday, November 27th, and the Annual Meeting of members will be held at 3.30 p.m. on Monday, December 3rd. As the Club has been put to heavy expense in the past year for structural repairs, Miss Mayers, the Hon. Sec., is organising a bazaar during Birthday Week, and quite hopes that the liabilities will be paid off thereby. Many delightful contributions for the stalls have been received.

The Sale of Work held at the Club last Saturday was a great success, and over £140 was cleared.

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

A meeting of the Grand Council of the National Council of Trained Nurses of Great Britain and Ireland was held on Friday, November 9th, at 431, Oxford Street, W.

The President (Mrs. Bedford Fenwick) was in the Chair.

NEW HONORARY OFFICERS.

The Minutes having been read and signed a letter from Miss Isabel Macdonald, S.R.N., was considered. Miss Macdonald resigned with much regret the position of Hon. Secretary to the Council, as her duties as Secretary to the Royal British Nurses' Association and of its Club, and as Hon. Secretary of the Trained Nurses' Annuity Fund, left her no time to do justice to the National Council. The resignation was received with sincere regret, the President remarking that those present were well aware of the almost overwhelming amount of work accomplished by Miss Macdonald in the best interests of the profession. Under the circumstances she had approached Miss Helen L. Pearse, who had taken for many years a deep interest in International Nursing, attending nursing conferences abroad, and who had consented to accept office if elected.

Miss Pearse, who was present, was unanimously elected Hon. Secretary of the National Council, and thanked her colleagues for their confidence.

Miss Isabel Macdonald was then elected to a vacancy as a Director of the Council, with applause.

CORRESPONDENCE.

Many communications were reported or placed before the Council for consideration. One, from the Privy Council *re* Modification Rule, notifying that the King in Council had agreed to the humble Address of the House of Commons to amend Rule 9 (1) (g) and thus make untrained women eligible for registration on the General Part of the Register, upon the recommendation of persons not members of the General Nursing Council.

The President reported that the members of the Privy Council who considered the Address were by no means unanimously in favour of it, and that the General Nursing Council in its deplorable weakness had proved itself quite unable to protect the pledges made to, and interests of Existing Nurses registered under the 1921 Statutory Rules, or to maintain its own right and dignity under the Nurses' Registration Act. Had the Council acted with knowledge and decision the degradation of the General Part of the Register would never have been effected upon the initiative taken by Sir Arthur Stanley, Chairman of the College of Nursing, Ltd., and effected through Dr. Chapple, M.P.; a Rule granting power to the Council to consider hard cases was all that was necessary. The General Nursing Council, in its ignorant self-sufficiency, was totally unfit to govern the Nursing Profession.

SOCIAL SERVICE.

Delegates were appointed to take part in the work of Social Service Organisations and Miss Helen L. Pearse was elected to act on the Executive Committee of the proposed School of Nursing and Child Welfare for Russia, of which Sir William Hale-White, K.B.E., M.D., President of the Royal Society of Medicine, is Chairman, and Miss M. A. Payne, S.R.N., Hon. Secretary.

The President remarked in this connection that it had always been the policy of the National Council to sympathise with, and advance to the best of its ability, all schemes for the promotion of nursing throughout the world.

AFFILIATED SOCIETIES' DELEGATES.

It was reported that the Registered Nurses' Parliamentary Council had nominated Miss S. M. Marsters, S.R.N., and Miss M. Drakard, S.R.N., as its two delegates on the Council. These ladies were unanimously elected.

The Registered Nurses' Society, owing to the death of Sister Tudor and serious illness of Sister Cartwright, nominated Miss Julia Hurlston, S.R.N., and Miss G. M. Dunsford, S.R.N., A.R.R.C., to fill the vacancies, and these ladies were elected.

APPLICATION FOR AFFILIATION.

The application for affiliation from the Prince of Wales General Hospital, Tottenham, Nurses' League, was received, and was unanimously approved. The President of the League, Miss E. T. Bickerton, R.R.C., is already a Director of the Council, and the two following members, who had been nominated, were elected as delegates, Miss F. Toms and Miss G. Collins.

A DELEGATE FUND.

The President brought the matter of raising an International Delegate Fund before the meeting. She reported that in the past the four official delegates of the Council had invariably paid their own expenses when attending the Meetings and Conferences of the International Council of Nurses, and that twice recently there had been meetings called at Copenhagen, which had occasioned a very serious financial strain on the ladies who generously attended at their own expense. Mrs. Fenwick was of opinion that a special fund should be raised before 1925, when the International would meet at Helsingfors, to help defray the expenses of the most representative women (who might not have the wherewithal) whom the Council wished to represent them.

Rich and powerful organisations supported by public funds, had recently defrayed the expenses of persons they wished to attend International meetings. The National Council of Great Britain, as a self-governing professional organisation, must jealously guard its independence, and nurses were wonderful people for raising funds in support of their aspirations.

This proposal was warmly received, and it was agreed that a sub-committee composed of Miss Bickerton, Miss I. Macdonald, and Miss Drakard

and the three hon. officers should take steps to raise funds for this purpose, so that the best women might be selected as delegates.

INTERNATIONAL BUSINESS.

Miss M. Breay, Treasurer, presented a report, much on the lines already published in the Journal, of the meeting of the International Executive Committee and Conference, held at Copenhagen last July. She reported that the "Statement" of the Council had been endorsed, and the attempt made personally, but not in writing, by Sir Arthur Stanley, Chairman, to have the College of Nursing Ltd., affiliated to the International without consulting the National Council of Great Britain, was discussed, and the following Resolution and Rider agreed to:—

RESOLUTION.

Resolved—

"That the Executive Committee of the International Council of Nurses, having heard the statement of its President that she has been approached by Sir Arthur Stanley, Chairman of the College of Nursing, Ltd., in regard to its relation to the International Council of Nurses, desires to inform the College of Nursing, Ltd., that the International Council of Nurses has no jurisdiction in the matter, as membership of the International Council of Nurses is confined to National Associations of Nurses, formed of representative Societies of Nurses, and that the National Council of Trained Nurses of Great Britain and Ireland is the accredited channel through which relations can be established with the International Council of Nurses."

The Rider added later was as follows:—

RIDER.

"The constitution of the College of Nursing being at present out of harmony with that of the International Council of Nurses, we venture to suggest that in case the College of Nursing, as we have been led to suppose by the inquiry its Chairman addressed verbally to the President of the International Council of Nurses, should wish for affiliation, it should make such changes in its constitution as would provide for a Board of Directors composed entirely of nurses.

"The International Council of Nurses, which is always working for unity among nurses, would welcome such a solution of the present very difficult situation in England."

Miss Breay pointed out that this business was out of order, at an Executive Meeting of the International Council, which had no jurisdiction, and that no alteration in the constitution of the International Council could be made unless by Notice of Motion upon the part of an affiliated National Council—to be placed on the Agenda and circulated three months before a Triennial Meeting.

NOTICE OF MOTION.

Mrs. Fenwick then proposed from the Chair that Notice of Motion be sent to Miss Reiman, Hon. Secretary of the International Council, for insertion on the Agenda of the Triennial Meeting at Helsingfors in 1925.

Proposed by the National Council of Great Britain and Ireland:—

That Miss Annie Goodrich, R.N., D.Sc., Dean of the Yale University Undergraduate School of Nursing, U.S.A., and Past-President of the Inter-

national Council of Nurses, be made an Hon. President of the International Council in recognition of her valuable services both to the International Council and to the nursing profession at large, of which she is one of the most distinguished members.

This Motion was unanimously approved.

A cordial vote of thanks was passed to Mrs. Tscherning, President of the Danish Council of Nurses for the exceeding kindness and hospitality extended to the representative of, and to the Hon. Treasurer of, the National Council of Great Britain; and a similar message was approved to be sent to Sister Bergliot-Larsson, President, and other members of the Norwegian Council of Trained Nurses, for their kindness and hospitality to the British representatives when passing through Norway.

The meeting then terminated.

LEAGUE NEWS.

LEICESTER ROYAL INFIRMARY NURSES' LEAGUE.

The autumn meeting of the Leicester Royal Infirmary Nurses' League was held at the Great Central Hotel, Marylebone, on Thursday, November 8th, at 3.15 p.m. The President, Miss Vincent, R.R.C., was in the chair. Miss Rogers, unfortunately, was unable to be present, but Miss Carpenter-Turner, A.R.R.C., Miss Strong, Miss Knaggs, R.R.C., &c., were among the company assembled.

After the Business Meeting, Miss Cummings, Lady Almoner of St. Thomas's Hospital, kindly gave a short account of the work of Lady Almoners.

She emphasised the importance of the work; how it supplemented the efforts of the doctors and nurses by making it possible for their instructions to be carried out, and, by putting the patients into touch with those agencies and charities which could best assist their needs. Almoners also helped the Hospitals by preventing much of the abuse and misuse to which they were subject, making fraud more difficult and ensuring that treatment was not wasted by neglect of necessary post-operative care.

Miss Cummings asked for the co-operation of the Nurses, in what is called, for want of a better word, "Social Work," on Relief Committees, Charity Organisation meetings, Girls' Clubs, &c., and begged that they would not be discouraged if they felt disappointed and disillusioned at first. Their experience and knowledge would be of great assistance and they would find their services heartily welcomed.

She also gave a few details as to age of suitable candidates, cost and length of training, and some of the subjects of which a knowledge was necessary for the work.

Miss Carpenter-Turner proposed a hearty vote of thanks to Miss Cummings for her very interesting address, which was seconded by Miss Annie Hawkins, and carried unanimously.

Tea was served in the Winter Garden, and a successful meeting was brought to a close.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 298).

THE FINAL STAGE.

In 1919 the long struggle for the State Registration of Nurses entered on its final stage. On March 17th, Major R. W. Barnett, Member for South-West St. Pancras, won the fourth place in the ballot in the House of Commons and decided to utilise his good fortune to introduce the Nurses' Registration Bill promoted by the Central Committee, which he did on the following day.

Immediately it was known that Major Barnett would move the Second Reading of the Nurses' Registration Bill on March 28th, all was activity in the Registration camp.

When the fateful day arrived registrationists were in force both in the Members' and the Ladies' Galleries, and listened intently to the debate upon which so much depended. Major Barnett moved the Second Reading of the Nurses' Registration Bill in a masterly speech, showing that as far back as 1905 a Select Committee of the House of Commons reported that "it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State," that in 1908 a Bill in all its essentials similar to that before the House was brought in in another place, and passed through all its stages without a division, and that in 1914 a similar Bill was introduced into the House of Commons under the Ten Minutes Rule. There was a division and, by a majority of 228 the House of Commons agreed that the Bill should be read a first time. Then the war intervened, and, of course, it was impossible for private Members to get facilities for carrying the Bill further. The reform was one which was much overdue: He said further that nothing else of such importance had been left undefined. There were statutory definitions of a medical practitioner, a dentist and a midwife. There was none of a nurse, who might be the modern counterpart of Florence Nightingale or of Sarah Gamp.

As the debate developed the tension in the minds of anxious Registrationists lessened, for it was evident that the Bill was receiving support on all sides of the House. Mr. F. Briant (Lambeth N.), Sir Donald Maclean (Peebles and Southern), Major Sir Samuel Scott (St. Marylebone), Major J. E. Molson, M.D. (Gainsborough), Lieutenant-Colonel R. E. Roundell (Skipton), who spoke strongly on the protection of nurses' uniform, Mr. F. Roberts (West Bromwich), Mr. J. Gardiner (Kinross and Western), Sir Robert Woods, F.R.C.S.I. (Dublin University), Sir Watson Cheyne, Bart, F.R.C.S., C.B. (Scottish Universities), Mr. W. Graham (Edinburgh Central), Colonel Grieg, C.B., K.C. (Renfrew W.), Captain Loseby (Bradford E.), all warmly supported the Bill. The one objector was Mr. J. P. P. Rawlinson, K.C. (Cambridge University), and Colonel Wedgwood (Newcastle-under-Lyme) made a neutral speech.

A speech which was awaited with special interest was that of Lieutenant-Colonel Raw, F.R.C.S.,

C.M.G. (Wavertree), the sponsor for the Bill drafted by College of Nursing, Ltd., which was not before the House, as it had not had a first reading. Lieutenant-Colonel Raw stated:—

"I have authority to state, on behalf of those interested in the other Bill, that no opposition will be offered to the great principle of the State Registration of Nurses, which we all very much desire to see."

Mr. Leonard Lyle (Stratford), in a maiden speech, supported the principle of State Registration of Nurses, but thought there were objectionable features in the Bill.

The Debate was wound up by Major Astor (now Lord Astor), (Parliamentary Secretary to the Local Government Board), who said:—

"The discussion which we have had shows that there is an overwhelming support among Members of the House in favour of setting up a Statutory Register of Nurses. That is the main underlying principle of the Bill. There is a great deal of interest and support outside. We have to-day what is normally the public gallery of the House practically a ladies' gallery."

In regard to the attitude of the Government Major Astor said: "We are generally in favour of the principle contained in the Bill."

The question was then put and agreed to, the Bill was accordingly read a second time without a division, and committed to a Standing Committee.

THE FIGHT FOR SELF-GOVERNMENT.

The real fight for self-government began when the details of the Bill were considered in Committee and centred round the Constitution of the First General Nursing Council. The College of Nursing, Ltd., which aimed at making its Council the Governing Body of the Nursing Profession under the Act, instead of "a Central Body appointed by the State," and of having its Register adopted as the First Statutory Register under the Act, had failed to influence Members of Parliament by a statement sent to them a few days before the Second Reading of the Bill, which announced that the College Bill placed £40,000 at the disposal of the General Nursing Council, to be used for the benefit of the Registered Nurses, and which attacked the financial provisions of the Central Committee's Bill. It hoped to get these amendments adopted during the Committee Stage, and once more it failed. In spite of an unchivalrous attack by Mr. Leonard Lyle on the self-governing Nurses' Organisations which had promoted and paid for the Registration movement for years, the Bill passed through Committee with certain amendments, the most important being that referring to the Constitution of the First General Nursing Council—proposed by the President of the Local Government Board, after conferring with those interested, and accepted by Major Barnett, in charge of the Central Committee's Bill, and by Lieutenant-Colonel Raw, in charge of the Bill drafted by the College of Nursing, Ltd. Lieutenant-Colonel Raw, as the representative of the College interests, was reason-

able and conciliatory, but this did not suit the controllers of the College, and he was discharged (it was rumoured in the Lobby of the House as if he had been a second footman), and Mr. (now, of course, Sir) Leonard Lyle was placed in charge of the College interests.

DISGRACEFUL COLLEGE TACTICS.

The disgraceful tactics by which the College Caucus endeavoured to wreck the Bill, well knowing that an opportunity might not again occur for many years for the passing of a Nurses' Registration Bill, and reckless of the consequences to the sick public and to nurses, cannot be too severely condemned.

The Report stage of the Central Committee's Bill was put down for (but not reached on) Friday, May 9th, and the College of Nursing, Ltd., through its Secretary, Miss M. S. Rundle, issued a letter to its nurse-members inviting them to wreck the Bill at this stage. Miss Rundle wrote:—

"What the Council wants you to do WITHOUT DELAY is to write to any M.P. you know, or the M.P. for the place in which you reside, and have, or might have, a vote, and to beg him earnestly NOT TO SUPPORT THE BILL. . . . The matter is very pressing."

COLLEGE BILL IN THE LORDS.

In the meantime the managers of the College of Nursing took steps to have their Bill—which so far had not been introduced into either House—presented in the House of Lords by Viscount Goschen, Treasurer of Guy's Hospital. The mask was off. The College of Nursing, Ltd., was no longer pretending to help the Nurses' Registration Bill, and the battle for the emancipation of the Nursing Profession was fought out without further camouflage.

What the College did was to take advantage of all the work which had been accomplished by the Registration pioneers. It hoped to secure the passage of its own Bill, or, if not, then to get both Bills referred, on an equality to a Select Committee, when the chances of the Central Committee's Bill being passed during the Session would have been at an end, and although it had been successfully piloted through its most critical stages, it would have had to begin again *de novo* in another Session, assuming that it got another chance, which was very improbable.

Though, therefore, the rejection of the College of Nursing Bill was moved by Lord Amptill in a masterly speech, Lord Crewe argued that their Lordships were in the difficulty that they had not yet before them the other Bill, which ought to reach them soon after Whitsuntide, and to pronounce an opinion either for or against this Bill appeared to him an almost impossible course to take. He therefore advocated giving the College Bill a Second Reading, but added that this did not imply any recognition of its superiority.

Lord Sandhurst, on behalf of the Government, supported this course and the Bill was accordingly read a second time.

WRECKING THE CENTRAL COMMITTEE'S BILL IN THE COMMONS.

Lord Crewe, however, had not reckoned with the animus of the promoters of the College of Nursing, Ltd., towards the Central Committee's Bill.

Mr. Leonard Lyle (Chairman of Queen Mary's Hospital, Stratford), had been entrusted by the College Caucus, as we have seen, with the wrecking policy decided upon, and associated with him were four members of Divisions of Manchester, Lieut.-Commander Astbury (Salford W.), Major G. B. Hurst (Mosside), Major J. Nall (Hulme), and Mr. A. Hailwood (Ardwick), instructed by the officials of the Royal Infirmary, Manchester.

The policy of these Members was to block the Bill on the Report Stage by putting down wrecking amendments, through which they successfully obstructed it, by long and irrelevant speeches, and had not Dr. Addison, then Minister of Health, come forward and given a pledge that he would bring in a Nurses' Registration Bill at the earliest possible time, on behalf of the Government, the public and the nurses might still be awaiting the protection which such an Act should afford.

Major Barnett made it quite clear that if the Bill failed it was none of his doing, but "the result of organised and concerted obstruction" by the College of Nursing, Ltd. He declined to commit *hari-kari* by withdrawing the Bill, and the Central Committee's Bill remained No. 1 Bill on the Order Paper until the Government Act was placed on the Statute Book in December, 1919.

THE GOVERNMENT BILL.

On November 6th the Right Hon Christopher Addison, M.P., P.C., M.D., Minister of Health, redeemed his pledge by introducing into the House of Commons a Government Bill for the State Registration of Nurses in England and Wales, to which his authority was limited. Similar Bills were introduced for Scotland and Ireland, and all three received the Royal Assent on December 23rd, 1919.

Thanks to the courtesy of the Marquess of Lincolnshire crimson benches of the Lords were placed at the disposal of the women who had accomplished this far-reaching national reform, and nothing can minimise the thrill of emotion and delight experienced by the trained nurses, whose high privilege it was to be present on this historic occasion, when, with dignified ceremonial, the King's Will was proclaimed in the quaint old Norman French—"Le Roy le Veult"—in which the three Nurses' Registration Acts received the Royal Assent.

This week closes the glimpse at the thirty years' struggle for legal status for Trained Nurses, in the United Kingdom, the complete history of which is recorded in the sixty volumes of THE BRITISH JOURNAL OF NURSING published during the period in which I have been the active Editor. Next week I shall begin the history of the General Nursing Council for England and Wales, quoting from official documents which have been carefully filed.

ETHEL G. FENWICK.

(To be continued.)

GENERAL NURSING COUNCIL MEETING, OCTOBER 19th.

POINTS FOR NURSES TO NOTE AND REMEMBER.

Report of the Education and Examination Committee.

It will be remembered that, on September 21st, the lay Examinations Officer presented a scheme for the Examination of Nurses, omitting altogether all reference to Nursing in the subjects for the Paper to be set in the Preliminary Examination. How typical of the lay mind! It is not surprising that the Recommendation dealing with this proposal had to be rescinded at the meeting on October 19th, and it is greatly to be regretted that the Chairman of the Education and Examination Committee consented to incorporate it in the Report of that Committee on September 21st.

Recommendation 15, Para. 10, approved at the meeting of the Council on September 21st, having been rescinded, the Education Committee made a Recommendation which included, amongst others, the following provisions:—

“That the Preliminary Examination consist of one paper of 3 hours and an oral and a practical.

“That the paper include Anatomy, Physiology and Hygiene and Nursing.

“That the Oral and Practical include all the subjects.”

These were carried.

We are not surprised in view of this extraordinary omission that Miss du Sautoy should wish to emphasise the importance of Nursing in the Examination, but think that Miss Lloyd-Still's view was logical that the reason Nursing was put last was that it was built up on the other subjects (Anatomy, Physiology and Hygiene).

That Nursing has not been entirely omitted will be a relief to those to be examined for a Nursing qualification, entitling them to be registered as Nurses for the sick!

We shall be interested to know how the Council propose to conduct a practical as well as an oral examination in anatomy and physiology. We hope great importance will be given to evidence of practical Nursing skill, both in handling the patients and in preparing practical nursing appliances used for their comfort and recovery.

We note with interest that the Scottish Council has adopted the plan of having two written papers of two hours each, so apparently Scottish Hospital Authorities find it practicable to spare the examinees for these periods.

We are in entire agreement with Dr. Bedford Pierce that there should be continuity in the work of the Examiners. How are they to organise this important work if it is to be disrupted every twelve months? The reason given by the Chairman was that “it was thought that hospitals could not possibly spare members of their nursing staffs for more than one year.” It is quite possible, however, to find efficient Examiners outside the staffs of hospitals.

A Uniform Fee.

In regard to the fees for the *viva voce* Examination (7s. 6d.) and the Practical Examination (5s.), we think the explanation given by the Chairman to Miss WIESE is inadequate, *i.e.* that higher fees would go to the nurses as the nurse Examiner could take three candidates at a time. The medical and nurse Examiners should be paid the same fee for each candidate.

First Class Fares.

In regard to the provision for first-class fares to be paid to Examiners, while the members of the Council travel third-class, we commend to the attention of the Chairman, who stated they would not get Examiners if they did not pay first-class fare, a story told by Dean Ramsay in his “Reminiscences.” A dying woman begged her husband to bury her in the country kirkyard at Stra'von beside her mother, saying that “she could not rest in peace among unco folk in the dirt and smoke of Glasgow.” “Weel, weel, Jenny, my woman,” said John, soothingly, “we'll just pit you in the Gorbals *first*, and gin ye dinna lie quiet, we'll try you sine in Stra'von.” We are quite sure the nurses who will travel to be examined will not be able to afford to pay for first-class fares.

Report of the Mental Nursing Committee.

Why did the Council agree to the recommendation that a circular letter be sent to the Medical Superintendents of the Mental Hospitals enclosing the Syllabus of Training in Mental Nursing? The Senior Nursing Officer is the Matron, and nursing is now a legally constituted profession, which the G.N.C. constantly ignores.

We dissent from the Recommendation “That the practical examination be conducted by a Registered Nurse ‘having special qualifications in mental nursing’”—the Chairman, Dr. Bedford Pierce, having deliberately excised the Recommendation that she must be a Registered Mental Nurse—and consider the recommendation of the Mental Hospital Matrons' Association preferable, namely, “That the General Nursing Council be asked to appoint a Mental Hospital Matron holding the double qualification to act as an examiner at all examination centres for mental nurses.” Candidates for the Examination in mental nursing have a right to be examined by an Examiner whose name is on the Supplementary Part of the Register for Mental Nurses, though it is not essential that she should be a Matron.

An Audited Balance Sheet.

We strongly support the proposal of Mr. Donaldson that the Council should issue an audited Balance Sheet. The Registered Nurses who provide the funds for its upkeep have a right to know how their money is expended. The G.N.C. has now handled between £40,000 and £50,000, and so far no audited statement has been issued to Registered Nurses. Such a Statement should be presented in detail, showing the cost of the

salaries of forty-three officials, the office cost, the cost of the upkeep and publication of the Register, and later of the Examination Department. It would be an eye-opener when compared with the expenditure of the Scottish and Irish Councils and of the Central Midwives' Board.

GENERAL NURSING COUNCIL FOR SCOTLAND.

NOTE OF PROCEEDINGS AT MEETING HELD AT 13, MELVILLE STREET, EDINBURGH, ON OCTOBER 19TH, 1923.

The Council agreed to recognise the following schemes of combined training:—(1) Three years at the Royal Infirmary, Montrose, and one year at Dundee Royal Infirmary; (2) three years at Kirkcaldy Hospital and one year at the City Fever Hospital, Edinburgh.

The following arrangements were approved in regard to the Council's examinations:—

1. As previously arranged, written and practical Examinations to be held at Edinburgh, Glasgow, Dundee, and Aberdeen; and that, in addition, the written Examination be also held in any place at which there are as many as twenty-five candidates, counting both parts of the Examination for all parts of the Register; provided suitable premises and a suitable examination supervisor can be arranged for.

2. That candidates must apply for an official form, which must be returned to the Registrar by registered post duly filled in at least eight weeks before the date on which the Examination will commence.

3. That in the case of candidates for the Preliminary Examination the form must be accompanied by (1) certificate of instruction; (2) certificate of birth or infant baptism, or statutory declaration as to age; (3) if married, a copy of the marriage certificate; (4) the examination fee. A special form to be issued for the use of candidates who have previously entered but failed to pass.

4. That in the case of candidates for the Final Examination the form must be accompanied by (1) certificate of instruction; (2) certificate of good conduct; (3) marriage certificate (if married since passing preliminary examination); (4) the examination fee.

5. That the examination shall be conducted by means of written papers and oral and practical Examinations. No candidate shall pass unless she satisfies the examiners as to her competence in both the written and oral and practical parts. The examiners' decision in regard to each candidate will be final.

6. Written Examination: This shall consist of papers on (1) elementary anatomy and physiology. Time allowed, two hours. Paper to consist of five questions, two to be on anatomy, two on physiology, and the fifth to be on either, in the option of the examiners. Of these questions the candidate must answer four—two on anatomy and two on physiology. (2) Hygiene and elementary

theory and practice of nursing, Part I. Paper to consist of five questions, two on hygiene, two on elementary theory and practice of nursing, and the fifth on either, in the option of the examiners. Of these the candidate must answer four—two on hygiene and two on elementary theory and practice of nursing.

7. That there shall be an oral examination on elementary anatomy and physiology, and on hygiene, and a practical examination on the theory and practice of nursing, Part I, the latter to be conducted by a registered nurse.

THE PROFESSIONAL UNION OF TRAINED NURSES.

At a meeting of the Council of the Professional Union of Trained Nurses, held at Evelyn House, 62, Oxford Street, W. 1, on November 8th, the following resolution was passed, and the Secretary was instructed to forward it to the Council of the College of Nursing, Ltd.:—

The Professional Union of Trained Nurses condemns most strongly the action of the College of Nursing, Ltd., in further degrading the Profession by attempting to obtain half-pennies for its Endowment Fund at places of public entertainment. It draws attention to the fact that only in a profession managed by persons outside the profession, who are not responsible to the members thereof, could such action, with the consequent lowering of status, be possible. It further maintains that the reports of the College of Nursing do not give sufficient details as to the manner in which money obtained in this way is spent.

MAUDE MACCALLUM, *Hon. Secretary.*

DISSOLUTION OF PARLIAMENT.

The past week has been full of great events—Royal weddings, the laying to rest of a great patriotic past Prime Minister, the "Great Silence" in thought of the Heroic Dead, and the dissolution of Parliament. We live in eventful times.

The dissolution of Parliament on Friday this week was announced by Mr. Baldwin in the House of Commons on Tuesday, and the timetable of events, according to the *Times*, will be as follows:—

FRIDAY.—Prorogation and issue of Dissolution Proclamation.

MONDAY, NOVEMBER 26TH.—Nominations.

THURSDAY, DECEMBER 6TH.—Polling day.

THURSDAY, DECEMBER 6TH, and FRIDAY, DECEMBER 7TH.—Declaration of results.

This is quick work, and we must see to it that our friends have all the help possible in their constituencies. The Registered Nurses badly need professional representatives—as the medical profession has—in the House of Commons; and we fear until such representation exists nursing as a profession will continue to be crushed down lower and lower by medical intolerance and economic pressure, supported by self-seeking women, who, well-placed in the profession themselves, are totally out of sympathy with the aspirations of the self-governing group.

Anyway, let us be up and doing in support of the good men and true to whom we owe gratitude and respect.

REGISTERED NURSES' PARLIAMENTARY COUNCIL

The President, Councillor Beatrice Kent, has summoned a meeting of the above Council for Thursday, November 22nd, to consider and take such action before the Parliamentary Election as seems fit. Every member eligible to attend should make a point of being present.

Meeting at 431, Oxford Street, London, W., at 5 p.m.

APPOINTMENTS.

MATRONS.

General Hospital, Croydon.—Miss C. L. Keys-Wells, S.R.N., has been appointed Matron. She was trained at the Royal Hospital for Sick Children, Edinburgh; and at Charing Cross Hospital, London; and has held the following posts—Sister, Charing Cross Hospital; Sister-in-Charge, War Hospital, Stratford-on-Avon; Night Superintendent, Charing Cross Hospital; Sister Housekeeper, Royal Sussex County Hospital, Brighton; and Matron, Herefordshire General Hospital.

Kincardineshire Isolation Hospital, Stonehaven.—Miss Janet E. MacHardy, R.G.N., has been appointed Matron. She was trained at the Aberdeen Infirmary and Summerfield Isolation Hospital, Aberdeen; and has been Sister at the Seafield Hospital, Ayr.

Croesnewydd Hospital, Wrexham.—Miss Mary E. Williams, S.R.N., has been appointed Matron. She was trained at Whipps Cross Hospital, London, and has been Matron of Romford Union Infirmary; and Superintendent Nurse, Pontypool.

Hull Corporation Maternity Home, Hull.—Miss K. V. Coni, S.R.N., has been appointed Matron. She was trained (first-class certificate), Guy's Hospital, London; and at the General Lying-in Hospital, York Road, Lambeth. Certificate, Central Midwives' Board. She has been Staff Nurse, Ward Sister, and Head Midwife, General Lying-in Hospital; and is an approved teacher of Pupil Midwives.

Chelsea Hospital for Women Convalescent Home, St. Leonard's-on-Sea.—Miss Ellen West has been appointed Matron. She was trained at St. John's Infirmary, Wandsworth, S.W.; and has been Assistant Matron and Matron of the Chelsea Hospital for Women.

WARD SISTER.

Highgate Hospital, Dartmouth Park Hill, N. 1.—Miss May Alexander has been appointed Ward Sister. She was trained and certificated at the same institution.

Dudley Union, Birmingham.—Miss Gertrude M. Clarke has been appointed Ward Sister. She was trained at High Teams Hospital, Gateshead; and has held the posts of Staff Nurse at Wooley Sanatorium; and Senior Night Sister at Solihull Infirmary, Birmingham.

Tynemouth Union Hospital.—Miss Gertrude Knight has been appointed Ward Sister. She was trained at Bagthorpe Infirmary, Nottingham; and has been Charge Nurse at Minster Union and Sister at Lincoln and Stockport Unions.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Matron Miss Susan Smyth, R.R.C., retires on retired pay (November 1st), with permission to retain the badge of the Q.A.I.M.N.S.

The following resign their appointments: Sister Miss Jean Todd (October 13th), with permission to retain the badge of the Q.A.I.M.N.S.; and Staff Nurse Miss M. G. Le Bas (November 5th).

The following to be Staff Nurses: Miss Florence Mary Powell (February 1st); Miss Marion Veronica Todrick (February 13th); Miss Mildred Elizabeth Harris (March 5th); Miss Jane Eliza Reid (March 15th); and Miss Katharine Mary David (March 19th).

LEGACY FOR A NURSE.

Mr. William Burdett Irvin, of Aughton, Lincs., bequeathed his nurse £100.

RESIGNATIONS.

The resignation of Miss Jessie Fraser Ballantyne, S.R.N., R.R.C., of the position of Matron of the Fulham Infirmary, Hammersmith—a position which she has filled with distinction for the last twenty years—is a great loss to the Poor Law Nursing World. Miss Ballantyne was trained for three years and certificated at Guy's Hospital, after which she was successively Sister, Night Superintendent, and Assistant Matron at the Lewisham Infirmary until appointed Matron of the Fulham Infirmary in 1903. During the war the Infirmary was placed at the disposal of the Military Authorities and used as a War Hospital, Miss Ballantyne being appointed Matron as a member of the Army Nursing Service Reserve. We understand that Miss Ballantyne proposes to take the prolonged rest which she much needs after her arduous experiences, but we may be sure that later on she will find some way of serving the profession of which she is so valued a member.

There is great regret locally at the resignation of Miss G. Vergette, S.R.N., of the position of Matron of the Royal Victoria Hospital, Dover, where her capable organisation and great administrative powers, as well as her kindness and courtesy have secured her many friends. Miss Vergette, who was trained at St. Bartholomew's Hospital, London, hopes shortly to open a Nursing Home in the London area, and she is sure of a welcome from her colleagues and friends in the Metropolis.

THE HOSPITAL WORLD.

The Duke and Duchess of York, who recently visited Manchester, received a cheque for £70,000 subscribed in connection with the Lord Mayor's Two Million Shillings Hospital Fund.

The Prince of Wales passed a strenuous day at Winchester on November 8th. Women threw violets and other flowers into his car. At his Royal Highness's direction the flowers were handed to the Royal Hampshire County Hospital, which he subsequently visited. The Prince selected one bunch of violets and personally presented it to the Matron of the Hospital, Miss Carpenter-Turner.

Princess Mary, Viscountess Lascelles, paid a visit last week to the Victoria Hospital for Children, Chelsea, the special purpose of her visit being to inspect the unique installation in the department

for the treatment by physio-therapy which bears her name. The Princess was received by the Chairman, Treasurer, and Miss Smales, the Matron, and a beautiful basket of cyclamen was offered to her by two of the youngest patients.

Dr. Murray Levick explained the "artificial sunlight" treatment, for which lamps of high power emitting the visual and heat rays and the invisible ultra red and violet rays of mercury vapour were required to reproduce as far as possible the actual sunshine. The treatment has been especially successful in regard to rickets, and the Princess was greatly interested in the photographs of bone development due to no more than nineteen exposures to the light. Another case to which her attention was directed was that of a boy whose muscles were being exercised by electric currents, to stimulate nerve deficiencies. Gymnastic exercises for strengthening the spine were also shown.

The treatment is costly and the hospital needs greatly increased financial support as there is a long waiting list for admission.

Lord William Cecil and the Committee of the Queen's Hospital for Children, Hackney Road, E., are issuing invitations to a bazaar to be held at Claridge's Hotel, Brook Street, Grosvenor Square, W., in aid of the Hospital, to be opened by Her Royal Highness Princess Beatrice on Wednesday, November 28th, at 3 o'clock.

On Thursday, November 29th, at the same hour, Miss Edna Best will perform the opening ceremony, and at 4.30 on that day an auction will be held by Mr. Nelson Keys. No hospital serves a poorer district, or does harder or better work than the Queen's, and we hope that purse-strings will be opened wide on the 28th and 29th inst. to help the good cause.

The Exhibition held at King's College during the Christmas holidays, 1922-3, aroused such intense interest, and was the means of raising so substantial a sum in aid of the Hospitals of London, that it has been decided to repeat the experiment this year. The Exhibition will be open from December 29th to January 9th (inclusive), between the hours of 2 and 9 p.m., and experiments and demonstrations will be going on continuously during this period, as on the last occasion. Short lectures with experimental or lantern illustrations will also be given, and promises of such lectures have already been received from Professor Cheshire, Professor Winifred Cullis, Professor Eddington, Sir Richard Gregory, Professor Morley Davies, Professor Smithells, and other eminent scientists. The proceeds will be given to King Edward's Hospital Fund for London.

Lord Ashcombe, Lord-Lieutenant of Surrey, laid the foundation-stone of the extension to the East Surrey Hospital, Redhill, on Saturday. Two wards are to be added, increasing the accommodation from 52 beds to 78. The Hospital is appealing for an endowment fund of £50,000, of which £30,000 has now been raised.

THE NATIONAL COUNCIL OF WOMEN.

A VISIT TO DUNFERMLINE.

During the recent meeting of the National Council of Women in Edinburgh, the local committee had arranged some very interesting excursions. I had the good fortune to obtain a ticket for the one to Dunfermline, for which a very fine programme had been arranged. Putting aside the modern and up-to-date institution; we were to visit, the town itself is of great historical interest. It had a royal palace, where many of the Kings of Scotland lived up to the time of James VI. Charles I of England was born there in 1600. After the court was transferred to England the palace was not used and is now a ruin.

One hundred and fifty of the members of the N.C.W. were the guests of the Carnegie Trust Fund. The late Mr. Andrew Carnegie, who was a native of Dunfermline, left a large sum of money, which was to be expended for the benefit of its citizens. It is due to his munificence that the very up-to-date institutions, which we saw, have come into being.

The members of the Trust met us at the station with motor-charabancs, and in the morning drove us round the different places of interest. We were divided into parties of 35 and a Trust member took charge of each party.

Our first visit was to the Women's Institute, really a club for women. Beautiful reading and writing rooms, with plenty of books, a recreation room where dancing goes on most nights (mixed dances being allowed one night in the week), a buffet where refreshments can be obtained at a very small cost, rooms for technical classes, and lastly, a few cubicles where strangers can be accommodated until they can find suitable rooms. The very modest sum of 1s. is the yearly subscription, so it comes within the reach of every woman citizen. The beauty of the interior of this club, and its spotlessness, are beyond all praise.

We then went on to visit the College of Hygiene and Physical Training. The College is equipped with a very fine swimming-bath and a splendid gymnasium. Young men and women receive training in it, which qualifies them to become teachers, in schools, of gymnastics and Swedish drill. They are also taught remedial exercises, and we saw a large room in the Children's Welfare Institution, where about twenty of these girls were busy "treating" children who had infantile paralysis, spinal curvature, &c. The work of these pupils enables the Committee of the "Children's Welfare" to treat a great many more cases than could otherwise be undertaken. The Children's Welfare Institutions adjoin the College, and the doctor in charge very kindly showed us over the large and well-appointed clinic. Rooms equipped with every modern appliance for treating eyes, ears, throat, nose, skin and teeth, as well as the large remedial exercise room mentioned above. Much attention is paid to the teeth of the very

young children, as the doctor is of opinion that if they can keep the teeth of the children from the earliest age in good condition many maladies will be averted. "Prevention" is the motto of the Children's Welfare in Dunfermline. We also were taken to see a small but well-appointed maternity home.

It was now 1 p.m., so we were driven to the City Hotel, where the members of the Carnegie Trust Fund entertained us to lunch, the Provost of Dunfermline occupying the chair. At the finish of lunch, which we all greatly enjoyed, the Provost made a nice speech of welcome in the name of the Trust members, saying how pleased they were to see so many members of such an important body of women as the National Council of Women. He added that we were not to go away thinking we had seen all the activities of Dunfermline, for they could not show us even half! Mrs. Cadbury (member of the Executive Committee of N.C.W.) suitably replied, thanking the Trust for the splendid way we had been entertained. We then started our afternoon of sight-seeing. First we returned to the College, where the pupils gave us an exhibition of physical training and dancing. Some of the dances were charming, especially one called "Nymph and Echo." The rest of our visit had to do with the places of interest. It would take too long to tell you of them all, and of the wonderful views that we came on every now and then, as we mounted higher and higher. The whole town is full of lovely vistas. Finally we reached the Abbey. It is of absorbing interest, especially to a Scottish woman. The shrine of St. Margaret, wife and queen of Malcolm Canmore is in the old part of the Abbey. A new church has been built which is the Parish Church, and under the pulpit is the tomb of Robert the Bruce. Space will not permit me to mention all the historical interests of this fine old Abbey, but anyone paying it a visit should take special notice of the old Norman doorways. With the exception of the one in Durham Cathedral, they are the only specimens in Britain.

Too soon, alas! we were hurried off to tea in the lovely gardens which belong to the town. After tea we took leave of our kind hosts. Charabancs were waiting to take the "old ladies" to the station, but it was found that the "young" ladies occupied them, the old ones preferring to walk through, and admire, the lovely gardens with their riot of colour.

Thus ended a most interesting and instructive day; we all felt we should like to return and see the rest of the activities of Dunfermline.

A. CARSON RAE.

WORDS FOR THE WEEK.

"Hard is the price of living truly for any good thing."

All rising to great place is by a winding stair.—
Bacon.

BOOK OF THE WEEK.

APPLES OF GOLD.*

This old-world romance is full of charm.

It is the story of the illegitimate son of a lady of position who, in his infancy, placed her unwanted child with a fencing master and his wife, who showered upon him the love of their childless hearts.

Tom Nando was sitting on a stool in front of the kitchen fire roasting an apple on the point of an old sword.

His wife had lit a candle and was settling herself to a comfortable hour with a couple of sheets and her darning needle when she thought she heard the sound of a knock.

The door opening into Spaniards Court was barred, and before raising the bar she challenged the visitor.

"Is anyone there?"

A voice answered her like a little moan.

"Mary—Mary Nando."

"Miss Rachael—you!"

"Don't speak, let me in. O, Mary!"

Miss Rachael had not come alone to her former maid. She had brought with her the babe, who is the subject of this story. Mary pleads with her husband.

"She says she will see we are not the losers by it."

Her husband made a sweeping gesture with his right hand.

"Mary, I do no such thing as this for money."

She made a quick yet gliding movement and showed him the child.

It was a quiet and happy child, one small red hand tried to explore Nando's nose.

That, and his wife's.

"I am hungry, man, hungry," finished Tom Nando's conquest he bowed to Miss Rachael.

"Madam," he said, "I ask no questions. But if we keep the child it must be for good. One cannot chop and change with a child."

And so it came to pass. Jordan grew up with the Nandos, and learned his foster father's skill in the fencing school, in the days when duelling rendered the knowledge of that art necessary to all fashionable gentlemen. The high, open-roofed school lay beyond the kitchen. It had a gallery at one end of it, reached by a winding stair and here sometimes pretty ladies would sit and watch the work below.

Mary Nando and her girl would carry up cups of chocolate to them, for 'Nando's' had ways of its own, and a fashionable reputation.

Everything was very clean. The walls were freshly whitewashed each year.

Jordan had a stool of his own in the gallery.

He admired his father, the poise and dignity of him, his grave skilfulness, his sudden smile when something amused him.

Jordan never quite lost his thrill of Nando putting himself on guard with a quiet "Now, Sir!"

* Warwick Deeping. Cassell & Co.

It always seemed to Jordan that his father was the greatest gentleman of them all.

Sometimes his real mother, unknown to him, would sit there too, but she did not watch the fencing.

A pretty picture is given of the Nandos and Jordan in their garden, an old-world, restful garden in the heart of London, which bricks and mortar have long since obliterated.

They would spend Sunday afternoon in this pleasant place. Mary, happy as a brown thrush, which she somewhat resembled, while her man took off his coat and hung up his wig in an apple tree.

The garden was not far from the house of the Rev. Sylvester St. Croix, a hard, narrow Puritan, with a pretty little daughter, Douce, who should have been Jordan's one love, but somehow or another missed fire.

He was fifteen when he first became aware of her, and she was some years younger.

Her very littleness, an exquisite and airy littleness, appealed to the big boy. She stood there very solemnly watching him with her dark eyes like sloes in the soft pallor of her little face. Her hair had a wonderful red lustre and Jordan was fascinated by it.

Douce was Mary Nando's godchild and became a frequent visitor at the fencing master's house, and big Jordan the subject of her girlish devotion.

She was a self-restrained girl, trained in the rigid school of repressed emotion, so that Jordan's protective affection for her was never encouraged or enkindled by her austere little ways.

He grew to a fine, handsome man, with the simple, unaffected manners learned from the Nandos, but his superior breeding stamped him with an additional attraction.

The love of his manhood was the beautiful and fashionable Mrs. Merris, the great lady who seemed beyond and above his reach. A fascinating and cultured woman of the world, albeit of good reputation and sweet character.

But chivalry and pity led to his marriage with narrow little Douce, whose very devotion and love accentuated the defects of her upbringing and turned her into a querulous and jealous little wife.

Her jealousy of Mrs. Merris, although unfounded, became a frenzy with her.

One of her hands struck Jordan in the face, but he drew her to him till her poor, wild little face was close to his.

"Douce, my darling, you are killing me. I am yours, all yours."

"Jordan, Jordan, my Jordan."

"There, there. Why I love you."

But he was conscious of bewilderment, pain and disillusionment. Douce was near her time and she died and the child with her.

With her dying breath she claimed the assurance of his love.

His eyes grew hot and heavy.

"No one but you, Douce."

He endeavours to be faithful to his promise that he would not re-marry, but wise Mary Nando over-

rules him and the book ends with a prospect of Jordan's happiness with the woman of his choice.

H. H.

OUTSIDE THE GATES.

LOCAL LEGISLATION.

In a special report issued last week the Select Committee on Local Legislation state that most of the Bills which they have considered during this, as in previous sessions, contained provisions relating to public health, sanitation, and other matters. The Committee emphasises that, as many of these powers are now usually sought, a consolidation and extension of the Public Health Acts, 1875-1907, so as to include such powers under general legislation, would be extremely beneficial to Local Authorities.

ELIZABETH FRY HOME.

The Dowager Lady Buxton reopened the Elizabeth Fry Home, 18, Highbury Terrace, N., after its amalgamation with the Manor House Home for Girls, Dalston. Women and girls on discharge from prison and on probation from police courts are received and trained at the home, which was founded by public subscription as a memorial to Elizabeth Fry. The speakers at the opening ceremony included the Bishop of Peterborough, a great-grandson of Elizabeth Fry. Lady Buxton said that no more fitting memorial could have been founded to the memory of Elizabeth Fry, for the home carried on her life-work,

COMING EVENTS.

November 21st.—National Milk Conference. Council Chamber, Guildhall, London, E.C. 10 a.m. to 1 p.m., 2.30 p.m. to 5.30 p.m. Fee £1 is.

November 22nd.—Registered Nurses' Parliamentary Council Meeting. 431, Oxford Street, London, W. 5 p.m.

November 24th.—West Middlesex Hospital Nurses' League. Winter Reunion. Tea 3-5 p.m. Dinner 7 p.m.

November 24th.—Royal British Nurses' Association. Lecture by Dr. Letitia Fairfield: "Combating Venereal Disease." 3 p.m.

November 26th.—Royal Sanitary Institute. Address on "Sanitary Relief Work in Russia," by Miss Muriel A. Payne. Dr. Louis C. Parkes in the chair. 90, Buckingham Palace Road. 5 p.m.

December 1st.—League of St. Bartholomew's Hospital Nurses. General Meeting. Clinical Theatre. 3 p.m. Social gathering in the Great Hall.

December 5th.—Trained Nurses' Annuity Fund. Sale of Work. Royal British Nurses' Association Club. 194, Queen's Gate. 2 p.m.

December 7th.—Annual Reunion and Dinner, Nursing Staff, Royal Infirmary, Glasgow. Trades House, Glassford-Street, Glasgow. Reception 6.45 p.m.; Dinner 7.45 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.

YOUTH v. EFFICIENCY AND EXPERIENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May we, through the medium of your Journal, give a little publicity to, and also ask your opinion of, the following?

A member of the nursing profession returned from the East last spring, having just finished eight years of service, at home and abroad, as a Sister in Q.A.I.N.S. She found the task of getting a new post a very difficult matter and applied to the College of Nursing (of which she is a member). For some considerable time no notice was taken of her application. As it was getting a serious matter for her to get settled, she called personally at the office, and complained of their inability to help her, at the same time telling them that the only substantial help she had received since her return to England had been from the Secretary of the Royal British Nurses' Association, an Association to which she did not then belong. To her great astonishment she was asked by the official she interviewed if it had not occurred to her to accept the fact that she was too old for nursing. Her actual age is 45. She is thoroughly active in mind and body, health perfect. She possesses a charming disposition and has every quality of a good nurse. She holds the Certificate of one of the large London Hospitals, the C.M.B., and is a M.C.S.M.M.G.

There is too great a tendency to regard nurses as "too old at forty," and if the headquarters of a large body of nurses is accepting and propagating such an idea, it is only adding very greatly to the economic difficulties of the profession and its members. However, College nurses have put the V.A.D. Chairman in their chair, and it is perhaps natural that youth is regarded by the headquarters of the College as taking precedence of efficiency and experience. Their point of view actually leaves a trained nurse some 17 years (after taking her general and special training) to earn her livelihood and to provide for independence during the 25 years or so which she has to lie on the shelf.

We beg to remain,

Your obedient servants,

R. SILCOCK.

G. BEVAN.

39, Dupont Road,
Wimbledon.

[We open our columns to free discussion on this letter. Our experience is that, if health is good, trained nurses do excellent work up to 50 years of age. After that time they need more rest; but we know quite a number of hospital Sisters nearing 60 who are doing valuable work supervising and instructing the younger generation.—Ed.]

A FEELING OF HOMELINESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—If space permits, will you kindly allow me to send a few lines to the B.J.N.?

I have just returned to St. Leonards-on-Sea after having spent a very pleasant week-end at the R.B.N. Club, 194, Queen's Gate. I was much struck by the truly beautiful house, which most nurses, especially the R.B.N.A. nurses, already know about.

Everything seems to have been so well thought out to give comfort and a feeling of homeliness. The food is excellent and served with such refinement. Nurses needing a home when disengaged, or at any time, are fortunate in having so delightful a place at their disposal as the Royal British Nurses' Club.

Miss Isabel Macdonald is a very busy person; her duties seem to be endless, but carried out with great charm and tact.

I shall look forward with much pleasure to renewing my visit at some future time.

Yours faithfully,

ELEANOR E. JARVIS, S.R.N., M.R.B.N.A.
15, Kenilworth Road,
St. Leonards-on-Sea.

KERNELS FROM CORRESPONDENCE.

NURSING NOT A FACTOR IN PUBLIC HEALTH WORK.

A Public Health Worker writes :—"In my opinion a very serious situation has arisen as a result of the Ministry of Health Memorandum 65, with its authoritative assertion that preference shall be given in future to candidates holding Diplomas of the Board of Education, and not necessarily any nursing qualification for Public Health work. The sooner the "Memo." gets pigeon-holed the better, but there is no relying on such a simple escape, neither is it safe to count on justice at the time of selection for an appointment. I am having sent to you copies of the three resolutions that were passed at a meeting of the Workers Section of S.W.W. and Maternity Centres in case you find space to follow up the plea for Registration, and Reciprocal Standards with Scotland, in your fearless fight for the best of standards in all branches of the care of life."

[Now that the Nurses' Governing Body, the G.N.C., is controlled by a medical autocracy (supported by the vote of the College Group of nurses, and titled laywomen who know nothing of our professional affairs) it is inevitable that Nursing should sink lower and lower in the scale of women's avocations. Cheap charity and patronage are slowly undermining all sense of professional responsibility in the ranks of trained nurses. They realise merit has little to do with promotion.—Ed.]

OUR PRIZE COMPETITION QUESTIONS.

November 24th.—Describe the nursing of a case of vesico-vaginal fistula that has had an operation for closure of the fistula.

December 1st.—What do you know of the different types of psoriasis, and of the constitutional and local treatment.

The Midwife.

THE SCOPE OF THE MIDWIFE.

Time was, not so many years ago, that if a midwife could conduct a normal delivery satisfactorily and attend to the mother and baby for ten days subsequently she was held to have performed her whole duty, and for this responsible work three months' training was held, even by the Central Midwives Board to suffice in the case of a woman with no previous training. Quite recently that training has been extended to six months, and now there is a prospect of its extension to twelve months.

Dr. Janet Campbell, Senior Medical Officer for Maternity and Child Welfare, Ministry of Health, recently pointed out in her report on the Training of Midwives that "mechanical expertness in normal delivery is far from sufficient fully to equip the midwife," and midwives themselves are well aware that if they are to do the best for their patients they must keep in touch with them through the period of gestation, must acquaint themselves with their previous history, with the pelvic measurements, particularly in the case of a primipara, must periodically test the urine, and, in the case of a multipara, must enquire into the history of previous confinements. Thus a midwife must include ante-natal work in her attendance on a maternity case. And, if she is to do the best for the child she must follow it up for at least a year either in its own home or in a post-natal clinic, supervision which might well last, provided that the Certified Midwife is also a Registered Nurse, until the child is of school age.

True, there is the Health Visitor, but we are dealing with the ideal state of things, and with flesh and blood, not with machinery, and the person whom the new mother will be most likely to trust and consult in regard to the upbringing of the new baby is the one who has guided her through the period when she was with child, and delivered and cared for her during the lying-in period.

Here, it may be pointed out, that the Board of Education, which spends a considerable sum in giving grants-in-aid of £20 to approved training institutions for each pupil midwife who expresses a *bona fide* intention to practise midwifery (such grants amounting in the year ending March, 1923, to approximately 13,600, in respect of 670 pupil midwives), would get much better value for its outlay if it made the condition of the grant that preference should be given to Registered Nurses.

A woman holding the double qualification of Registered Nurse and Certified Midwife, might be a power for good in a rural area, and would find ample scope in devoting herself to midwifery and its allied branches of ante and post-natal care, and the supervision of infants up to school age.

The effect such care would have on raising the standard of national health may be estimated

from the Report for the year 1922 of Sir George Newman, Chief Medical Officer of the Board of Education, who states that "it may be safely assumed that from 80-90 per cent. of children are born healthy and with the potentiality of leading normal and healthy lives. Whatever be the facts of parentage, the tendency of nature is to reassert the right of each generation to the heritage of healthy birth." Of recent years the measures adopted for Infant Welfare have more or less ensured the supervision of the new-born child for the first year, but "the fact is that after the first year of life the young child has to bear a heavy burden of environmental neglect, associated with bad housing, poverty, and absence of hygienic supervision. As a result, the School Medical Service is faced with the hard issue that out of an infant population born healthy, 35 to 50 per cent. of the children who are admitted to school at five years of age bear with them physical defects which could have been either prevented or cured.

What more attractive and fruitful sphere of work could offer to a woman with a love of little children, and an appreciation of the importance of a healthy race to her country, than the ante- and post-natal care of its children?

We should always, moreover, keep in mind in this connection that the advent of the telephone and the motor-car has completely changed the problem of midwifery in rural districts. The provision of a two-seater, which a midwife could easily learn to drive herself, would make her services available over a wide area.

REDUCTION OF SALARIES.

Mrs. Price, Secretary, Irish Nurses and Midwives Union, writes the Press in regard to the reduction of midwives' salaries:—

"One dispensary midwife, in Meath, appointed at the advertised salary of £80, and duly sanctioned by the Dail L.G.D. at that salary, has been reduced to £40, plus £15 bonus. Another, in Kildare, was appointed and sanctioned at £67, and is now reduced to £40, plus £15 bonus. Three others, in Rathdown, were each separately, and on three different dates, sanctioned at a salary of £75 with £10 travelling allowance, and are now reduced to £40, plus £15 bonus, which was laid down by the British L.G.B. in 1920, as the highest initial salary they would sanction. In all these five cases Mr. Blythe alleged that sanction had been given "in error," and the nurses, not those who made the "error," must suffer. They are not prepared to go on suffering indefinitely. Apart from these individual cases, the scale of salaries claimed by this union, commencing at £75 a year, has been granted by several county Boards of Health, but in no case will the L.G.D. sanction a higher scale than that laid down by the British L.G.B. in 1920."

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,860.

SATURDAY, NOVEMBER 24, 1923.

Vol. LXXI

EDITORIAL.

COURAGE, WORK AND DISCIPLINE.

The principles of government enunciated by Signor Mussolini—courage, work, and discipline—are the principles which must actuate everyone who achieves anything of lasting value. Courage, in carrying out the particular business to which one has set one's hand; work, because hard work is needed for its accomplishment; and discipline, because without self-discipline it is impossible to be a real leader of others.

Signor Mussolini, in a recent interview with the *Echo de Paris*, stated:—

"Everybody must work, from the Prime Minister downwards. One must have public order, and never tolerate the slightest attempt to disturb it. The people must be disciplined and obey: that is indispensable. In order to govern one must have the courage to take responsibility, not to be afraid of it, however heavy."

No one who has observed forms of government, and who has lived under them, can doubt that the most successful, from a public point of view, and the happiest for those governed, is the strong administration, maintaining "dignity without hesitation and without menace," through which those called upon to govern "truly and indifferently minister justice." Probably the greatest vices in rulers are the facility which desires to please everyone, a trimming of sails to every wind which blows, a withdrawal from positions involving the surrender of principles for the sake of expediency. A strong line taken by a leader is respected and followed; vacillation brings only disorganisation and contempt.

Another principle laid down by Signor Mussolini is that "one must respect tradition and religion. A people will be moral if it is religious, and if it is moral it will be strong." Believing this sincerely, he has instituted religious teaching in the primary schools. The classes begin with the Lord's Prayer, and end with the Gospel. Italy being a Catholic country, the instruction has to be given in

accordance with the rules of the Catholic doctrine, by priests, or by masters who have to be accepted by the Ecclesiastical Authority. Signor Mussolini has further modified the State teaching. He desires that all teachers in the normal schools shall know Latin, and in secondary education Latin and Greek are compulsory, as he considers that they play their part in the formation of character.

Another principle held by this master mind is that "the law of progress is not conflict, but co-operation between classes, and the new democracy is based on the oath:

"In the name of God and of Italy, and in the name of our glorious dead, I swear to concentrate all my energy on working for the good of my country."

As with all great generals, "it is the key position of the forces of disruption that Mussolini, with the consummate genius of a great tactician, invariably attacks, and (his biographer* informs us), working in harmony with the Divine laws, he invariably gains the victory." Three days after Mussolini and his Cabinet had entered upon office Rome learnt that "a general clearance is being made throughout Italy of all Communist mayors and town councillors. Within a few days every red banner will have disappeared, and every Communist official will either have had to resign or to hoist the national flag." Thus "Out of the upheaval of the world war, with its subsequent opening of the flood-gates of destruction, of barbarism, of licence, of violence, threatening to submerge the entire social structure of the West, two figures, greater than those of common men, have risen up for the defence of Christian civilisation—the figures of Foch and of Mussolini. There should be neither pessimism nor apathy in the age that possess two men cast in so heroic a mould."

We hope many members of the nursing profession will study their lives, and profit by their example.

* G. M. Godden. "Mussolini: The Birth of the New Democracy." Burns & Oates, 28, Orchard Street, London, W.1.

NURSING ECHOES.

Her Royal Highness Princess Mary, Viscountess Lascelles, last week laid the foundation-stone of the Nurses' Hostel of the Clayton Hospital, Wakefield, in the presence of a large audience. The ground for the Hostel has been given by Sir Edmund Stonehouse in memory of his son, who was killed in the war, and the ex-Mayor, Mr. H. H. Holdsworth, who three weeks ago inaugurated a campaign to obtain £4,000, prosecuted it so successfully that he was able to present a cheque for £6,000 to the Princess, which will more than cover the balance required for the erection of the Hostel and the cost of furnishing it. Amongst those honoured by presentation to Her Royal Highness after the ceremony were the Matron of the Hospital (Miss Agnes Cameron, S.R.N.) and Mr. Henry Maw, the Secretary.

The Election has come at a very inopportune time for private nurses in London, as October to Christmas is generally a slack time, even when people return to their town houses after the summer holidays, and we hear on all sides that the Hostels are overcrowded with private nurses waiting for cases.

We always advise London nurses not to take six weeks' holiday in the height of summer, when cases have often to be refused, but to rest in the off season. This, however, many consider a great hardship, as long, sunny days out of doors are so health-giving and enjoyable, and a holiday should be a holiday. It is a very difficult question. After New Year work is usually in excess of the supply of nurses, but money melts during waiting times. Then thousands of people cannot afford a nurse in these hard times, and prefer to pay an inclusive fee for hospital accommodation (often below cost price) during sickness. Of course, sickness insurance for the middle classes is the only remedy, but we are so stodgy in meeting new conditions. What has been must be.

To quote the Medical Correspondent of the *Times*:—"Sufficient evidence is now available to warrant the statement that, unless December should prove more than usually unhealthy, the present will be the healthiest year in our history. During the whole course of the year to date the death-rate has never risen in any week above the exceedingly moderate figure of 13.5 per 1,000. It has averaged about 10.8 per 1,000 for the whole year. Such a figure is

unprecedented. There have this year been no serious epidemics of influenza, measles, scarlet fever, or diphtheria. The outbreak of summer diarrhoea, while slightly more marked than in 1922, was of a very slight character. Thus the infant death-rate is also very low. It is not yet possible to say whether or not this remarkable decline in mortality is of a permanent or merely temporary character."

Lambeth Board of Guardians have decided to spend £100 on hard tennis courts at Norwood Schools for the use of the nurses.

The frequent resignations of the nurses from the staff of Townley's Hospital, Bolton, was recently the cause of considerable discussion by the Board of Guardians, the immediate cause arising from a minute, sanctioning the payment to the nursing staff of £227 15s. 8d. for overtime worked during the three months ending September 30th.

Councillor J. Clayton objected to so much overtime, and favoured the engagement of a full staff. In reply to Mr. Hargreaves, who agreed that the hospital would be well advised to consider means of keeping their staff, the Chairman replied: "You can't stop them getting married, can you?"

Mrs. Jones, Chairman of a Sub-Committee appointed to investigate the matter, said: "There was no reason at all why some of the girls left. Some left very foolishly. There was nothing wrong with the heads of departments; if anything, they were too lax."

Mrs. Edwards probably gave the real reason when she said that "a great deal of the trouble with nurses was due to the fact that probationers came with a mistaken idea of nursing. They thought it was an easy life, and found it strenuous and sacrificing. Unless a girl had a good deal of grit she could not stand it. This was the reason, and she did not think it fair to cast reflections."

A thrilling act of daring is reported from Paris, in which Mlle. Collin, a hospital nurse, carried out, at the aerodrome of Issy-les-Moulineaux, France, an experiment designed to show that parachutes are of practical use on aeroplanes. Mlle. Collin jumped from an aeroplane at the height of 1,000 feet, and cut the cord of the parachute as she fell head first through space. The experiment was completely successful, the parachute opening perfectly and no shock being felt.

Miss Clara D. Noyes, Director, Nursing Service, American Red Cross, in her monthly report in the *American Journal of Nursing*, writes that: "In no country in Europe does an enrolment of graduate nurses under the Red Cross as a reserve of the Army, similar to that of the United States, exist. The system is subject to great diversity, and for the most part Red Cross Nursing Services of the Continent are composed of amateurs prepared for military duty by short courses." This inefficient system is rampant in Great Britain, and is merely a "Society" Service. Our Territorial Army Nursing Service, composed of thoroughly trained nurses, approaches most nearly to the system of the American Red Cross, and is organised in times of peace for work in war.

In her article Miss Noyes also touches on "Japanese Relief":—

"The Japanese earthquake which startled the world with its unprecedented horror has added a great chapter to the history of the American people and the American Red Cross." Ten million dollars were immediately given in response to the appeal for funds.

"No personnel is being sent from the United States. The Philippine Islands' Chapter of the A.R.C., however, sent an emergency unit with all possible haste following the disaster. This unit contained a group of native Filipino nurses under the direction of Miss Alice Fitzgerald, who has for the two past years been serving as advisor on Nursing to Governor Wood of the Philippine Islands. Miss Fitzgerald (well known at International Headquarters in London) served during the Messina earthquake disaster some years ago. Doctors and this nursing unit now in Japan will begin operation of a hospital which soldiers are now erecting in the palace grounds of Prince Takamatsu, at the request of the Foreign Office, the nursing unit having rendered such exceptional service that it is remaining at the request of the Japanese authorities in Tokyo and the Japanese Ambassador to America."

Enormous shipments of supplies have been sent from the ports of San Francisco and Seattle, and a large portion of the fund will be transmitted to the Japanese Emergency Relief Bureau, which is the Governmental organisation for the administration of such relief.

Miss C. Reimann, Hon. Secretary, International Council of Nurses, has arrived for a month's stay at St. Thomas's Hospital to study teaching, and hospital administration. Miss Reimann then proceeds to New York to take a degree at Columbia University.

THE CRITICAL YEAR.

If one should be asked what is the most important year in a child's life one would unhesitatingly answer the earliest. The first five or seven years of a child's life are said to form the foundation upon which the whole of the later structure of its life will be built up, and one may say that each successive year loses a little in importance, until the second great period of the child's life commences, that of puberty, when a recapitulation begins, and the child again goes through a stage of physical and frequently mental disturbances, when very careful management is needed, if it is to emerge from the strain with the capacity for facing life's future difficulties unimpaired.

It is far more easy to attend to the physical welfare of a child than its psychological or mental well-being, and yet this is probably due to the fact that many of us have been trained to the former and not the latter; we know just what signs to look out for, and what steps to take to put right any small thing which has gone amiss. Our observation should stand us in just as good stead in watching over baby's other side, and if we are well acquainted with the little one in health, it will not be so difficult to know when something has gone wrong, although sometimes quite at the onset it is not so easy.

When we say that in all probability the baby's first year is the most important in his whole life we are not exaggerating. Let us consider what various and striking experiences meet him upon his introduction to this world. First, there is the act of birth itself, by no means a pleasant process for the infant, and which, in comparison with his former state of peaceful indolence, is uncomfortable, painful, and the beginning of a whole series of strange impressions, such as breathing, the action of the heart and intestines, and also of suckling, which is the first pleasurable sensation he derives. Physiologists tell us that at a very early stage the functions of our bodies, which afterwards become automatic, are accompanied by sensations that are afterwards completely forgotten; it may also be possible that the infant has some voluntary control over muscles and actions which later become entirely involuntary. As nurses, we know that co-ordination in the young infant is very far from being perfectly established, and that the action of heart or lungs is easily upset.

One finds when treating older children and adults by psycho-analysis that all these early impressions have left some memory trace behind; that the seven months' child, for instance, deprived of those last two months in

the womb, faces life in a resentful mood, always cold, always sleepy, reluctant to get up and anxious to return to bed, always rather dissatisfied; while the disposition of the child who, for some reason, was somewhat behind time in entering this world, may often be found impatient and restless, beset by a feeling that everyone is conspiring to hold it back and put obstacles in its way. These early determinants of character are reinforced by the important functions of suckling and defæcation, also, especially in the case of boy babies, of urination. We know, those of us who have watched the dawn of character in these tiny scraps of humanity, that no two are alike, not even children of the same parents, brought up apparently in exactly the same way. Some factor, at present a secret, or only dimly guessed by those whose business it is to try to solve these riddles, constitutes the difference between this child and that.

One finds many differences between breast- and bottle-fed babies, yet the circumstances attending the weaning makes almost more difference, if this were possible. One notices a variety of reaction on the part of the infant towards any change in its diet. Here we must also take into consideration the attitude of the mother (this applies especially to the one who feeds her baby naturally), whether she herself derives much pleasure from suckling the infant; if so, she may put off the weaning past the usual period; or, on the other hand, should it be irksome, or prevent her doing something she particularly wishes to do, it may be hastened. Baby, however, thoroughly resents it, and is influenced by it for good or ill. It is more than a popular superstition that the milk of a nursing mother is influenced by her mental condition—her happiness or the reverse. The taste of an infant is very acute, as one may readily test by changing the mixture of a bottle even by a trifle. Some babies fight desperately against their weaning, and may be brought almost to death's door by their persistence before consenting to adopt a new food. These grow up with the same attitude towards other changes, and will resolutely refuse later on to be what they call "put off with substitutes."

One has only to watch the child during the evacuation of its bowels or bladder to recognise that these functions cause genuine pleasure, and that somewhat later a great deal of interest and pride as well as disappointment is experienced by children that these feelings are not shared by others. The bodily functions undoubtedly occupy a great deal of the infant

mind, and are the source of much curiosity. The first year lays the foundation, or should do so, of good habits, and one is beginning to realise that an infant cannot be started too early in paths of rectitude as regards cleanliness and regularity. But here may I utter a word of warning, culled from many years of experience in dealing with children, both healthy and nervous. The training for cleanliness, next after weaning and birth, is the most important experience in consideration of the character that is being formed, and sets an example that the child will follow until his life's end, unless something remarkable change his attitude, which is not very likely.

Kindness, patience, and gentleness should never fail on the part of the trainer; the child on his part often regards these bodily products as treasures from which he is loath to part; they will be surrendered in return for love, praise, and good will, but not because, unless he do so, someone will punish or threaten, smack or scold; such methods are used sometimes, and they have disastrous consequences. Obstinacy, fear, rebellion, and a spiteful determination to treat others as he is treated himself result, and are only altered with the greatest difficulty, if at all. Hasty, impatient persons cannot train children, for they have never learnt the lesson of self-control themselves. We require endless patience to deal with children, who learn so much through imitation, and grow up in so many ways such faithful little copies of those whom they have loved in their early days.

MARY CHADWICK.

NURSES' MISSIONARY LEAGUE.

A Quiet Day for Prayer and Meditation will be held on St. Andrew's Day, Friday, November 30th, 1923 (by kind permission of Prebendary Thickenesse), at the Chapel of the Ascension, Hyde Park Place, Bayswater Road, conducted by the Rev. D. H. D. Wilkinson, M.A.

Morning.—10.30—12.30 :—10.30. First Address: "Profession or Vocation"? 11.30. Second Address: "The Response to Vocation, in regard to ourselves."

Afternoon.—3.15—4.30 :—Special Intercessions. 3.30. Third Address: "The Response to Vocation in regard to our immediate environment."

Evening.—6—7 p.m. :—Short Service and Fourth Address: "The Response to Vocation in regard to the world at large."

Miss H. Y. Richardson is greatly pleased with the result of the recent Sale of Work for the N.M.L. There are still some articles left which she will be glad to dispose of.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 312.)

If I had space and to spare—which I have not—I should like at this moment to write an appreciative little Memoir of the understanding work of the late Sir Robert Morant, First Secretary to the Ministry of Health during the period in 1919-1920, when Nurses' Registration was under discussion in the Houses of Parliament. He understood nursing economics, and was largely responsible for moulding the Government Bill into such form that, if justly administered, the Nursing Profession should now have been well satisfied with its provisions. Alas! he died on March 14th, 1920, primarily from overwork, and we lost his commanding and sympathetic influence before the General Nursing Council assembled on May 11th. During the autumn of 1919, when the Central Committee's Bill, owing to the intense animus and jealousy of the Executive of the College of Nursing, Ltd., was wrecked on the Report stage by College advocates, led by Sir Leonard Lyle, M.P.—a base betrayal of the public interest, which in our opinion has never been exceeded—we see the great Morant, indignant with such action, calmly drafting, and working untiringly, to give the nurses a just Act, realising that in the future they must themselves administer it before its full usefulness could be enjoyed.

One thing is quite certain, that if this great Civil Servant had been spared to help the first Council to frame the Rules, and to exercise his beneficent influence, the despicable policy of the Council, with its personal, pettifogging animosities, and its backstairs accusations, would never have been permitted to develop, and flourish like the noisome fungus it is!

As soon as the Act was in force the controllers of the College began their usual wire-pulling tactics at the Ministry of Health, so Sir Robert Morant was entrusted with the task of advising the Minister, Dr. Addison, as to the persons to be nominated by him to form the first Council. All the most ardent "Antis" swallowed their time-honoured "principles" as to the futility and danger of State Registration, and speered for office. They, moreover, sanctimoniously opined that if true harmony was to result the dangerous "agitator" (that's me) for the reform—now law—must be omitted from the Council. I well remember my interview with Sir Robert Morant, when, with apparent solemnity, he reported to me these "conscientious convictions"! "The Ministry," he said, "is not quite sure if it will be wise to include the Registration standard-bearers on the Council."

I smiled.

"I am not a standard-bearer," I replied. "I am the Soul of the Movement."

Then we both enjoyed the joke.

"The other side (College) say that, if you are included, their chief protagonist should also have a seat."

"Sir Cooper Perry," I queried.

Sir Robert nodded.

"I agree that he has for years been the chief "anti," surreptitiously; but how is he thus rendered indispensable to the organisation of the Nursing Profession through a Nurses' Registration Act? He is not a nurse."

We left it at that.

As time passed, with an infinity of pains a list of nominees was selected—lions and lambs. Then came the question of the Chairman of the Council.

The Ministry disapproved of a doctor—and results have proved its wisdom. As Sir Cooper Perry was out of it (a much less distracting and more lucrative post having been secured to him), (the College would welcome anyone, I was informed, excepting the one person who had devoted a lifetime to the question, and who knew most about the State organisation of the Profession of Nursing.

The said "expert" though strongly approving the principle of a Registered Nurse in the Chair of the General Nursing Council, knew of no nurse who was qualified by consistency, knowledge, and experience of public procedure to assume the responsibility.

"How about a lay woman?"

"Intolerable. More ignorant still—a reflection on the status of Professional Nursing."

Ultimately Mr. J. C. Priestley, K.C., was invited to accept the Chairmanship of the General Nursing Council. He accepted, and interviewed by request at the Ministry of Health, representatives of the conflicting interests, and had nice amiable chats with them.

Miss Isabel Macdonald and I attended together. We were received with urbanity; we were equally polite. We were seated on opposite sides of the table to the Chairman, and behind smiling masks were, no doubt, busy sizing one another up.

I wondered if Mr. Priestley, who had so much power entrusted to him, had ever read the celebrated article, "Nurses à la Mode," written by his mother, the late Lady Priestley, which appeared in the *Nineteenth Century*, January, 1897, a damning indictment of the modern nurse, close on a quarter of a century ago; and my "Reply" to it in the following issue, in which I wrote: "In its first sentence we have the keynote of the article forcibly struck; for our minds wander back for a moment to primitive times when . . . the tomahawk was the only true and unerring remedy for sickness. Our minds are not permitted to wander thereafter from the evident belief of the writer (Lady Priestley), that the tomahawk would be the only true and unerring remedy for the modern nurse."

In conversing with Mr. J. C. Priestley, I realised that he would never attempt to govern us with a "tomahawk"; and if permitted to use his own judgment, unpoisoned by "suggestion," we might go further and fare far worse.

As we came out into Whitehall, Miss Macdonald and I agreed that courtesy, modesty, and an evident desire to administer the Act with fairness, might be hoped for, and that it was our duty to help supply expert information, and knowledge, to

the very best of our ability, in framing the Rules, and furthering the best interests of the profession as a whole. Indeed, the Registrationists, who had been invited to help to compose the Council, met and adopted this policy. Tomahawks and hatchets should be buried forthwith, and whilst standing firmly for fundamental principles, a whole-hearted service should be ours. And it was in this spirit of service that we set to work to consider the Constitution, and later to help frame the Rules.

Personally I did not undertake this work as a novice. For thirty years I had worked for this lever—a Nurses' Registration Act—through which to define Nursing Education and place Professional Nursing on a legal basis. I knew what we wanted, and when the Council met—the majority of whom had for so long been in opposition to the principle of State Registration—and others, the lay element, knowing nothing of the question, my recommendations for Standing Committees (the draft for which I have filed, as it may be of interest to future generations of registered nurses "who know not Joseph,") to deal with Finance, Education, Registration, and Discipline, were adopted, and I was elected (quite justly) the Chairman of the Registration Committee. My proposal that Miss Lloyd-Still, the Superintendent of the Nightingale Training School for Nurses, and Matron of St. Thomas Hospital, should be Chairman of the Education Committee, was agreed. Sir Jenner Verrall was elected Chairman of the Finance Committee, and we all set to work apparently in the happiest of veins. The Treasury lent us £5,000, the Ministry of Health an office, a chamber for Council meetings, and a bright girl clerk; and then a wee cloud, no larger than a man's hand, became apparent in our cloudless sky. At our first little interview Mr. Priestley dived his hand in his pocket and drew out a letter. Quite chirpily he said: "I already have here a letter from a young barrister applying for the post of Registrar."

No use beating about the bush, so I said: "That is to be our best-paid post, and should be given to an experienced nurse."

With few dissentients the Council supported this view. A Sub-Committee, of which I was Chairman, was appointed to interview and recommend to the Council three candidates for the post of Registrar. Having selected two candidates—the voting of the Sub-Committee for Miss M. S. Riddell and another lady was equal. My casting vote would have turned the scale. I did not consider it fair to exercise this right. We therefore agreed to send forward the names of four instead of three candidates for the consideration of the Council.

Miss M. S. Riddell was run by the College group for all they were worth. Those of us who preferred that our Council should be free and independent of social "College" pressure from outside, were in favour of Miss G. R. Hale, the Matron of the Elizabeth Garrett-Anderson Hospital, whose genius for administration, discreet and forcible character, and "registration" convictions, were known throughout the profession. At the meeting called to elect the Registrar the

selection of whom might make or mar the conduct of business and usefulness of the Act (as it has done), the College Group, supported by every lay-member present, voted for Miss Riddell, who was elected by a majority of one vote. Thus, for the first time, the representatives of the free nurses' organisations felt the pressure of the lay hoof and realised that *the Registrar had been elected by the lay vote on the Council.*

Until the laity have been deprived of such injurious power in the Governing Body of the great Profession of Nursing, it can never use to the full the dignity of personal responsibility—for the benefit of the community, or command its confidence and respect.

ETHEL G. FENWICK.

(To be continued.)

THE STATE REGISTER OF NURSES.

The 1923 edition of the State Register of Nurses has just been published under the authority of the General Nursing Council for England and Wales. It, presumably, includes the names of nurses registered up to, and including, the December Meeting of the G.N.C. in 1922, the highest number registered in each part being respectively:

General Part	10,879
Supplementary Parts:	
Male Nurses	24
Mental Nurses	626
Nurses for Mental Defectives ..	8
Sick Children's Nurses	195
Fever Nurses	356
	<hr/>
	1,209
	<hr/>
	1,209
	<hr/>
	12,088

The Registrar would be well advised to at least verify the records of members of the Council in the Register before it goes to press. In the copy before us the certificate printed against the name of Mr. Robert Donaldson has been erased, and the correct entry written in. Last year there was a mistake made in Miss MacCallum's entry.

We notice also that the number allotted to Miss Alice Lowe on the General Part of the Register is 76,570, presumably a "clerk's error," which should have been corrected before the Register went to press.

The table showing the names of the General Nursing Council requires revision as to type.

The titles of the Chairman and the Registrar of the Council are in tiny black type. These important offices should be given prominence, while the name of the Registrar should be greatly reduced in size.

Registered Nurses are to be congratulated that the type and binding are in accordance with one of the suggestions made by us for their benefit during our term of office on the First Council, which was not turned down by the usual majority vote where their interests were concerned.

APPOINTMENTS.

MATRON.

Devizes and District Hospital.—Miss E. Rixon, S.R.N., has been appointed Matron. She was trained at the Royal Devon and Exeter Hospital, where she held the positions of Home Sister and Sister-Tutor.

County Borough Tuberculosis Dispensary, Bury.—Miss Jessie Mayers, S.R.N., has been appointed Matron. She was trained at the Union Infirmary, Birkenhead, and has held the positions of Staff Nurse at the Horton War Hospital, Epsom, and Sister at Bury Tuberculosis Dispensary.

Edward Hain Memorial Cottage Hospital, St. Ives.—Miss Ellen Edsall Burch, S.R.N., has been appointed Matron. She was trained at the Royal Infirmary, Truro, where she subsequently held the position of Sister. During the war she served as a member of Queen Alexandra's Imperial Military Nursing Service Reserve. Recently she has held the position of Sister at the Royal Albert Hospital, Devonport.

ASSISTANT MATRON.

Royal Hospital for Incurables, Donnybrook, Dublin.—Miss Annie Morton, R.G.N., has been appointed Assistant Matron. She was trained at the Richmond, Whitworth and Hardwick Hospitals, Dublin, and has been Sister at the Whitworth Hospital for five and a-half years.

NURSE-MATRON.

War Memorial Hospital Cottage Hospital, Waltham Abbey.—Miss E. A. Lowry, S.R.N., has been appointed Nurse-Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne; and has been Sister under the Metropolitan Asylums Board; Matron of the Cottage Hospital, Wallington; and Night Sister at Brighton Sanatorium.

SUPERINTENDENT-NURSE.

The Infirmary, Longfleet Gardens, Poole.—Miss Clara Ingham has been appointed Superintendent-Nurse. She was trained at the Staincliff Infirmary, Dewsbury, and has been Head Nurse at the Hambledon Union. She is a Certified Midwife.

SISTER-TUTOR.

Whitechapel Infirmary, E.—Miss Josephine Carew, S.R.N., has been appointed Sister-Tutor. She was trained at Brownlow Hill Infirmary, Liverpool, and has held the position of Sister at the Grove Hospital, Tooting, Theatre and Massage Sister at Edmonton Infirmary, Massage and X-Ray Sister at St. Mary's Hospital, Paddington, Home Sister at Dulwich Infirmary, Massage and X-Ray Sister at St. Mary's Hospital, Paddington, Home Sister at Dulwich Infirmary, Theatre Sister at Neasden Municipal Hospital, Theatre and Massage Sister at Holborn and Finsbury Hospital.

SISTER.

Royal Infirmary, Preston.—Miss Dorothy Hartland, S.R.N., has been appointed Sister. She was trained at the Royal Infirmary, Gloucester, and during the war served as a member of Queen Alexandra's Imperial Military Nursing Service Reserve; and has been Matron of the Parkgate Convalescent Home attached to Chester Royal Infirmary. She is a Certified Midwife.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Sarah A. Boneham is appointed to Todmorden, as Senior Nurse; Miss Margaret L. Anderson is appointed to Wheatley Hill; Miss Annie Baillie to Kettering; Miss Effie Dolman to Wolverley; Miss Lillian F. Galliot to Bath; Miss Edith M. Hall to Shoeburyness; Miss Elizabeth A. Hope to Scarborough;

Miss Hilda Hill to Maidenhead; Miss Margaret H. Lambe to Clacton; Miss Alice Marshall to Stockport; Miss May A. Smith to Waltham Holy Cross.

WEDDING BELLS.

The engagement is announced of Mrs. L. A. Starr to Major G. E. C. Underhill, 1st Punjabis. Mrs. Starr is a nurse at the C.M.S. Mission Hospital, Peshawar, and in 1915 married Dr. V. H. Starr, who was stabbed by frontier tribesmen there in her presence, and died of his wounds. Yet she set out in search of Miss Mollie Ellis last April without a male escort and rescued her from Afghanistan after she had been kidnapped from her father's bungalow at Lohat. For her action she was awarded the Kaisar-i-Hind gold medal, and received the life-saving medal of the Order of the Hospital of St. John of Jerusalem in England. The daughter of the Rev. T. Russell Wade, a C.M.S. missionary in India, she took up medical missionary work at Peshawar in 1913, fifty years after her father had started his labours there.

THE PROFESSIONAL UNION OF TRAINED NURSES.

A delightful meeting between the ladies accompanying the Dominion Delegates to the Imperial Conference, and prominent women of this country, took place at the Hyde Park Hotel on Tuesday afternoon, November 12th, under the auspices of the National Women Citizens' Associations.

The speech made by Lady Rhondda was most interesting; the only matter for regret being that the speeches of our visitors were not long enough. However, it was nice to have had the pleasure of seeing and talking to our sisters from overseas, and we can heartily endorse Mrs. Ogilvie Gordon's wishes for closer union and a safe voyage home.

A MEMBER OF THE P.U.T.N. WHO WAS THERE.

The Professional Union of Trained Nurses has lately been represented on a deputation to the Minister of Health *re* lunacy reform. The Mental Treatment Bill, which received a third reading in the House on June 19th, contains clauses which, unless modified, may lead to a still further curtailment of the rights of individuals.

The main object of the deputation was to ask that the Bill should be postponed until a Royal Commission, composed of impartial persons—not a Departmental inquiry composed largely of visiting committees and asylum medical superintendents, such as was appointed last year—had been set up, to hold a full enquiry into the administration under the present Lunacy Laws.

Exception was specially taken to Clause 4 of the Bill, which might introduce a totally new principle into English Law, *i.e.*, that a person could be deprived and detained against his will in an asylum or other institution *without first being certified insane.*

There can be but little doubt that there is room for improvement in our treatment of Mental patients, and many Societies are pressing for an enquiry before further Bills become law.

MAUDE MACCALLUM, *Hon. Secretary.*

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE GENERAL ELECTION.

As our Members are aware, the General Election is to take place on Thursday, December 6th, and we ask all our Members in London to remember the great debt which their profession owes to Major Barnett. We trust that they will endeavour to use the opportunity which is thus offered to them for repaying a little of the wonderful kindness, and the care for their interests, which has characterised the whole of Major Barnett's career in the House of Commons. During the years that he has occupied a seat in the House, the nurses have never appealed for his help in vain. On more than one occasion, although he never drew attention to the fact, he has placed their interests before his own, and, in addition, has given up much time to their cause when he must have found it exceedingly difficult to spare this. However much we may disapprove of certain aspects of the administration of the Registration Act, the fact remains that it is to Major Barnett that we owe the establishment of this Act upon the Statute Book, in spite of immense and organised opposition, and that, thereby, the nurses have acquired a great heritage which can, and in time must, add enormously to the status of the profession and the power of the nurses to protect their qualifications and economic position. At the time when the last battle for the Act was fought and won, there were very many who expressed the hope that some day they might have the opportunity to repay Major Barnett for his goodness. We ask Members to carry into effect the determination that at least it will not be their fault if the battle, in which Major Barnett is to be engaged for the next fortnight, does not end in victory. There is a great amount of canvassing to be done, so let each remember that we have a debt of honour to meet, and write to the offices of the R.B.N.A., stating what amount of time (even if it be but little) she can spare for the work. We hope to hear from many nurses during the next few days.

SALE OF WORK FOR THE TRAINED NURSES' ANNUITY FUND. ALTERATION IN DATE.

Owing to the fact that the General Election is fixed for December 6th it has been decided to alter

the date of the Sale of Work for the Trained Nurses' Annuity Fund, as, if we adhere to the day originally fixed upon, the result of the Sale might be affected adversely, as nurses will be busy with work connected with the election, and also many people who might attend the Sale could not do so on December 5th. The Sale of Work will take place on Tuesday, December 11th, commencing at 2 p.m., and we shall be glad if the Members will send us their contributions as soon as possible, in order that we may have all articles marked and put away in their separate sections, and thus lessen the amount of work to be accomplished on the day before the Sale.

MISS PARSONS' RECITAL.

The large drawing-room at Queen's Gate was literally packed for Miss Anderson Parsons' recital on Saturday, 10th inst., and the whole audience was enthusiastic in its appreciation of the wonderful rendering of each one of the various items on her programme. Miss Parsons has given us many informal treats round the drawing-room fire of an evening, and the audience on the 10th was sufficient evidence that these kindnesses had been appreciated not merely as such, but also that the members are well able to recognise and enjoy a fine dramatic talent when they meet with it.

"The Barrel Organ" was a long piece which, in itself, would have been a sufficient tax upon many an elocutionist for one afternoon, but Miss Parsons went through the long programme which followed with all the vivacity and feeling characteristic of her work. With the organ grinder he wandered through many phases of English life, and, as each was brought in mental panorama before us, we felt always the flooding of the sunshine over the gardens at Kew and the fragrance there "in lilac time." Then followed "The Ballad of Lorraine Lorree" and "Lasca," with their wonderful pathos, and next we were transported into the pain and terror of the French Revolution by "The Aristocrat." This was followed by two beautiful poems by Sir Henry Newbold.

After the interval that perfectly lovely "Sea Fever," by John Masefield, held us spellbound, and it was followed by his "Laugh and be Merry." Then came "The Passing," by W. E. Henley; "Wander Thirst," by Gerald Gould; "The Soldier," by Rupert Brooke; "Babies' Eyes" and

"Riches," by Habberton Lulham. Then Miss Parsons transformed herself into an Irish colleen, dressed in a wonderful shawl lent by Mrs. Ball, and she gave us a series of Irish poems, so rich in the inimitable humour of the Emerald Isle and fragrant with the subtle feeling and quaint glimpses of human nature which flow through the simpler writings of the Celt. Miss Parsons finished her programme with two poems (given by request) from her favourite author, Dr. Rudyard Kipling—"Martha's Sons" and "L'Envoi." The former she described as "the best satire on class distinction ever penned." There was a request for some further pieces, but those responsible for the arrangements, realising the great strain put upon Miss Parsons in going through such a lengthy programme in a crowded room, decided that the entertainment must come to an end. We are delighted to announce, however, that Miss Parsons has promised us another recital early in the New Year, when she will confine her programme to the works of Dr. Rudyard Kipling. Miss Cattell, on behalf of those present, thanked Miss Parsons very warmly for her delightful entertainment, and then a merry crowd streamed downstairs to the dining-room for tea.

A GENEROUS AND MOST ACCEPTABLE GIFT.

Mrs. Campbell Thomson, Nurse Hon. Secretary, has presented the Club with a very large platform for entertainments. It will be made in separate sections, so that we shall be able to erect it either in the drawing-room or dining-room as may be required. This platform will prove of the greatest value to the Association, and will save us the very heavy cost which we have incurred, on certain occasions, for the hire of a suitable platform. The members are indeed most grateful to the Nurse Hon. Secretary for her exceedingly generous gift.

BURNT ASH DRAMATIC CLUB.

Through the kindness of Miss Alice Cattell we have been able to arrange for the Burnt Ash Dramatic Club to play "Eliza Comes to Stay," at the Club, on Saturday, December 8th, at 8 p.m. We have not yet received particulars as to the parts to be taken by the different people who form the Club, but we hear that the play is likely to be exceptionally well done, and we shall be most grateful to those members who will help us to make it known and who will assist in selling tickets. The proceeds are to go towards "The Princess Christian Memorial Fund."

MUSIC, HEALTH, AND CHARACTER.

The above is the title of a remarkable book by Agnes Savill, M.D., published by John Lane & Co., price 7s. 6d. The purpose of the book is an endeavour to help the unmusical to take an interest in music, and to show them that they can, if they wish, come to love it, as she herself did after almost disliking it for years. Dr. Savill tells of the value of music in illness, for she is convinced

of its healing power. She mentions in particular Chopin's Funeral March, which appears to have given her her first pleasurable emotion from listening to music. I should like to say a great deal about this wonderful book. I certainly advise everyone to read it; they can either buy it or get it from a library. I hope it will be a great success. The author has been known to me for some years. She has always been a bright, courageous soul through much tribulation, and is at all times sympathetic and kind to others.

I wish all success to a beautiful and unique book.

ALICE CATTELL.

A NEW ADVENTURE.

Recently we paid a visit to the show rooms of Miss Tubbs and Miss Hotine, otherwise Fleurise, and we strongly advise nurses to follow the same example if they have a taste for lovely lingerie and wish to purchase it at a very moderate cost. There are to be found at the show rooms of Fleurise the most beautiful and dainty embroideries in wonderful variety and, indeed, we have never seen more exquisite needlework. Fleurise supplied a part of the trousseau of the Crown Princess of Sweden, which speaks for the good taste and beauty of their work. Miss Tubbs is a member of the R.B.N.A., and did splendid work during the war. When she decided to give up nursing, and to strike out in some new direction, her love of pretty things stood her in good stead, for she and her partner evidently have the faculty for making business a success, and for procuring both enjoyment and interest from their new adventure, at 42, Dorset Street, Baker Street, W.1.

DONATIONS.

General Purposes Fund.—Miss E. Jarvis, 9s. 6d.; Miss M. A. Hart, 2s. 6d.; Mrs. Welch, 6d.

Settlement Fund.—Miss S. E. Richmond, £2 14s.; Miss K. Glover, £1; Miss Starke, 19s. 6d.; Miss Evaline Pemberton, 11s.; Mrs. Hurst, 10s.; Miss Effie Reynolds, 10s.; Miss Margaret Macdonald, 9s.; Miss C. E. Goode, 6s.

Helena Benevolent Fund.—Miss Kathleen Glover, £1; Miss Cancellor, 5s. 6d.; Miss M. Bell, 2s. 6d.; Mrs. Welch, 1s.

NOTICE.

Owing to the General Election Dr. Letitia Fairfield's Lecture will not take place.

DANCING.

A number of the members have made arrangements to have dancing lessons from Miss Vera Aubrey on Monday evenings at 8 p.m. Miss Aubrey is Principal of the School of Dancing at 54, Tavistock Square, and received her training at the famous Vernon Castle School of Dancing, Dover Street. As she is a trained nurse herself, Miss Aubrey has very kindly arranged to give lessons to the nurses at the very much reduced fee of 2s. 6d. per lesson of one hour and a-half. Nurses who wish to take advantage of this should be at the Club at 7.50 on Monday evenings.

ISABEL MACDONALD,

Secretary to the Corporation.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Forty-first Meeting of the General Nursing Council for England and Wales was held at the Ministry of Health, S.W., on November 16th, 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.

I.—Minutes of the Last Meeting.

The minutes of the last meeting were confirmed with three amendments, the principal being that leave be given to withdraw Paragraph 6, including Recommendation 13 of the Agenda.

II.—Correspondence.

LETTER FROM THE MINISTER OF HEALTH.

(1) The following letter was received from the Ministry of Health:

MINISTRY OF HEALTH,
Whitehall, S.W.1.,
November 5th, 1923.

DEAR MADAM,—I am directed by the Minister of Health to refer to your letter of July 30th, forwarding for approval a Syllabus of Subjects for Examination of Mental Nurses and those nursing Mental Defectives. The Minister has been in communication with the Board of Control, and has been informed that they concur in the proposed Syllabus. The Board point out, however, that the proposed examination is similar to that already conducted by the Medico-Psychological Association. The Minister shares the view of the Board that it is undesirable that there should be two bodies holding examinations for mental nurses, and he would welcome any steps to avoid such duplication. The effect of these duplicate examinations is to perpetuate two classes of mental nurses, registered and unregistered, since, if mental nurses were for any reason reluctant to register, it would obviously be extremely difficult to question the qualifications of an unregistered nurse, who, in fact, held the Certificate of the Association. The Minister looks forward to the time when all institutional nurses will be registered, but in the case of mental nurses so long as the duplicate examinations continue there is a danger that nurses may prefer to seek the Certificate, the value of which has long been recognised, and to take the examination, the fee for which is understood to be less than the fees contemplated by the Council.

While, therefore, the Minister is prepared to give his sanction to the Syllabus now submitted, before coming to a final decision, he would urge upon the Council the desirability of considering very carefully whether some means could not be found of avoiding the threatened duplication of examinations covering practically identical ground. I am accordingly to enquire whether the Council would be prepared to appoint representatives to meet the Board of Control and representatives of the Medico-Psychological Association, in order to explore the possibility of co-operation so as to obviate the continuance of a dual examination system. If the Council would accept an invitation to such a Conference the Minister proposes to ask the Board of Control to make the necessary arrangements.

I am, Madam, your obedient servant,

L. G. BROCK.

It was agreed to accept the invitation and that the Chairman of the Council and the three Mental Representatives (Dr. Bedford Pierce, Miss M. Wiese, and Mr. R. Donaldson), with two members of the Council to be selected by the Education and Examination Committee, should attend the Conference and take the Registrar with them.

(We hope the delegates of the G.N.C. will make it clear to the Conference that the only certificate in Mental Nursing which is now of value to Mental Nurses, is that which is given under the authority of the State, after examination by the General Nursing Council for England and Wales, as provided in the Nurses Registration Act, 1919, and which confers legal status upon them and the right to use the letters, R.M.N., after their names. Just as the London Obstetrical Society, which did valuable work in examining midwives, ceased to do so when the examination of the Central Midwives Board was established under an Act of Parliament, so the Medico-Psychological Association should now cease from examining Mental Nurses, setting its examiners free, moreover, to examine for the State Certificate.

We emphasise this point because, as recently as the 2nd inst., an advertisement appeared in a contemporary under the heading "Mental Nursing as a Career for Women," in which applicants are invited to apply for training at the Retreat, York, "a Registered Hospital for the treatment of mental diseases." The advertisement states that "the period of training is, for Medico-Psychological Certificate, 3 years; for Retreat Certificate, 4 years. . . . Fully qualified nurses can always command good salaries." No mention is made of the State Examination to be held in the future or of the legal qualification of "Registered Mental Nurse," but it is certain that unless Mental Nurses can show that their names are on the State Register they will within a few years find that the good salaries will be commanded primarily by the Registered Mental Nurses.)

FURTHER LETTER FROM THE MINISTER OF HEALTH.

(2) THE CHAIRMAN also reported that a letter had been received from the Minister relating to the Syllabus of Examination in Fever Nursing, which had not arrived in time to be placed on the Agenda.

LETTER FROM THE JOINT NURSING AND MIDWIVES' COUNCIL, NORTHERN IRELAND.

(3) A letter was considered from the Registrar, Joint Nursing and Midwives' Council, Northern Ireland, dated October 26th, 1923, asking the Council to permit them to adopt the Nurses' Chart that is included in the Syllabus of subjects for Examination.

The Council unanimously agreed to accede to the request.

LETTER FROM THE NATIONAL ASYLUM WORKERS' UNION.

(4) THE CHAIRMAN further read a letter from the National Asylum Workers' Union, stating that it considered the fee of £2 2s. for the Preliminary Examination absurd and unreasonable, that pro-

bationers could not afford to pay it out of the salaries they received, and that it considered the General Nursing Council had made a serious error. The letter further stated that Miss Wiese knew their views and had their confidence. It further complained at the delay in the issue of Badges and Certificates.

THE CHAIRMAN said that perhaps Miss Wiese would inform the Union that the fees could not be lowered, as the expenses of the Examination must be covered by them, and that the Badges and Certificates were dispatched as early as could be.

III.—REPORT OF COMMITTEES.

Report of the Finance Committee.

SIR JENNER VERRALL, Chairman of the Finance Committee, moved that the Report be received.

I. REPORTED.—That the Committee has met once—on November 8th, 1923.

II. Recommendation 1—

"That the Bills and Claims submitted for payment be approved, and that the sum of £200 for Stamps and £15 for Petty Cash be allowed."

III. Recommendation 2—

"That the Nurses' Charts, when ordered in quantities of not less than 100, should be sold at the rate of 20s. per hundred; and for quantities of not less than 50 in excess of that at the same rate."

IV. REPORTED.—That the Committee raised no objection to Recommendations 14, 15 and 16 of the General Purposes Committee.

These Recommendations were as follows:—

(14) "That the following be sanctioned: Six Lock Steel Filing Cabinets, £11 7s. 8d. each; 1 Table, at a cost of £1 10s.; 2 dozen Hand Towels, 1 dozen Tea Cloths, 1 dozen Dusters, and ½ dozen Round Towels." £3 7s. 5d.

(15) "That the Council authorize the General Purposes Committee to make all necessary enquiries as to the accommodation which is required for the future, and to report further on the matter."

(16) "That the Monday before Christmas Day be given as a holiday, and that the office be closed from Saturday afternoon, December 22nd, until Thursday morning, December 27th."

V. REPORTED.—That the Committee raised no objection to Recommendation 8 of the Education and Examination Committee, provided that estimates are obtained from several firms of printers.

(Recommendation 8 of the Education Committee refers to the printing of the documents to be issued in connection with the Scheme for conducting the State Examination.)

SIR JENNER VERRALL moved that the Report be approved, and this was agreed.

2.—Report of the Registration Committee.

I. REPORTED.—That the Committee has met three times—on October 26th, November 2nd and November 9th, 1923.

II. CONSIDERED.—Application from a Registered Nurse who states that she has lost her silver badge and wishes to be informed whether a new one can be supplied to her. The opinion of the Committee

is that lost badges should be dealt with in the same way as lost certificates of registration.

Recommendation 3.

"That the same procedure be adopted as with the Registration Certificate, that evidence has to be produced that the Badge has really been lost, and that some steps have been taken to recover it, and a period of one year elapse before any question of renewal can be considered, and that the word 'duplicate' be engraved on the back of the badge at the expense of the loser."

III. Recommendation 4.

"That in view of the fact that the third Friday in December is the Friday immediately preceding the Christmas Holidays, the December meeting of the Council be held at 2.30 p.m. on Tuesday, December 18th."

IV. REPORTED.—The edition of "The Register of Nurses" for the year 1923 has been received from the printers. It is published by the Council, and is to be obtained from the Council's office at 10s. 6d. for each copy. A copy is laid upon the table for inspection by members of the Council.

[This edition is ten and a-half months late.—ED.]

V. Applications for Registration.

The following statements have been forwarded to the Ministry of Health:—

Applications received during the week ending—

October 13th, 1923	.. .. .	43
" 20th, "	.. .. .	49
" 27th, "	.. .. .	25
November 3rd, 1923	.. .. .	35

VI. Registration to November 3rd, 1923.

Applications received	.. .. .	41,808
Applications approved by the Council to		
October 19th	.. .. .	27,770
November 16th	.. .. .	2,033
Applications ineligible to meeting on		
October 19th	.. .. .	1,078
Application ineligible, to be brought before		
meeting on November 16th	.. .. .	42
Applications withdrawn	.. .. .	56
Applications incomplete	.. .. .	10,829
		<hr/>
		41,808

General Register	..	1,321
Male	..	18
Mental	..	507
Mental Defectives	..	17
Sick Children's Register	51	
Fever Register	..	119
		<hr/>
		2,033

VII. (Consideration of Item VII (subjoined) was deferred to be taken *in camera*.)

Lists of 2,033 applicants for registration, whose applications have been found to be in conformity with the rules, are appended.

Recommendation 5.

"That the 2,033 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 6.

"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."

DR. GOODALL expressed the hope that nurses would realize that more care should be taken of Badges even than of certificates, as they were worn and easily lost. He thought they should realise that the Council thought it important. He drew attention to the 1923 Register now issued, and said it was hoped that the next edition would be out in March.

[The insignificant little Badge made in the form of a brooch is of poor construction, and is certain to be lost in large numbers. Had the Badge been solid and handsome, as it should have been, and worn as the Queen's Nurses Badge is, suspended by a distinctive ribbon, it would have been greatly valued and cared for.—ED.]

4.—Report of the Mental Nursing Committee.

The Report of the Mental Nursing Committee was moved by the Chairman, DR. BEDFORD PIERCE, who said he had no comment to make.

I. REPORTED—That the Committee has met once—on October 1st, 1923.

II. CONSIDERED—Rules for Admission to the Register after June 30th, 1923, referred by the Council on October 19th, 1923.

REPORTED—That the Committee is satisfied with the Rules as drafted.

III. CONSIDERED—Scheme for the conduct of the State Examination so far as relating to Mental Nurses. The Committee has forwarded its recommendations to the Education and Examination Committee for inclusion in the Scheme.

IV. CONSIDERED—Reply sent by Chairman of the Council to the letter from the Secretary to the Mental Hospital Matrons' Association, which was referred to the Education and Examination and Mental Nursing Committees.

REPORTED—That the Committee is in agreement with the reply sent.

5.—Report of the General Purposes Committee.

MISS COX-DAVIES, Chairman of the General Purposes Committee, moved that "her" report be received.

I. REPORTED—That the Committee has met once—on November 5th, 1923.

II. REPORTED—That extra Equipment is required for the office.

Recommendation 14.

That the following be sanctioned :—

6	Lock Steel Filing Cabinets	£11 7s. 8d. each.	
1	Table at a cost of	£1 10s.	
2	dozen Hand Towels		} £3 7s. 5d.
1	" Tea Cloths		
1	" Dusters		
½	" Round Towels		

III. REPORTED—That after considering the Report presented by the Examinations Officer, as to the expansion of premises required in the near future to meet the development of the educational work of the Council, it was decided that the existing accommodation is quite inadequate, and that the

following recommendation be forwarded to the Council :—

Recommendation 15.

"That the Council authorise the General Purposes Committee to make all necessary enquiries as to the accommodation which is required for the future and to report further on the matter."

IV. REPORTED—The subject of a Superannuation Scheme for permanent officers has been under consideration. A further report with a recommendation will be presented in due course.

Recommendation 16.

"That the Monday before Christmas Day be given as a holiday, and that the office be closed from Saturday afternoon, December 22nd, until Thursday morning, December 27th."

Discussion.

In relation to Item III, and Recommendation 15, MISS COX-DAVIES said that it was quite clear that with the Examination in front of the Council the present quarters would be inadequate well within the next twelve months. The Committee thought the engagement should be terminated at the next opportunity. The numbers for the examination were likely to be large, and in the meanwhile there was the question of the storing of documents.

MISS E. SMITH enquired whether the pressure on the space would not diminish when the work of registration was overtaken.

THE CHAIRMAN said there was no question that there was not room to store things.

REV. G. B. CRONSHAW asked the Chairman to tell the Council what he had told the Finance Committee on this subject, which had convinced it.

THE CHAIRMAN said it was going on rather uncertain ground, but it was believed that the number of nurses in the country was larger than had been thought hitherto. It was now believed that there were about 150,000 existing nurses, and at no long distance of time they would have to have 150 yards of filing cabinets. He suggested that the members of the Council should go and look at the arrangements of the Teachers' Registration Office in Bedford Square, or at those of the General Medical Council.

It was plain that looking at it even from a Registration point of view that the accommodation would not for long be sufficient. There was also the question of the heavy steel cabinets. The house was an old one, and they did not know what the floors would stand.

MISS MUSSON agreed that they would be crowded out.

MISS COX-DAVIES then moved that "her" report as a whole be adopted, and this was agreed.

6.—Report of Uniform Committee.

MISS VILLIERS (Chairman of the Uniform Committee) moved that the Report be received.

I. REPORTED—That the Committee has met once—on October 29th, 1923.

II. Recommendation 17.

That the following Uniform be adopted for Registered Male Nurses—

"White coat of linen or cotton drill to knee. Registered braid on collar, similar to the collar of the Female

PROSTRATION

IN cases of extreme exhaustion Virol is often the one food which can help the patient. It throws absolutely no tax on the digestion, and supplies just those valuable elements which the patient must receive if health is to be restored.

Small quantities of Virol or Virol and Milk given at frequent intervals will help the patient over the difficult stage.

As soon as more normal conditions are restored, the Virol should be continued between meals. Virol hastens convalescence and leads to rapid recovery. The confidence of Doctors in Virol is shown by the fact that

40 million prescribed portions of VIROL were given in 3,000 Hospitals and Clinics last year

VIROL

In Jars, 1/3, 2/- and 3/9

VIROL LIMITED, HANGER LANE, EALING, LONDON, W.5

Nurses uniform. One band of Braid round cuff four inches from end of sleeve. Four Registered Buttons."

III. Recommendation 18.

"That in order to facilitate registration of the uniform, the woven badge be placed on the shoulder strap of the overcoat and on the lapels of the short coat and of coat frock."

MISS VILLIERS explained that this recommendation was made because they were told at the Registration Office that the uniform was not distinctive enough.

She then moved that the Report be approved, and this was agreed.

The Council then discussed the applications for registration *in camera*.

Penny Wise and Pound Foolish Policy.

It will be remembered that when an office was required for the General Nursing Council we recommended that No. 12, Cavendish Place, Cavendish Square, should be taken. It would have met the requirements of the Council for years. This was opposed by the College Group, and by the Ministry, as too expensive, and a smaller and cheaper house had to be taken. A move will cost the Nurses a loss of hundreds, if not thousands, of pounds. The usual penny wise, pound foolish policy of self-sufficient ignorance.

The Report of the Education and Examination Committee with the discussion thereon will be published next week.

GENERAL NURSING COUNCIL FOR SCOTLAND.

Registration of Nurses in Scotland.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—There still seem to exist in the minds of Nurses considerable doubts as to the latest dates for the various classes of nurses registering in Scotland.

The position in Scotland is as follows:—

Existing Nurses (those whose training was completed before November 1st, 1919) cannot now apply, the last date for doing so having been July 29th, 1923.

Intermediate Nurses (that is, those who finish a three years' training at any period between November 1st, 1919, and September 30th, 1925) can still apply to be put on the Register without examination.

Future Nurses (those finishing training after September 30th, 1925) must pass the Council's Examinations.

I am,

Yours faithfully,

13, Melville Street,
Edinburgh,

W. FARMER,
Registrar.

November 17th, 1923.

THE HOSPITAL WORLD.

A large company for the most part consisting of ladies, assembled at the Royal Victoria and West Hants Hospital, Ashley Road, Boscombe on November 8th, on the occasion of the receiving of the linen supplied by the Ladies' Linen Association during the past year. The work was on view before the presentation and it was but further evidence of the interest the women of the community take in the hospitals.

Lady Malmesbury (President of the Association) presided, and was supported by Col. A. Heygate Vernon (Chairman of the Board), the Rev. A. P. Annand (Rural Dean), Mr. Percy M. Bright, J.P. (vice-chairman), Mr. Chas. Hodges, J.P., Miss Childs (Matron), and Mr. Gordon M. Saul (Secretary).

Lady Malmesbury, in handing over the linen to the hospital, reported that the subscriptions and donations were encouraging. The number of articles given was 2,522, as compared with 2,360 for last year. The value of the articles was £418 3s. 1d., as compared with £417 15s. 3d. last year. The subscriptions and donations amounted to £243 17s. 9d., as against £229 8s. 3d. last year. There was also a balance in the bank from last year of £91 15s.

Col. Heygate Vernon expressed thanks to the Association, and in referring to the hospital, said it was getting too small for the town and the work it had to do, so the Governors have decided that it was necessary to increase the number of beds. While they had been in debt it was impossible to think of increasing the hospital. Since they had been clear they had begun to think of what they could do and a small committee had been appointed for that purpose. The most pressing thing they needed was more beds. It was intended to extend the Lady Wills ward and put a ward over the top which would practically add equal to eighty new beds. The men who were housed in the hut would be moved into the new ward and they would have a nett increase of 50 beds. Some of the nurses were housed in Shelley Road and they proposed to add a wing to the Child Clark Hostel.

The architect estimated the cost of the whole of the proposals at £50,000, but extension was absolutely necessary. They had had some liberal bequests, and he hoped they would get the whole amount.

Over £10,000 has been raised for the Seamen's Hospital by means of entertainments at the East Ham Palace of Varieties.

COMING EVENTS.

November 24th.—West Middlesex Hospital Nurses' League. Winter Reunion. Tea 3-5 p.m. Dinner 7 p.m.

November 26th.—Royal Sanitary Institute. Address on "Sanitary Relief Work in Russia," by Miss Muriel A. Payne. Dr. Louis C. Parkes in the chair. 90, Buckingham Palace Road. 5 p.m.

LETTERS TO THE EDITOR.

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

"COLLEGE IDEALS."

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM,—The paragraph "College Ideals" which appeared in your issue of November 10th must have been a great shock to most of your readers. That the Executive Committee of the British Legion should for a single moment lend themselves to any scheme to divert even the smallest proportion of their funds from their most deserving object, the necessitous ex-service men, war widows and orphans, is incomprehensible.

In my opinion to obtain money from the public even in return for a "Poppy Song," upon which is printed "On behalf of Earl Haig's (British Legion) Appeal," and to give *any part* of the money obtained to any other purpose whatever is a most unjustifiable proceeding and likely to bring the British Legion Appeals into disrepute.

That even the members of the College of Nursing should drag the Nursing Profession still lower by lending themselves to such paltry means to obtain funds is almost unbelievable. Is it possible that there are women—Nurses—so wanting in self-respect and sympathy as to deprive necessitous ex-soldiers, widows and orphans of halfpence!

To all your readers who may share my feelings in this matter may I suggest they do as I have already done—write to the Committee of their local branch of the British Legion so that they in their turn may make their protest at the headquarters of their Association so that such a practice may be nipped in the bud, and for the future we may all contribute and work together for the benefit of those who have done so much for us.

I remain, dear Madam,

Yours faithfully,

The Lindens, MARY BURR.
Brimscombe, Stroud, Glos.

THE NURSE PAYS.

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM.—I notice in the press that the House Committee and doctor of Tawe Lodge, Swansea (the Matron is Secretary of "College") Local centre recently applied to the G.N.C. for a grant of money to maintain its status of a Training School for nurses, as the requirements of the Nursing Council would have to be complied with, and it would be necessary to appoint a competent surgeon for at least twelve months, as well as purchase a quantity of instruments at a cost of about £100. It was stated that if the proposals were negatived, the Lodge as a training school would cease to exist.

The sub-committee recommended that the General Nursing Council should be asked to make a grant towards the new system; that the doctor's suggestion regarding equipment should be accepted, and that Mr. Howell Gabe should be engaged at

five guineas a case to perform operations in the operating theatre, to which should be attached a gallery to enable nurses to view the work.

The Clerk read a letter from the General Nursing Council that no grant could be made towards the training of nurses.—S. R. N., *Wales*.

Presumably neither the doctor nor the members of the House Committee are aware that the Registered Nurses finance the G.N.C., and that the Nurses' Act does not permit it to use our money for equipping training schools, and paying doctors' fees, even if the nurses are to be permitted to "view the work" from a gallery! We already resent the abnormally extravagant expenditure and incapacity of the G.N.C.. If it could squander our money outside the office as well as inside, where should we be?—ED]

"LIFTING CASES."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with very great interest and appreciation your remarks in "Echoes" on November 10th, on private nursing ethics, and hope it has met the eye of several nurses I know who have "lifted" cases from our co-operation, and who have provided themselves with work and high fees at our expense. It is most dishonourable conduct, and every "Co" should insert a clause such as you suggest to prevent financial injury to its co-operative business. Private nursing is now a very limited branch of work, owing to the terrible cost of living, so if nurses want to keep a "Co" together they must be fair and square.

Yours sincerely,

A CO NURSE.

YOUTH v. EFFICIENCY AND EXPERIENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The cost of labour, including nursing, is now so high that people demand all they can get for their money, and youth, if it carries health and strength with it, is in demand. No one cares a button about efficiency or experience—which often means middle age. I speak feelingly, as I find nursing in any department most difficult to obtain now that I am 50. It is the age of the flapper and flapdoodle, the majority of whom do not know how to put in a good day's work, and don't mean to either. A lethal chamber for superfluous women would be a boon and a blessing.

Yours,

ONE WHO TAKES THE B.J.N.

NOTICE.

We regret that we have been unable to award a prize this week, no paper of sufficient merit having been received?

OUR PRIZE COMPETITION QUESTIONS.

December 1st.—What do you know of the different types of psoriasis, and of the constitutional and local treatment.

December 8th.—Why is the diet of a pregnant woman specially important? What general rules in regard to it would you advise her to observe, and what precautions would you suggest to her?

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, November 15th, Sir Francis Champneys, Bart., M.D., F.R.C.P., Chairman of the Council, presiding.

REPORT OF THE STANDING COMMITTEE.

On the report of the Standing Committee a letter was considered from the Medical Secretary of the British Medical Association stating that the Association desired to renew its protest against the permission given to midwives to use opium on their own initiative.

It was resolved that the Medical Secretary of the British Medical Association be informed that the Board sees no reason to alter the decision on this matter at which it has already arrived.

A letter was considered from a candidate making an application with regard to her training and admission to examination. It was resolved that the application be granted.

A letter was considered from the Chairman of the Colwall D.N.A. as to the suspension of Ann Elizabeth Price (No. 37,697) and a letter from the Medical Officer of Health for Herefordshire in connection therewith. It was resolved to inform the Chairman of the Association that the Board saw no reason to disagree with the action of the Medical Officer of Health for Herefordshire in the matters mentioned, and that the substance of Dr. Lowe's statement be forwarded at the same time.

APPLICATIONS.

For Approval as Lecturer.—The following application was granted *pro hac vice*: Kathleen Marguerite Douglas Harding, M.R.C.S., L.R.C.P.

For Approval as Teachers.—The following applications were granted: Alice Franklin (No. 5486), Florence May Garrett (No. 35684), Elizabeth Jeffries (No. 28033). The following applications were granted, subject to conditions: Elizabeth Annie Maud Sewell (No. 45032), Alice Maud Shelton (No. 51962), Mary Jane Webb (No. 25415), Mary Jane White (No. 51339).

The Board having considered an application from Elizabeth Hartridge (late No. 13155), for the restoration of her name to the Midwives Roll, resolved that the application be granted, and that the name of Elizabeth Hartridge, late No. 13155, be restored to the Midwives Roll and a new certificate issued to her subject to the payment of the fee of 10s., as provided by Rule D 20, and the fee for special examination, if any.

RESIGNATION OF EXAMINER.

The Committee reported that Dr. Eardley Holland had tendered his resignation as an

examiner at the London Centre and recommended that the best thanks of the Board be given to Dr. Eardley Holland for his efficient services as one of the Board's examiners. This was agreed.

Dr. Aleck William Bourne, M.D., F.R.C.S., has been appointed an examiner to fill a vacancy at the London Centre.

An application was approved from Mary Angus to be certified under Section 10 of the Midwives Act, 1918, by reason of holding the Certificate of the Central Midwives Board for Scotland, obtained in virtue of the possession of the Certificate of the Edinburgh Royal Maternity Hospital, gained after training and examination by that Hospital.

It was resolved that the Report on the work of the Board for the year ending March 31st, 1923, be signed by the Chairman and the Secretary, and forwarded to the Ministry of Health.

The Standing Committee reported that it had carefully considered a large number of suggestions for the amendment of the Rules sent in by Local Supervising Authorities, Medical Officers of Health, Examiners, and others; it had now completed the revision of the Rules and recommended that a copy of the revised Rules initialled by the Chairman, be approved by the Board and that the Minister of Health be asked to approve the same and to order that the new Rules shall come into force on January 1st next. This was agreed.

LONDON COUNTY COUNCIL.

REPORT OF THE MIDWIVES' ACTS COMMITTEE.

USE OF NITRIC ACID.

The Midwives Act Committee of the L.C.C. reported to the Council at its meeting on Tuesday last that their attention has been called to two cases in which strong nitric acid had been put into the eyes of newly-born infants in mistake for a weak solution of nitrate of silver, resulting in one case in total blindness of one eye and in the other in very grave impairment of sight. That the use of this acid was, no doubt, due to want of proper care on the part of the midwives concerned, but that they are nevertheless of opinion that the Central Midwives Board should be asked to prohibit the use of nitric acid by practising midwives. In coming to this conclusion, they have had regard to the fact that the prohibition of this acid will not prejudicially affect the position of midwives, as the sole purpose which it serves can be attained by other and equally simple means. They recommended that, in the opinion of the Council, the use of nitric acid by practising midwives should be prohibited, and that the Central Midwives Board be so informed.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1.862.

SATURDAY, DECEMBER 8, 1923.

Vol. LXXI

EDITORIAL.

AN EXPERT REPORT.

The Report of Dr. T. H. A. Valintine, the Director-General of Health, to the Hon. the Minister of Health in New Zealand, is always of great interest, touching, as it does, on the work of all the different departments concerned with the National Health. In that for the present year interesting reports are included from the Directors of the Divisions of Public Hygiene, Child Welfare, Nursing, School Hygiene, Dental Hygiene and Maori Hygiene, and also from the Medical Superintendent of Hospitals and Sanatoria, and from Dr. Ada G. Paterson, School Medical Officer, on aspects of Child Welfare Work in Great Britain and America.

The Reports of greatest interest to the readers of this Journal are (1) that of Dr. Truby King, Director of Child Welfare, who reports "the Health Campaign throughout the Dominion, conducted last year by myself, as Director of Child Welfare, in conjunction with Miss J. B. N. Paterson, has been practically completed. The campaign, undertaken at the instance of the Hon. C. J. Parr, as Minister of Health and Education, has met with general appreciation. Not only has it been of direct service in the promotion of health in general, and of mother and child in particular, but it has given a further impetus to the work and activities of the Royal New Zealand Society for the Health of Women and Children." (2) The Report of Miss Hester Maclean, R.R.C., Director of the Division of Nursing, is, unfortunately, the last from her able pen. Concerning this Report, Dr. Valintine writes: "The Report of the Director, Division of Nursing, will be read with much interest. . . . It is to be all the more regretted, therefore, that Miss Maclean, after some seventeen years of faithful service, has to give up the work to which she has so unsparingly devoted herself. It is therefore with the greatest regret that I announce the approaching retirement of an officer who has served the country so long and so faithfully, and I only hope that she may

carry into her retirement a feeling of work well and faithfully done."

Miss Maclean, after recording her gratification at the acceptance of the New Zealand Certificate of Registration, as evidence of fitness for admission to the Register published under the direction of the General Nursing Council for England and Wales, provided that the Registrar of Nurses in the Dominion agrees to admit nurses registered in England and Wales, holding a certificate of three years' training after examination, to the New Zealand Nurses' Register, added: "It is to be regretted that the condition which is being imposed on nurses training in Great Britain—that it will only be by affiliation with larger hospitals that nurses trained in smaller ones will be eligible for registration—has not been extended to other countries. A system of affiliation has been for years proposed by this Department, but only very half-heartedly carried out."

Miss Maclean concludes a very interesting Report with a reference to private hospitals, and says that "the present law which allows of one case at a time being treated in an unlicensed house militates greatly against the success of a qualified nurse in starting a Maternity Home in a country town. Five or six unqualified women in a town receiving one case at a time—which allowance is frequently overstepped—reduces the number she can depend on, and causes a very uphill struggle. Medical practitioners in the country towns should recognise more than they do the advantage of having a properly qualified nurse, and a licensed private hospital, and refuse to attend patients in these unlicensed places. . . .

"The establishment of maternity wards at or in connection with general hospitals does not meet the needs of private patients, and should not do so, as this, again, would be unfair to the registered nurse and midwife, whose training has been undergone to enable her to fulfil this need of people able to pay for private attendance."

Miss Maclean has ably described difficulties with which we also are familiar. She refers to the appointment of her successor, Miss Bicknell, A.R.R.C., who was granted eight months' leave of absence to visit this country.

OUR PRIZE COMPETITION.

WHY IS THE DIET OF A PREGNANT WOMAN SPECIALLY IMPORTANT? WHAT GENERAL RULES IN REGARD TO IT WOULD YOU ADVISE HER TO OBSERVE, AND WHAT PRECAUTIONS WOULD YOU SUGGEST TO HER?

We have pleasure in awarding the prize this week to Miss A. M. Burns, Parkside Maternity Hospital, Hammersmith, W.

PRIZE PAPER.

The diet of a pregnant woman is specially important, because it is the raw material which goes to feed and build two persons—the mother and the child. Without right food for expectant mothers we cannot hope to have good homes or future generations reared to fitness. Nature tends always to provide for the new at the expense of the old, and imposes too great a strain on the system of the badly nourished woman. Her child may be born at full time, looking little the worse; but the mother will invariably be overstrained, debilitated, disheartened, and unfit to perform her duties. Others in her family will get less care, and their health will suffer, most probably, and thus a vicious circle be formed. When lactation is established, though the supply of milk may be only the poorer by the absence of a few fat globules, the strain may become unbearable, making the woman melancholy, or causing recourse to hand-feeding.

During her labour, too, an under-nourished condition may be the underlying cause of a complicated labour, causing the loss of both mother and child.

General debility, arising from malnutrition, will predispose to albuminuria, which may in its turn give rise to threatened or inevitable abortion. But if the woman go to full time, her labour will probably be lingering, increasing the risk of sepsis and post-partum hæmorrhage. Starvation, whether due to privation or to unwise selection of foods, will almost certainly result in primary or secondary uterine inertia, and chloroform and forceps may be necessary in what should have been a normal labour.

General Rules to be Observed.—To a woman who usually enjoys good health and consumes a well-balanced diet, we should say: "There is little need to depart from your normal habits. Eat that which you enjoy—in moderation." To a less fortunate woman we should advise that meat be not eaten more than once a day, because of the strain thrown on the kidneys; that the bowels should be encouraged to act regularly, by the liberal consumption of fruit. Dates, figs and prunes are very useful in this respect, and their price is within the reach of all. Those foods which leave a large residue

are indicated, as boiled cabbage, brown bread (especially made with added bran), and green vegetables of all descriptions. Treacle and honey are to be recommended on account of their laxative action. The diet should be light, simple and nourishing, and should embrace all the food elements.

1. Proteins—substances which contain nitrogen. Animal proteins are found in meat, fish and eggs in the form of albumin. Vegetable proteins—gluten of wheat and legumen of peas and beans. *Functions.*—(1) Build up the body; (2) repair tissue waste.

2. Fats—containing carbon, hydrogen, oxygen. Animal fats—butter, cream, cod liver oil. *Functions.*—Maintain the body temperature.

3. Carbo-hydrates, or sugars and starches, as grape sugar, cane sugar, starch in potatoes and cereals. *Functions.*—Producers of muscular and nervous energy.

4. Salts, organic and inorganic.

5. Water, found in all our food.

6. Vitamines.

We should advise an expectant mother to specially avoid those things which ordinarily give rise to indigestion, as pickles, pastry, and highly seasoned dishes. She should also refrain from alcohol.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Ramsey, Miss M. James, Miss P. Thompson.

Miss M. Ramsey writes:—"There are certain substances essential to growth called 'accessory food factors,' one of which is found in certain fats (fat soluble), another in water and whey (water soluble), and the third (the anti-scorbutic) is the factor which prevents scurvy, and is necessary for the development of the child. Breast milk is the best food for infants, because the accessory food factors are present in the right amount; the mother has no specific power of producing these food factors, but gets them out of the food she takes. If the mother is not to suffer, she must have suitable food, for the child will draw upon any reserves which she may have stored up in her blood or tissues. Such foods are butter, cream, beef and mutton fat, which contain fat-soluble in different degrees, butter being the richest. Fresh meat provides proteid in the most digestible form, lean beef and mutton contain the water-soluble and anti-scorbutic factors, so that meat containing fat and lean is an ideal food. Liver, heart and kidney are especially rich in growth-producing factors, also sweetbread and brains."

NURSING ECHOES.

The Editor has greatly enjoyed the contents of the *B.J.N.* postbag this week. So many kind and appreciative letters from old friends, and also from the younger generation of readers. Anyway, there is in the profession a substantial nucleus of intelligent women who realise the value of a free professional organ in the press, and who intend to keep a monthly journal going in which to express their opinions, and uphold their right to professional independence.

We did not, however, receive the 5,000 subscribers by return of post, and again draw the attention of subscribers to the Form on the inside back cover, which we shall be pleased to have filled in and sent to the office, 431, Oxford Street, London, W., by the first post possible. We publish specimen letters in the Correspondence column, of which we have received a very great number, and for which we are sincerely grateful.

By the time the majority of our readers receive their Journal this week the "intensive" Election will be over, and we shall know the result. We hope to see many Registration friends returned to the House of Commons.

Miss Isabel Macdonald, S.R.N., has been in charge of the nursing contingent working for the return of the Nurses' Champion, Major R. W. Barnett, in South-West St. Pancras. We need honourable gentlemen in the House of Commons in every Party, but we specially need one who has proved himself our sincere friend, irrespective of Party interest. The women M.P.s have quite failed to realise our needs. The Nursing Question is an economic one, and they do not appear to have taken the trouble to study it. Sad to say, few lay-women who are not wage-earners have the slightest real sympathy with the organisation of trained nursing as a profession.

The first meeting of the members of the United Nursing Services Club, Ltd., will be held at 34, Cavendish Square, W.1, on December 12th, 1923, at 3.15 p.m. Brigadier-General R. H. More, C.M.G., C.B.E., will be in the chair, and the speakers will be Lady Cooper (late Lady Mayoress) and Major-General C. E. Pollock, C.B., C.B.E., D.S.O. It is hoped that members will make a very great effort to be present, and to bring their friends with them.

We have long been of opinion that there should be greater facilities for the training of male nurses in general nursing than at present exist, as there is a useful sphere of work for them in private houses, in cases of general paralysis, as well as surgical cases, but, so far as we know, only two hospitals have received recognition from the General Nursing Council for England and Wales as general training schools for male nurses, namely, the Hackney Union Infirmary and the National Hospital for the Paralysed and Epileptic, which means that the supply of well-trained nurses is, of necessity, very limited.

The other opportunity for the training of male nurses is, if they receive the "prescribed training" in the service of the Admiralty, the Army Council, or the Air Council.

Mr. F. W. Stratton, S.R.N., member of the General Nursing Council for England and Wales, states in a letter to the press that "for nearly twenty years past, if not more, there have been some facilities for men to train to become male nurses on the same lines as women," and that "many of these men, fully qualified and certificated male nurses, have had to drift into other occupations owing to the fact that there have been no posts for them because the Poor Law Service is flooded with untrained men acting as male nurses, who cannot prove one year's training to qualify them for the State Register." He expresses the hope that more Boards of Guardians will soon realise that there are fully trained male nurses in the country, and is of opinion that "as soon as there exists a sufficient demand for the trained man, many men in the Service will go and train, and more training Schools for Male Nurses will be opened."

We are glad to note a general movement for affiliation between hospitals, voluntary and poor law, in order that they may be recognized together as complete training schools under the General Nursing Council for England and Wales. This is as it should be, and will no doubt result both in the better training of nurses, and the better nursing of the patients in the institutions concerned.

We observe that the Mental Hospitals Committee of the London County Council reported to the Council at a recent meeting that the Medico Psychological Association had decided to dispense with the intermediate examination, and to hold only two examinations, preliminary and final, and that it would therefore be

necessary for the Council to fix the increments on the basis of passing each of two examinations instead of three. It recommended that the resolution approved as to revision of rates of pay of subordinate nursing and indoor staff be not further acted upon, and that the following be the scale of pay for probationer nurses employed at the London County Mental Hospitals, and Institutions for Defectives:—

Males: 34s., with an increment of 3s. a week, on passing each of the two examinations (preliminary and final) of the Medico-Psychological Association.

Females: 27s. 3d. a week, with increments on passing the preliminary and final examinations of the Medico-Psychological Association.

We desire, therefore, to draw the attention of the London County Council to the fact that under the powers conferred upon it by Act of Parliament, the General Nursing Council for England and Wales will hold an optional examination in July, 1924, and that in July, 1925, its examinations, both preliminary and final, will be compulsory for all Mental Nurses before they can be admitted to the Supplementary Part of the State Register, which will be the only examination thenceforth of any value to Mental Nurses, as it is the only means through which a legal qualification can be obtained, with the right to a protected uniform and badge.

Miss B. Lazarus, Hon. Secretary of the South African Trained Nurses' Association, announces a total to date of £752. 7s. collected for the South African Trained Nurses' War Memorial Fund. The memorial takes the form of a fund, the interest on which is to help aged and incapacitated nurses, who are unable to carry on their work; later, as funds permit, a nurses' residential club, with a special section for old and disabled nurses, may be started in each Province. The money collected goes to a central fund, and the interest is expended in each Province in proportion as it is collected. An appeal is made for help to perpetuate the memory of those noble women who thought not of themselves, but laid down their lives to aid and comfort wounded soldiers in their need. Some of the very nurses to be helped by this fund will be among those who had part in this work, but who survived and fell on evil days. The fund is still open.

We learn that it is the intention of quite a number of nurses from South Africa to attend the Great Empire Exhibition at Wembley next year.

THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

A meeting of the above Council was held at 431, Oxford Street, London, W., on Thursday, November 22nd. Councillor Beatrice Kent, President, was in the chair. A progressive Agenda was considered:

1. It was decided to help Major R. W. Barnett, the nurses' registration champion, in his appeal to the electors of South-West St. Pancras.

2. The status and pay of Health Visitors was considered, and it was agreed to invite support to a scheme that trained nursing must be a fundamental qualification for Health Visitors in England.

3. A resolution was adopted, to be sent to the right authority, pointing out that Mental Nurses under the Nurses' Registration Act, had a right to a "prescribed" scheme of training and examination under the authority of the General Nursing Council; and that it was time the Medico-Psychological Association, which has done excellent work in the past, in examining Mental Nurses, should—as the London Obstetrical Society did in regard to midwives—cease to examine Mental Nurses, and thus cause needless confusion. The only examination of value to Mental Nurses in the future would be that under the authority of the General Nursing Council, which qualified for State Registration and a legal title.

4. The question of pensions for officials of the G.N.C., now being considered by the General Purposes Committee, was discussed. As the Registered Nurses would have to pay for all these pensions, they had a right to consider this matter. It was recognised that thousands of pounds would be required to place such pensions on a safe actuarial basis, and only a contributory scheme would be justifiable after a sufficient term of service, as Registered nurses could afford very small pensions for themselves.

5. The Constitution of the Electorate for the future of the General Nursing Council was considered, and a fair system of representation agreed upon; to be supported when the Rule came before Parliament.

The meeting then adjourned.

MARGARET BREAY, *Hon. Secretary.*

POOR LAW INFIRMARY MATRONS' ASSOCIATION.

ELECTION OF HON. OFFICERS, 1923.

Re-elected.—President, Miss Hannaford; Treasurer, Miss Inglis.

Four members of the Executive Committee retire annually.

Elected in place of these four:—Miss Burgess, Miss Cockrell, R.R.C. Miss Masters, and Miss Todd, R.R.C.

Existing Members:—Miss Alsop, Miss Acton, R.R.C., Miss Booth, Miss Jones, A.R.R.C., Mrs. Roberts, Miss Smith, Miss Taylor, R.R.C., Miss Woodman, M.B.E.

Elected Secretary:—Miss Dodds, R.R.C., Bethnal Green Hospital, E.2.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 343.)

THE RECORD OF CERTIFICATES.

Upon investigation, I found that much consultation (intrigue is more accurate) in and outside the Office was going on amongst the College group—and that if the record of Certificates in the published Register were to be made safe, a provision must be made which would prevent tricky omission—when the time came for setting up the type of the Register. I considered the question very carefully. Upon referring to the First Schedule, which stated what Particulars were to be entered on the Register, and which had been agreed to by Parliament, I found that the original form in which it had been agreed to by the Council had been altered, at the Ministry or elsewhere, and an explanation alluding to the grades of nurses, "existing nurse," "nurse with intermediate qualification," and "nurse by examination" added. The "anti-certs" claimed that these descriptive grades were "Qualifications," and that, as the word "certificate" did not appear in the Schedule, it could be omitted. The "pro-certs" contested this absurd contention, and claimed that nurses registered under Rule 9 (1) (a) who were accepted upon producing their certificates of training, should have such "qualification" appear in the Register.

At the meeting of the General Nursing Council, held on October 28th, 1921, Miss Cox-Davies gave notice of the following Resolution, which appeared on the Agenda:—

RESOLUTION.

"That nurses whose applications for registration comply with the Rules of the Council be registered simply as 'Existing' or 'Intermediate' Nurses, and that the word 'Trained' be used for all alike, and that the word 'Certificated' be reserved until such time as the future nurses are admitted to the Register as a result of State Examination."

This Resolution was seconded by Miss Dowbiggin.

These ladies, in their personal anxiety to placate non-certificated St. Thomas nurses and degrade the whole nursing profession, had committed the grave discourtesy of ignoring a former reference from the Council to the Registration Committee, of which I was Chairman, dealing with the question. After specious arguments in favour of their reprehensible policy, I proposed the following Amendment:—

"That as Section 3 (1) (a) 'for regulating the formation, maintenance, and publication of the Register' was referred by the Council to the Registration Committee—now that the Rules are signed and the Register open—the Registration Committee proceed at the earliest date possible to consider this reference and report to the Council at its next meeting."

As Chairman of the Registration Committee I took strong exception to the unconstitutional methods of Misses Cox-Davies and Dowbiggin, in placing the Resolution on the Council's Agenda before the Registration Committee had considered and reported upon it. I expressed the

opinion that it was much to be regretted that the authorities of St. Thomas' Hospital had continued to withhold certificates from their nurses for so long, but that the Council would not be dealing justly with the nurses of England and Wales if, for this reason, they failed to record under the heading of "Qualifications" the certificates upon which they had been accepted for registration. I expressed the opinion that if the Council thought that after working so hard for three years, and upwards, in order to qualify as a "Certificated Nurse," the Existing and Intermediate Nurses would submit to be deprived of the record of their certificates on the State Register—it was mistaken. I added that I would stump the country to prevent such an injustice being done.

The Chairman here thumped the table (a most unusual lack of courtesy upon the part of Mr. Priestley) and said, "Mrs. Fenwick is threatening the Council." To which I replied that I was not threatening it, I was "warning" it. My amendment was seconded by Miss Villiers.

Mr. Christian supported, and was of opinion that if the record of the Medico-Psychological Association were left out, mental nurses would have something to say about it.

The Chairman said certificates could be omitted if desired by the Council, also by an instruction of the Council anything could be put in.

In my opinion a firm lead from the Chair at this juncture might have saved much future injustice, but unfortunately it was not forthcoming.

There was further "plain speaking" upon the part of the Nurses' representatives, and ultimately Miss Cox-Davies withdrew her Resolution, and the matter was referred to the Registration Committee for consideration and report.

When dealing with tricky people I believe in "black and white," and not in "conversations," so at the next meeting of the Registration Committee Miss Isabel Macdonald proposed the following Resolution:—

"That in all cases where a nurse holds a certificate of training this shall be recorded in the qualification column of the State Register to be issued by the Council."

On a vote being taken, I, together with Miss Macdonald and Mr. Christian, voted *for* the resolution, and Miss Cox-Davies, Miss Dowbiggin, Miss Peterkin, and Dr. Goodall voted *against* it.

The Resolution was therefore lost.

Miss Dowbiggin then proposed, and Miss Cox-Davies seconded, the following Resolution:—

"That it be stated in the qualification column of the State Register whether a nurse has obtained her qualification for entry on the Register by Training, or experience, or both, as the case may be."

Dr. Goodall supported the Resolution!

Rank futility!

On being put to the meeting Miss Cox-Davies, Miss Dowbiggin and Dr. Goodall voted for it, and I, together with Miss Macdonald and Mr. Christian voted against it. I defeated the resolution by giving my casting vote, as Chairman, against it.

I then gave notice that as this all-important question remained undecided, that the names of those voting for and against the record of certificates would be recorded. The next thing was to make sure that a full report of the proceedings should reach the Council, and this I took steps to effect. Both resolutions had been lost, so no recommendation in the form of a resolution was practicable; but Rule 44 (2) (Powers of Council) provides that "each Committee . . . shall report its proceedings to the Council."

When, therefore, I received from the Registrar an emasculated Report of the business of the Registration Committee for the Council, to be initialled, I added in red ink what "proceedings" in my judgment it was my duty to present, and the duty of the Council to receive.

This action on my part was, of course criticised, as usual behind my back, by those who prefer to vote in the dark. By this time I had thrown my bonnet over the Border, and my enemies were legion. Every publicity possible, in the time, was given to the proposal to degrade certificated nurses, with resulting ruin, when Certification by Examination by the G.N.C. came into force in 1924.

The free nurses' organisations realised the danger (the College clique, as usual, were dumb); they met, agitated, protested in good old British style, and at the next meeting of the Council on November 18th, 1921, that autocratic body was snowed under with letters and resolutions of protest. In the absence of Mr. Priestley, Sir T. Jenner Verrall took the chair, and a letter was read from Mr. Priestley expressing the opinion "that if the Council decided *not* to insert Certificates, it would not deprive nurses of them."

Special pleading much to be regretted!

Before the meeting opened Dr. Goodall attempted to persuade me not to present the Registration Report in the form in which it had been drafted and circulated.

Too much was at stake for any wobbling; I therefore refused to alter my decision.

In my turn on the Agenda I therefore proposed that the Report of the Registration Committee be received.

Dr. Goodall objected to certain paragraphs appearing in the Report—paragraphs recording the resolutions, and the names of those voting for and against the insertion of certificates on the published Register.

I then dealt with the recommendations *seriatim*.

When we reached item No. 4, which dealt with "Nurses' qualifications on the published Register," the Chairman drew attention to Rule 44, which provides that "any recommendations which a Committee may make shall, as far as practicable, be in the form of resolutions, to be considered by the Council."

I was well aware that the whole of item 4. was a record—not a resolution, but I took my stand on Rule 44 (2) that each Committee shall "report its proceedings" to the Council.

I was then permitted by the Chairman to move item 4 "as a record."

Discussion followed. Nurses spoke of course, in support of record of certificates.

Dr. Goodall moved that the offending paragraphs (which recorded his betrayal of the Nurses) should be deleted.

Dr. Bedford Pierce seconded Dr. Goodall's motion.

Miss Cox-Davies supported to delete (the paragraphs also put on record *her* betrayal of her cloth).

I replied that I took full responsibility for the Report. I said Reports and Minutes were often so emasculated that I doubted if our successors would know what had been done. This was a polite way of intimating that they were "cooked."

On being put to the vote Dr. Goodall's motion was, of course, carried (supported by College group, ladies of title, and medical practitioners).

I protested against the mutilation of the Report.

But my object to secure publicity was attained. If people wished to ruin the Register—I was determined they should fight in the open.

As the detailed Report had been read, I reported it in full in THE BRITISH JOURNAL OF NURSING, which I had a right to do. This apparently gave great offence—but the rights and status of 50,000 certificated nurses in connection with the State Register, was not a question for petty tyrants to decide behind closed doors.

It meant economic independence to thousands of working men and women, and without publicity this dangerous deed of darkness could not be prevented. It also meant that the animus of these petty tyrants would be focussed on my removal from the Council, and the devious and despicable methods by which they attempted my professional ruin will be set forth in detail next week.

Sir Jenner Verrall from the Chair made the position clear. He pointed out—as set out in a letter from the Ministry—that it was still necessary to raise in the Council that the First Schedule should be altered, if it were desired certificates be entered on the Register. That could be done by giving ten days' statutory notice.

After this tussle with the powers of reaction I went straight home and drafted an amended First Schedule, which was proposed by me at the next meeting of the Council on February 3rd (after the discreditable "strike" of the "anti-certs"), which provided:—

QUALIFICATIONS.

"Under this heading shall appear the qualification in each case for admission to the Register (including certificate of training, if any), the dates of obtaining such qualification, and the hospital, or hospitals, in which such qualifying training has been received."

This was seconded by Miss MacCallum, and it was unanimously agreed! It was approved and signed by the Minister of Health, was laid before Parliament, and thus became law.

Now turn to your published Register and realise

something of what it has cost to place on record evidence of your training and efficiency—so that in the future you may compete professionally with State Certificated Nurses, and be thankful that for once knowledge and justice prevailed.

Next week I shall place before you the price paid, in this connection, for your professional and economic privileges.

ETHEL G. FENWICK.

(To be continued.)

AN INQUISITORIAL QUESTIONNAIRE.

The League of Red Cross Societies, the Headquarters of which are located in Paris, is sending out a most inquisitorial *Questionnaire* to all the National Councils of Trained Nurses, inviting them to fill in, and return the document.

Why? The League, which is, of course, a lay organization, has no doubt useful work to do; but that work does not include interference with National Organizations of Professional Nurses, associated together in the International Council of Nurses, and we doubt if many of these professional bodies, which are autonomous organizations, will recognise that the League of Red Cross Societies has the slightest right to demand detailed information concerning their affairs.

As President of the National Council of Trained Nurses of Great Britain and Ireland, and Founder of the International Council of Nurses, we consider this *Questionnaire* entirely superfluous, not to say impertinent. We gather that the very considerable cost of the League of Red Cross Societies is largely borne by the American Red Cross, and we suggest that this is an instance in which that body might intimate to Paris Headquarters the value of the Monroe doctrine—so passionately upheld in the United States in its relation to countries outside the American continent, North and South.

The policy of interference with professional nurses' organizations by the League of Red Cross Societies (inspired by Great Britain, no doubt) can only lead to resentment upon their part, and stultify the harmonious relations trained nurses desire to maintain with all humanitarian organisations, such as the Red Cross Societies.

Best withdraw the offensive *Questionnaire*.

DAINTY CHRISTMAS GIFTS.

Of proved excellence and purity Messrs. Cadbury's chocolates are always an acceptable gift, and, especially at Christmas, are they desirable, for not only are they popular with old and young for their quality and flavour, but they are presented in such attractive form, that they make much-appreciated Christmas boxes.

We desire to draw special attention to the King George Chocolates and the Regatta Chocolates, put up in half-pound boxes, the one bearing a portrait of His Majesty, and a reproduction of golden coins, (now alas never seen) tied up with red ribbon, and the other tied up with

blue ribbon, bearing a blue medallion, having imprinted upon it a yacht in full sail. Another variety is the half-pound box of Carnival Chocolates and Bournville Chocolate in red and gold wrapper, and Dairy Milk Chocolate in purple and gold, are most attractive.

Do not forget that these may be purchased from disabled ex-service men, trying to eke out a living in the streets in this bitter weather, and be sure that the word Bournville is upon the wrappers.

APPOINTMENTS.

MATRON.

Easingwold Institution.—Mrs. Alice Thompson has been appointed Matron. She was trained at Ecclesall Bierlow Infirmary, and has held a number of Poor-Law appointments. She has recently held the position of Assistant Matron at Holgate, Middlesbrough. She is a Certified Midwife.

ASSISTANT MATRON.

Queen Charlotte's Hospital, Marylebone Road, N.W. 1.—Miss Ethel M. Frow, S.R.N., has been appointed Assistant Matron. She was trained and certificated at Charing Cross Hospital, and in Midwifery at the Brighton and Hove Hospital for Women. She has been Ward Sister and Night Sister at Charing Cross Hospital, and Assistant Matron at the Brighton and Hove Hospital for Women.

HOME SISTER AND TUTOR-SISTER.

Warrington Infirmary and Dispensary.—Miss Helen E. Kelly has been appointed Home and Tutor-Sister. She was trained at the Leicester Royal Infirmary, where she was Sister. She has also held the positions of Sister at Jenny Lind Hospital for Sick Children, Norwich, and Adelaide Hospital, Dublin, and Night Sister at Manchester Royal Eye Hospital.

Torbay Hospital, Torbay.—Miss A. E. Wimblett, S.R.N., has been appointed Home Sister and Tutor-Sister. She was trained at the General Hospital, Birmingham, and has held the position of Sister at the Victoria Hospital, Burnley, and has been House-keeping Sister at the General Hospital, Nottingham. She is a Certified Midwife.

SISTER.

St. Luke's Hospital, Halifax.—Miss B. Hay has been appointed Sister. She was trained at the Huddersfield Royal Infirmary, where she has held the position of Sister.

PRINCESS MARY'S ROYAL AIR FORCE NURSING SERVICE.

The following members of Princess Mary's Royal Air Force Nursing Service sailed on H.M.T. *Glengorm Castle*, for service abroad, on November 23rd, 1923:—

Sister.—Miss M. S. F. Stewart, Palestine.

Staff Nurses.—Miss E. W. Backley, Aboukir; Misses M. E. Bale, K. M. Beale, D. Mansell, E. M. Featherby, E. M. Burton, F. L. White, A. F. Acheson, J. K. A. Browne, K. I. Sweeney, M. E. Grievson, M. B. Charlesworth, E. M. Morey, Iraq.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Elizabeth J. Hassell is appointed to Northants, as an Assistant Superintendent; Miss Nellie Hewitt, to Erdington; Miss Nellie E. Jones, to Sheerness; Miss Louisa M. Mooney, to Ashby; Miss Louisa Norry, to Fallowfield; Miss Annie Richards, to New Cherryhinton; Miss Florence M. Shimmin, to Glossop; and Miss Jean Toll, to Bury.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE CHRIST MASS.

By the time our next Supplement falls due the Christmas season will be upon us and so we take this opportunity to convey to members of the Association our sincere good wishes that they may have a very happy time and that into their hearts there may pour that mystical beauty and holiness inseparably associated with the Christmas time, this festival which comes when the material beauty of the earth is hidden and locked in the grip of the winter. Good men of ancient days, men largely responsible for the advancement of Western culture, men possessed of marvellous gifts of insight into spiritual things, saw very profound meaning in the coming of the Christ Mass during the Winter Solstice when the earth has absorbed the forces of life into herself. And, with deeper meaning still, ecclesiastical Rome fixed the Christ Mass for January 6th, commemoration day of the Baptism in Jordan. It was a more materialistic conception that, in the fourth century, changed the date of Christmas to December 25th, commemoration day of the birth of Jesus. But it matters little whether man regards the birth of the Child Jesus or the Spirit of God Descending as the greater event, so long as he enters upon the festival which celebrates those two events with, in his heart, the remembrance of the mission Christ gave to this earth, the mission to develop love as a great force in the Universe. Of the many festivals which have been set up as reminders and have stood throughout the ages, Christmas is pre-eminently the festival of Love and Goodwill, and, if Easter is to be regarded as a time of resurrection, as a time when new life flows forth from the earth, so may Christmas be regarded as a time of remembrance not merely of our friends in the world to-day, but as a time of remembrance and union with an older humanity, a time when we realise that, however far we may be yet from the realisation of the visions of the Christian seers of bygone centuries, however the pathway of the centuries may be strewn with their broken hopes, however bitter may have been the doubts that have cast their shadows across men's faith, yet still, at the Christmas festival, there comes to our hearts the knowledge that mighty forces have descended to Earth from powers that are good and true and that, by keeping our Christmas festival in the spirit of good

will, we make of ourselves points whereon such powers can focus and radiate beneficent forces towards mankind.

ELECTIONEERING.

A number of members have been very busy during the past week canvassing in support of Major Barnett and their hopes of his return to the House of Commons have been raised by their experiences, for Major Barnett enjoys great popularity in his constituency. It takes some courage to set out with the intention of bringing people down to their doors on these cold mornings, but, with rare exceptions, the nurses have been received most kindly. In many cases, where the voter had no decided views on politics, we were told in the most kindly way, "Of course, if the nurses want him we will help him along. I had a child in hospital and the ladies were very kind to him"; or "My good man, he was in hospital and you were good to him, so you were, so you'll get *my* vote sure enough this time, Protection or no Protection." On more than one occasion we were given a hearty invitation to drink a cup of tea before going on to the next house. One Irish nurse renewed the acquaintance of a patient whom she had nursed nearly twenty years ago in Galway and a hearty handshaking ensued with many reminiscences; the vote was a sure thing after that. A Scotch nurse who is staying at the Club became quite an enthusiastic canvasser and certainly a very thorough one. As we went from house to house she had evidently been under the observation of a gentleman who was canvassing the opposite side of the street for he came over with an amused smile, saying, "Well, she does mean to get in anyhow." But her pertinacious knocking was not always followed by pleasant results, for one lady arrived with, "Well, you can make a noise, can't you?" and another with a peremptory and inhospitable "Hook it!" But this is all in the day's work and all those who set out on electioneering work appear to be abundantly supplied with that wonderful antidote to any unpleasantness or discomfort—a sense of humour. Anyhow, we hope that their work may bear fruit and that Major Barnett will be returned to the House with a very large majority. We are very grateful indeed to those nurses who came forward

to help in answer to our request and particularly to Miss Cecilia Liddiatt, who has canvassed every day for long hours. Miss Liddiatt never does anything by halves and she has a very lively sense of the debt which her profession owes to the Conservative candidate for South-West St. Pancras.

RECEPTION TO MEET MISS REIMANN

A reception has been arranged, to be held at the Royal British Nurses' Association Club on Friday, December 7th, from 4-6 p.m., to meet Miss C. Reimann, Hon. Secretary of the International Council of Nurses. Tea (1s.) will be served in the drawing-room, and after the wonderful tales she has heard of the hospitality and culinary art of Danish nurses, Miss Macdonald is on her mettle to show Miss Reimann what can be done in this country in glowing fires, cakes and scones, even if the fashioning of ice-cream, as delectably served in Denmark, remains for ever a secret.

DRAMATIC PERFORMANCE: "ELIZA COMES TO STAY."

We remind all our readers of the dramatic performance which is to take place to-night (Saturday) at 8 p.m., at 194, Queen's Gate. "Eliza Comes to Stay" is to be performed there by the Burnt Ash Dramatic Club, which has already given very successful performances of the same piece. We have not yet sold so many tickets as we had hoped, probably because both the nurses and the office staff have been concentrating on the election but we trust that the members will turn out in full force and fill the room to-night. We are specially desirous of having a very good audience as the money resulting from the performance is to go towards the Princess Christian Memorial Fund, and we know that this will appeal very deeply to the hearts of the R.B.N.A. members. Arrangements for the performance were made by Miss Alice Cattell, a member who has done more for the Association than most nurses know, so that we want a bumper attendance to show our goodwill to her. We are likely to have a very merry and amusing time at this the first dramatic performance at our Club. The beautiful and spacious stage, the gift of Mrs. Campbell Thomson, is to be in use.

SALE OF WORK.

We hope that a large number of the London members will make a point of coming to 194, Queen's Gate for the Sale of Work, at 2 p.m., on Tuesday, the 11th inst. As they are aware, this sale is to be held for the benefit of the Trained Nurses' Annuity Fund for Aged Nurses, and we ask as many town members to come as possible and so co-operate with many in the country who have sent us beautiful gifts, but who are unable, to come up to make purchases. The nurses are always most generous in connection with this sale and we are very grateful indeed for the large number of presents which we have received. These are in great variety; there are beautiful sketches,

lovely embroideries and most delectable cakes and sweets. Those who have to lay in a stock of Christmas presents will find a very ample choice of gifts at very moderate cost, and without meeting with all the unpleasantness and inconvenience associated with Christmas crowds in the shops. Upon the success of the sale it will depend whether or not we can add another nurse to our list of annuitants, and so we ask all to show their goodwill and to come along and help on the 11th.

CHRISTMAS SUNDAY.

The working nurses propose to entertain the nurses belonging to the Trained Nurses' Annuity Fund, the nurses at the Princess Christian Settlement Home, and other retired nurses at the Club on Sunday, 23rd inst., at 4 p.m. Any members who wish to take part in showing this hospitality to the early members of the Association and the profession should send a donation, not to exceed one shilling, to the Secretary. We hope that many will co-operate with us in trying to give our guests a very happy afternoon.

CHRISTMAS DAY.

Several members have already written to notify us of their intention to spend Christmas week at the Club. We should be glad if the members in London, who are to dine at the Club on Christmas Day, will give us notice of this a few days beforehand. On that day we will have tea in the drawing room at 4 p.m. and dinner at the usual hour—7 o'clock. The members now in residence have proposed that it should be a fancy dress dinner and that we shall have dancing afterwards; therefore, we are arranging for this and that prizes will be given for the three best costumes. The dresses need not be at all expensive, as very often the best fancy dresses are made from the simplest and most economical materials, while, on the other hand, an ordinary evening dress can often be transformed into fancy dress by just a few little clever and characteristic touches.

DANCE.

We have received several enquiries as to whether we are to have a dance at the Club this year. We are trying to arrange this for the first Friday in February and we shall be glad to hear from members who will help us to make it a success. Miss Birse, M.R.B.N.A., has got the promise of a piper for the occasion, so we advise the Scottish members to practise their reels.

DONATIONS.

General Fund.—Sydney Pitt, Esq., £21.
Club.—Miss Starke, £1; Miss M. Ker, 15s.; Anon, 5s.; Miss Rossiter, 3s. 6d.
Settlement Fund.—Miss Whitford, £1 6s.; Miss Dawson, £1 1s. 6d.; Anon, 2s. 6d.
Helena Benevolent Fund.—Miss E. Davies, 10s.; Miss S. E. Stephenson, 5s.

ISABEL MACDONALD,
 Secretary to the Corporation.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

Report of the Education and Examination Committee

(Concluded from page 347.)

RECOGNITION OF TRAINING SCHOOLS.

V. CONSIDERED—Further list of General and Poor Law Hospitals whose authorities have replied to inquiries instituted by the Council.

Recommendation 10.

"That the following Hospitals be recognised as complete Training Schools:—

- East Surrey Hospital, Surrey. (Provisionally to September 30th, 1924.)
- General Hospital, Jersey, C.I."

Recommendation 11.

"That the following Hospitals be recognised as Training Schools which in combination with other Public Hospitals give complete training under Section I (3) (ii):—

- National Hospital for the Paralysed and Epileptic. (In Affiliation with Royal Hants County Hospital.)
- South London Hospital for Women, Clapham Common. (In Affiliation with Westminster Hospital and Hampstead General Hospital.)
- Chelsea Hospital for Women. (In Affiliation with Middlesex Hospital.)

LETTER FROM REGIONAL COMMITTEE FOR NORTH CUMBERLAND AND DURHAM OF BRITISH HOSPITALS ASSOCIATION.

VI. CONSIDERED—Letter to the Registrar from the Hon. Secretary of the Regional Committee for Northumberland and Durham of the British Hospitals Association, dated November 1st, 1923, containing the following resolution:—

"That this Regional Committee protests most strongly against the action of the General Nursing Council in declining to approve the smaller hospitals in this area as Training Schools for Nurses, and unanimously urges that steps be immediately taken to secure their recognition."

and stating that the Regional Committee most strongly support the action which is being taken by the smaller hospitals in sending a Deputation of representatives to meet the Committee.

Referred to the Committee by the Chairman of Council.

REPORTED—That the Committee had an interview with representatives of the following hospitals:—Monkwearmouth and Southwick Hospital, Sunderland; Durham County Hospital, Durham; Cameron Hospital, West Hartlepool; Ingham Infirmary, South Shields; and Stockton and Thornaby Hospital, Stockton-on-Tees. The Hospitals have so small a number of medical beds that their medical training cannot, in the Committee's opinion, give the amount of the experience which the Council has hitherto considered to be required in the interest of the sick. The Committee had previously proposed to the authorities of the Hospitals that they should form a scheme of affiliation in order to get more medical training for their nurses. The deputation, however, represented all the voluntary hospitals in the County

of Durham, and they are all under the same disadvantage. There is no possibility of affiliation to any neighbouring voluntary hospital, and though there are one or two well-equipped Poor Law Infirmarys the prejudice against combining with them for training purposes appears to be extremely strong.

At the same time, if these Hospitals are not recognised as Training Schools, it might lead to wholesale resignation of their probationers, which would be a very serious hindrance to the nursing of the sick in the County.

The Committee therefore recommend that these hospitals should be granted provisional recognition for one year to December 31st, 1924, on the understanding that they will, during the interval, use every effort either to increase their own medical work or to make arrangements for obtaining the necessary training elsewhere.

Recommendation 12.

"That a letter in that sense be addressed to the authorities of these hospitals."

Recommendation 13.

"That there be no meeting of the Education and Examination Committee on the Tuesday preceding Council Meeting."

Discussion.

MISS LLOYD STILL pointed out that the Scheme for conducting the State Examinations was divided into four parts. (These are defined in Recommendation 8.)

In regard to the Examination Areas, it was agreed to add after the word "Cardiff," in the Western Area, "or Swansea," as an alternative.

DR. BEDFORD PIERCE expressed the opinion that if the Examinations were taken only at these Centres it would not be satisfactory so far as Mental Nurses were concerned. Many Mental Nurses were in training in remote places, and again in some places Mental Hospitals were congregated together. Thus, in Mental Hospitals round Epsom he supposed there were some 2,000 nurses. It seemed unnecessary to bring nurses from Epsom to London for their Examination instead of sending an Examiner to Epsom. Again, there were no Mental Hospitals at Leeds, but there were four at York. He thought when they came to grips with the Scheme it would have to be modified, and that it should be understood that the Examinations should be held at these Centres or others if necessary. (The Scheme permits of Examinations being held at other Centres, at the discretion of the Council.—ED.)

THE REV. G. B. CRONSHAW inquired whether a candidate who obviously knew nothing was to stand opposite to the examiner for twenty minutes.

MISS COX-DAVIES was of opinion that the candidate might be paralysed for the first quarter of an hour, and retrieve herself in the last five minutes.

In regard to the Final Examination, SIR JENNER VERRALL thought the provision that where there were two questions only one *must* be answered should read only one *need* be answered, and moved this amendment.

MISS SEYMOUR YAPP supported the Committee's recommendation.

THE CHAIRMAN considered that not to afford her the full opportunity was taking away a chance from the nurse.

SIR JENNER VERRALL considered that the candidates should be given freedom, and, having answered the essential questions, should have the opportunity of getting credit for answering others if they so desired.

MISS COX-DAVIES said they were dealing with nurses of varied classes of education, and was of opinion that it should not be permitted.

THE CHAIRMAN reminded her that the Examination was not a competitive one.

The amendment to alter the word "must" to "need" was not seconded.

DR. BEDFORD PIERCE inquired whether the Draft Regulations for the Preliminary Examination referred to the different parts of the Register.

THE CHAIRMAN replied in the affirmative.

DR. BEDFORD PIERCE thought that, in view of the Conference which the Council had agreed to hold with the Board of Control, and with representatives of the Medico-Psychological Association, it would be better to defer adopting the Clause as to Mental Nurses until after the Conference. He considered it required more thought.

THE CHAIRMAN reminded him that the Mental Nursing Committee had forwarded its recommendation to the Education and Examination Committee for inclusion in the Scheme. He could withdraw them and defer the part of the Scheme relating to Mental Nurses for a year if he liked.

DR. BEDFORD PIERCE said he withdrew any objection.

Appointment of Examiners.

In connection with the appointment of examiners, MISS COWLIN pointed out that it took two or three years to make an expert examiner.

THE CHAIRMAN said the Committee felt no hospital could be persuaded to give up its teachers for this work for more than a year.

MISS LLOYD STILL said that their re-election was possible, but it was extremely unlikely that even a generous Committee would spare its teachers for a longer period.

MISS SEYMOUR YAPP strongly advocated that the recommendation that "A List of Teachers has been prepared" of "nurses who are engaged in teaching at the Training Schools approved by the Council," should be amended by the insertion of the words "or have been" before "engaged." She considered retired Matrons and Nurses might make valuable Examiners, and some desirable persons might even be willing to resign their present appointments if the Examiner's post were permanent, but they could not otherwise afford to do so.

THE CHAIRMAN said there would be no difficulty in forming a Panel of Permanent Examiners.

MISS MUSSON seconded the amendment, and presumed that Assistant Matrons, Sisters, and so forth would be included.

THE CHAIRMAN said the Scheme included "other teachers of practical nursing."

MISS VILLIERS said she felt strongly that the Examiners should be nurses in active work.

MISS SPARSHOTT thought that in the earlier period they would do well to include retired teachers.

THE CHAIRMAN said the motion was to insert after the word "teachers" the words "past or present . . . who are "or have been" engaged in teaching.

Fifteen Members of the Council voted for this amendment, which was therefore carried, as follows:—

A list of Teachers, past and present, has been prepared, comprising both Medical Practitioners and Nurses, who are, or have been, engaged in teaching at the Training Schools approved by the Council. Any such Teachers will be eligible to be appointed as Examiner for such subjects as he or she teaches or has taught, etc.

THE CHAIRMAN then asked the Examinations Officer, who was present, whether a form of application for Examiners had not been submitted to the Council last time.

MISS MACKIRDY replied in the affirmative.

THE CHAIRMAN, after referring to the forms, said this was not so.

Standard of Examination.

THE REV. G. B. CRONSHAW expressed anxiety as to an even standard being maintained from one examination to another. It must depend on the Education and Examination Committee, and he was anxious it should feel enormously responsible that the standard was kept right, and that its members should be asked to look at some of the papers.

Temporary Recognition of Hospitals.

On Clause VI MISS SEYMOUR YAPP took strong exception to the recommendation of the Education Committee to recognise certain schools in Northumberland and Durham temporarily, on representations of a Deputation from the Regional Committee of the British Hospitals Association. She considered they should affiliate with Poor Law Training Schools, and that this would break down professional snobbery and do the Nursing Service all the good in the world. She appealed to the Council to send back Recommendation 12 "that a letter in that sense (temporarily recognising the hospitals) be addressed to the authorities of these hospitals," and moved a Resolution to this effect. If the Council took a firm stand the hospitals would accede to its decision.

This was seconded by MISS BUSHBY, and supported by MISS COWLIN. The General Nursing Council could bring weight to persuade the small hospitals. Nothing else would do so.

THE CHAIRMAN remarked that the deputation spoke almost insultingly about the Governors of Poor Law Hospitals.

MR. CRONSHAW said he would be satisfied that the recommendation should go for one year, provided that within that period a scheme of affilia-

tion was submitted to, and approved by the Council.

SIR JENNER VERRALL hoped the Council would not be in too great a hurry to pass this. The Representative Meeting of the British Medical Association had had the question of Cottage Hospitals before it, and if the Council dealt too leniently, and he would say too carelessly, with these people they would have great difficulty in bringing pressure on Cottage Hospitals. If they were given a year of grace the Council would then have to answer the Cottage Hospitals, and would be on a sliding slope.

MISS E. SMITH did not consider it expedient to grant the year's grace. She did not think the small hospitals had tried hard enough. The training in many of the Poor Law Infirmaries was excellent. She herself had been trained in a general hospital; many Queen's Nurses who had been trained in Poor Law Infirmaries were excellently trained.

MISS MUSSON agreed with Mr. Cronshaw. She thought the words in the Committee's recommendation "on the understanding" were not enough. They should put the screw on.

MISS ALSOP said she was trained in a Poor Law Infirmary, and she was indignant at the remarks of the Deputation. She wished they had brought some of their Matrons with them.

MISS COODE said that the case of these hospitals was not the same as that of the Cottage Hospitals. It would be very discouraging to them to be refused recognition.

MISS LLOYD STILL said that all that had been said that afternoon had been said to the Deputation last week, and they replied that they would have no nurses.

On being put to the vote, the Motion to refer Recommendation 12 back to the Education Committee was carried.

The Scheme for conducting the State Examinations, as amended, was approved, and the Education and Examination Committee were empowered to carry it out.

Estimates for Printing.

In connection with Recommendation 8, relating to the printing of various documents in connection with the Examination, it will be remembered that the Finance Committee raised no objection provided that estimates were obtained from various firms of printers.

SIR JENNER VERRALL now stated that these estimates varied considerably; that of Forsaith was for £27, the others varied from £36 to £39.

THE CHAIRMAN said they had had an example of this before, and then afterwards the firm selected had said that it had not understood.

SIR JENNER VERRALL said he might be rash, but he moved—

That the lowest tender be accepted.

This was seconded by MISS SPARSHOTT.

An amendment was moved by MISS MUSSON that it be left to Sir Jenner Verrall and the Chairman to settle.

MR. DONALDSON objected. He thought it was not business-like not to accept a tender.

DR. BEDFORD PIERCE inquired whether the lowest tender was by a firm of repute, and receiving an answer in the affirmative, said he should vote for it.

DR. GOODALL said it was the experience of all Committees that tenders varied very greatly.

Only six voted for the amendment, and the tender of Messrs. Forsaith was accepted.

MISS LLOYD STILL then moved the adoption of the Report, as amended, as a whole, and this was carried.

As already reported, on the conclusion of the public business the Council considered applications for registration *in camera*.

LEAGUE NEWS.

LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

A General Meeting of the League of St. Bartholomew's Hospital Nurses was held in the Clinical Theatre at the Hospital on Saturday, December 1st, at 3 p.m. Miss Helen Todd, S.R.N., President, being in the Chair.

Arising out of the Minutes, Miss H. T. Baines, S.R.N. the Hon. General Secretary, reported that a letter had been received from Princess Helena Victoria, saying that Her Highness had been most deeply touched by the Vote of Condolence sent by the League at its last meeting on the death of Her Royal Highness, Princess Christian.

Mrs. Whichelow had also written thanking the League for its sympathy in her bereavement.

The President said that many of those present would regret to hear of the death of Miss Heath, formerly Sister Ophthalmic. She had been working, and died abroad, and no relations in this country were known of to whom a vote of condolence could be sent.

Miss Todd also announced that one of the principal guests at the Social Gathering in the Great Hall later would be Miss C. Reimann, of Denmark, Hon. Secretary of the International Council of Nurses, who was now in this country on her way to New York, where she hoped to take her degree at Columbia University. Members interested in the affairs of the National and International Councils would be pleased to have this opportunity of meeting her.

ALTERATION OF BY-LAW 3.

The next item on the Agenda was to consider the alteration of By-Law 3.

The following By-Law framed by the Executive was carried unanimously—

"The Executive Committee shall nominate eight members, whose consent to act has been obtained, to fill the four annual vacancies on the Executive Committee. Any member will be at liberty to propose the names of two candidates whose consent to serve has been obtained.

"These names must be sent up to the Hon. Secretary in the month of January. The voting papers shall

be sent out two months before the Summer Meeting, returned to the Hon. Secretary, and the result declared at the Summer Meeting."

THE NURSES' LEAGUE BED.

The meeting then proceeded to discuss proposals drawn up by the Executive Committee as to: (a) Selection of Ward for the bed endowed in commemoration of the Octo-Centenary; (b) the wording of the inscription on the tablet; (c) the disposal of the surplus money. The Executive recommended that the ward selected should be either "Annie Zunz" or "Elizabeth," and an animated discussion ensued. Miss Musson said that "Annie Zunz" did not quite convey "Faith" to the older members. Mrs. Turnbull related that an amusing reason given by Miss Le Geyt in the Executive for selecting "Elizabeth" was that we should always have maternity with us, but diseases would in time disappear.

Other wards mentioned by members in the meeting were Rahere, President, Martha, and Mary.

Miss Curtis said that considering the structural alterations in Elizabeth to convert it into a Maternity Ward, it was not likely that a change would be made soon.

Miss Musson remarked if the idea was that a member of the League might occupy the bed at times, that ruled out Elizabeth, as a bed there would not often be wanted by a member.

The President said that two members of the League had already been patients in Elizabeth.

On being put to the vote, Elizabeth Ward was selected.

The President then presented the next question—the form the Commemorative Tablet should take. The Executive had ruled out brass. She handed round for inspection a beautiful tablet in alabaster, bearing the figure of a saint, and a Regimental Badge. The figure could be changed to St. Elizabeth, and the badge to the Arms of the Hospital. The cost would be £20. Other designs were handed round, but the alabaster tablet commanded general approval, and was unanimously decided upon.

It was pointed out that "Elizabeth" was not named after Saint Elizabeth, but after the Queen of that name, and eventually it was decided that the figure on the tablet should be that of Rahere.

The disposal of the surplus was next considered, and it was decided to ask the Governors to create a trust whereby this surplus should be invested, and the interest each year paid to the Sister of the Ward for the time being so that she might have money with which to help any patient occupying the Nurses' League Bed who might require assistance.

The surplus, after handing the Treasurer £1,000 for the endowment of a bed, now amounts to £203, and Mrs. de Segundo here stated that 600 of the members of the League had subscribed to the bed, and that if the other 400 would each give 1s. that would provide the money required for the tablet and leave the whole of the present surplus for investment.

WORDING OF THE INSCRIPTION.

The Executive had drafted an inscription, which was keenly discussed.

It was ultimately decided that the inscription should be as follows:—

TO THE GLORY OF GOD
AND IN COMMEMORATION OF THE 800TH ANNIVERSARY
OF THE FOUNDATION OF THE HOSPITAL BY
RAHERE
THIS BED IS ENDOWED
BY
THE LEAGUE OF ST. BARTHOLOMEW'S
HOSPITAL NURSES.
(FOUNDER: ISLA STEWART).
1123-1923.

Miss Baines announced that the League was entitled to two additional Delegates on the Grand Council of the National Council of Trained Nurses. The Executive suggested the names of Miss Le Geyt and Miss E. Brinton (a staff nurse in pink) who were unanimously elected.

The Chairman reported that the Executive had sent, in the name of the League, a donation of £3 3s. to Miss Muriel Payne, a League member who was Hon. Secretary to the International School of Nursing and Child Welfare in Russia, who had done such good work for famine relief there, and who would be very pleased to receive other donations.

That concluded the business of the meeting, and the members adjourned to the Great Hall, a large gathering of members and guests being present. Charming music was supplied by Miss Holland, Organist of the Hospital Church of St. Bartholomew's-the-Less, and members of the Nursing Staff, while congenial parties gathered round little tables, and Miss Reimann, Hon. Secretary of the International Council of Nurses, and members of the League—which through the National Council of Nurses is affiliated to the International Council—held friendly converse while Henry VIII smiled genially down upon those assembled.

Afterwards many of the members visited the Queen Mary's Nurses' Home, which is now occupied. Nurses trained years ago were envious of the single rooms, permitting privacy, and comfortably furnished, the furniture including a writing-table, where personal or other letters can be written, or lectures written up. A picture-rail and small shelf permit of individuality in these rooms, by their adornment with favourite pictures and books. The great drawback seems that there is neither a fireplace in any of the rooms nor any arrangement for warming them through central heating. The large porcelain baths and the arrangements for shampooing and drying the hair are delightful, and the provision for making tea at any hour of the day is a very popular one. An opening has recently been made into the staff nurses' sitting-room, which is now connected with Queen Mary's Home.

WEST MIDDLESEX HOSPITAL, ISLEWORTH.

Nurses' League.

The Winter Reunion of Past and Present Nurses was held on Saturday, November 24th inst.

At 3 p.m. the guests began to arrive, and were received by the Matron in the spacious and cosy Nurses' Recreation room, which was tastefully decorated with evergreen and chrysanthemums for the occasion. Here tea was served from 3-5 p.m.

It was most enjoyable to watch the meetings between many old friends and hear their stories and interchange of experiences.

At 7 p.m. a dinner was served in the Nurses' Dining-hall, the tables being beautifully adorned with flowers and a sumptuous menu provided.

After dinner, dancing commenced, accompanied by an orchestra, and continued until midnight, when everybody voted the Reunion a great success.

 THE HOSPITAL WORLD.

Lady Ossulston presided over the second annual meeting of the Scottish Women's Hospital Association of the Royal Free Hospital, Gray's Inn Road, W.C., at the hospital, last Saturday. She announced that the Duchess of York had accepted the Presidency of the Association. It had been decided as a permanent war memorial of the Association to endow four beds in the hospital.

Lord Riddell said that the striking reduction in the infantile death rate was due in great measure to the improved obstetric measures that obtained in the hospitals. The advent of women doctors had, he believed, had a most beneficial effect on the work of obstetrics and the question of child welfare.

The endowment plate for the first of the four beds, to be called the British Macedonian Expeditionary Fund Bed, was presented to the hospital by General Sir George Milne and accepted by Mr. A. Langton, on behalf of the hospital.

At a special convocation of the University of Toronto the degree of Doctor of Science was conferred on Dr. Banting and Professor Macleod, to whom the Nobel Prize was awarded for the discovery of insulin.

The Mansion House Fund for the relief of sufferers by the earthquake in Japan was closed on the 30th ult. All outstanding collections and donations should be sent to the Lord Mayor. The Fund amounts to £257,800.

The London Hospital is getting on well with its "double" fund, and £40,000 has already been received. Needless to say, the hospital needs all it can get, and there would be great rejoicing if the whole £160,000 could be claimed.

Field-Marshal Lord Allenby has issued an appeal for the British Hospital at Port Said, and hopes to raise a fund of £50,000, partly to endow the hospital.

This hospital can in no way be considered as a local institution dependent upon local support. Those to whom it is of chief benefit are the passengers or sailors of the various mercantile marines of the world who are taken ill on board ship and landed for treatment at Port Said. The hospital is a pleasant building standing in a large garden, staffed by two fully qualified doctors, matron, and English nursing sisters, who give the best care possible to all patients, irrespective of their rank, religion, or race.

 ELECTION OF REGISTERED NURSES IN IRISH FREE STATE.

A Notice of the Election of the nine nurse members to the General Nursing Council for the Irish Free State appears on page ii of cover. This Nursing Council will have full control over nursing affairs in the Free State, and every Registered Nurse should study its provisions and take an active part in nominating candidates, and voting for those of their colleagues, who pledge themselves to support self-government and a high standard of "prescribed" training.

 COMING EVENTS.

December 7th.—Reception, Royal British Nurses Association Club, 194, Queen's Gate, S.W. To meet Miss Reimann, Hon. Secretary, International Council of Nurses. 4 to 6 p.m.

December 7th.—Annual Reunion and Dinner, Nursing Staff, Royal Infirmary, Glasgow. Trades House, Glassford Street, Glasgow. Reception 6.45 p.m.; Dinner 7.45 p.m.

December 8th.—Royal British Nurses' Association, 194, Queen's Gate, S.W. Dramatic Performance by the Burnt Ash Dramatic Club. "Eliza Comes to Stay." 8 p.m.

December 11th.—Trained Nurses' Annuity Fund. Sale of Work. Royal British Nurses' Association Club, 194, Queen's Gate. 2 p.m.

December 12th.—First Meeting of Members of the United Nursing Services Club, Ltd. Chairman, Brigadier-General R. H. More, C.M.G., C.B.E.: 34, Cavendish Square, W.1. 3.15 p.m.

 WORD FOR THE WEEK.

I have discovered in my work and study that a supervisor is not a *superior*, but a result of divided labour. She is an influence. She should be an inspiration; she should be a nourishment and the life of her nurses if she is to develop them. She must be stimulated to self activity.

—Army School Alumnae Journal.

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.

APPRECIATION OF THE BRITISH JOURNAL OF NURSING—A LIFE-LONG FRIEND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—“Regret” by no means expressed my feelings on reading your Editorial in the B.J.N. to-day. At first I felt I was losing a lifelong friend, for I have looked forward to reading it every week for 30 years, whether at home or abroad, and nurses wherever I have been have always been anxious to borrow it. On second thoughts my regret gives place to optimism, for I know that so long as you and Miss Breay can put pen to paper you will defend “right” against “might,” that the true interests of the Nursing Profession will be in safe keeping, and that we shall be kept informed, monthly, on all important subjects, progress or otherwise. The great work of the B.J.N. was accomplished on December 23rd, 1919, a never-to-be-forgotten date. Now we must look to the coming generation of nurses to carry on the great work of organisation, which no one but you would ever have attempted or accomplished. Let us hope some of them will come forward to take the places of those who have “done their bit.” Thanking you and Miss Breay most heartily for all you have done and for what you will continue to do,

Yours cordially and gratefully,
JULIA HURLSTON, S.R.N.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am very sorry indeed about the demise of the weekly B.J.N.; it seemed a friend. Living and working alone as I have done for many years I depended upon it to keep me up in the doings of nurses.

Through the B.J.N. I heard of the “Society for State Registration,” and joined.

Through the B.J.N. I heard of the nurses’ Congresses at London, Paris, Cologne, and Dublin, which I had the opportunity and pleasure of attending, not as a delegate—I had not that honour—but just as an unimportant private member. But I appreciated the benefit of seeing and hearing, and also of speaking to, the best in our profession, all of which I owed to the B.J.N.

Therefore, Madam, I wish to say “Thank you,” for what you have done and wish you all success in the new B.J.N. We can’t do without it yet.

Believe me to be, Dear Madam,
Yours sincerely,

AGNES L. ROSS, S.R.N.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MY DEAR EDITOR,—I can’t tell you how desperately sorry I was to read yesterday’s Editorial and to see that we are to only have the B.J. monthly. I think it will be a tremendous loss to the profession. I, personally, have read it every week without fail for 25 years, and owe to it and its Editor all my education in Nursing questions, What are we going to do without it? Many of us will feel we have lost a personal friend. I know I shall.

The only thing now is to console ourselves that “half a loaf is better than no bread.”

With affectionate regard,

Yours very sincerely,

KATHLEEN A. SMITH, S.R.N.

To the Editor of THE BRITISH JOURNAL OF NURSING,

DEAR EDITOR,—I, as a very recent subscriber to THE BRITISH JOURNAL OF NURSING, am very sorry to hear that the Journal is to be discontinued weekly, and can say that it is a real help to me in all ways. I eagerly look for the 9.30 p.m. post, Thursday evening, for my copy.

At present it is my only means of communication with the nursing world, and I shall look forward with a great longing to the monthly edition. Hoping we shall still have your kind and thoughtful eyes on the interests of us all who are too old at 40 to take a post permanently.

With kind regards, wishing you “A very happy and peaceful Christmas and all prosperity in the coming year.”

Believe me,

Yours sincerely,

HELENA A. DERRICK, S.R.N.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As there is to be a change in the publication of the B.J.N., I should like to take this opportunity of stating how much I enjoy reading my weekly copy, especially interesting do I find the editorials, articles on nursing treatment, book reviews, and occasional papers on private nursing from various points of view.

I do hope that there will be no hindrance in the issuing of the monthly Journal, and wish it every success.

Please allow me to express my appreciation of your work and ardent devotion to the Profession for so many years.

Yours faithfully,

BESSIE BREDEN (Reg. No. 49).

DEVOTION TO THE SICK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I notice that the Dublin police are organising a testimonial to two nurses and two constables who volunteered to give their blood when it was thought well to use transfusion in an effort to save the life of an ex-constable. The offer of Nurse Hargadon, of Dr. Steevens’ Hospital,

Dublin, where the constable was a patient, was accepted, but unhappily her sacrifice did not avail, as the patient died notwithstanding.

It is the fashion nowadays to say that the day of devotion on the part of nurses to the sick is past, so may I point out that this is the second instance within a week of nurses volunteering to give their blood to save life, the other instance being that reported by the Chairman of the Willesden Guardians, who informed the Board that several of the nursing staff had volunteered to give their blood to save the life of the late Matron, Miss Hill, and that the nurse whose offer was accepted gave a pint of blood. The sacrifice in this case also was unhappily unavailing, Miss Hill dying from pernicious anæmia.

Nurses have much to learn before as a class they realise their duty to their profession, and show devotion to its interests, but personally I have never found them lacking in devotion to the sick.

Yours faithfully,
S. R. N.

THE USE OF PUBLICITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We feel very much indebted to you and THE BRITISH JOURNAL OF NURSING for so generously responding to our request and locating a former superintendent of nurses of the Eversfield Hospital, St. Leonards-on-Sea. As a result of your efforts, we are now able to get in touch with Miss Coleman, and no doubt this will result in the completion of the membership enrolment of Miss Dora Collings. We have sent this good news to Miss Collings.

Sincerely yours,
PEARL H. BRAITHWAITE,
Eligibility Secretary.

National Organization for Public
Health Nursing,
New York City.

COLLEGE IDEALS.

We have received a letter from Captain W. G. Willcox, Organizing Secretary of the Appeal and Publicity Department for the British Legion—Field-Marshal Earl Haig's Appeal for Ex-Service Men of all Ranks—stating that "no authority was given to any persons to retain one half-penny per copy sold, of music bearing the words, 'On behalf of Earl Haig's (British Legion) Appeal.'"

We gladly give publicity to this denial and shall deal fully with the matter in our next issue.

OUR PRIZE COMPETITION QUESTIONS.

December 15th.—Detail the nursing, including the diet, of a patient suffering from failing heart, with general œdema.

December 22nd.—Describe methods which you have been taught to practise for the care and prevention of tuberculosis.

Many aperients are harmful Give Virolax— the Safe Laxative

Is it not your own experience that many aperients do more harm than good? Apart from their lowering effect on the patient's system, they irritate the delicate lining of the intestine and thus tend to weaken its natural action. Worst of all, they induce the dangerous "aperient habit." The more the patient takes the more he needs.

Virolax is altogether different. Instead of irritating the internal tissues, it gently lubricates them. While it cleanses far more thoroughly than any ordinary purgative, Virolax leaves no feeling of weakness or fatigue, but actually strengthens and tones the organs. It is a valuable tonic food as well as a perfect lubricant.

The use of Virolax gradually re-educates the intestine until it can act naturally and without assistance every day. That is one of the reasons why Virolax is so strongly recommended by doctors.

VIROLAX

The Nutrient Laxative

IN JARS, 1/- and 2/8.

One or two teaspoonfuls (children less) should be given over-night or before the morning meal. The quantity can be reduced after a few days and then given only occasionally as required.

VIROL LTD., HANGER LANE, EALING, LONDON, W.5.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,863.

SATURDAY, DECEMBER 15, 1923.

Vol. LXXI

EDITORIAL.

THE HOUSING SCANDAL.

No members of the community feel more strongly than trained nurses the urgency of the housing question, and the shame of the housing scandal; for well they know that it is at the foundation of the most crying evils from which the nation is suffering.

During the war we heard much about the "houses fit for heroes to live in." We saw pictures on cinemas of attractive houses with modern conveniences, and a happy wife explaining their delights to a hero on leave. Alas! these houses have not materialised in anything like an appreciable degree, and the conditions under which many ex-Service men and their families are forced to live are calculated to breed bitterness, disloyalty, revolt, in loyal subjects of the King.

To instance a few results of bad housing. Health of both adults and children is impaired by overcrowding; air space is insufficient; lungs are not oxygenated; capacity is reduced; and public money is wasted because school-children are not in a condition to benefit as they should from the educational facilities provided at the public expense.

Again, overcrowding is probably the largest cause of immorality, incest, and prostitution, which, setting aside the moral question, cause expense to the ratepayers and the public by necessitating provision for the care of lying-in cases, of patients suffering from venereal disease, and in prisons of criminals created largely as a result of these moral lapses.

One of the most terrible evils connected with the housing question is the moral contamination of the children of respectable parents by their close contact with those of undesirable families resident in the same house, and the ease with which little children can be violated by criminals and aliens owing to this close proximity. Compared with this horror, infection with lice, with skin and other diseases, is a minor evil, though calculated to disgust and

embitter mothers who endeavour to bring up their children respectably, and in habits of cleanliness and order.

The housing question is also held responsible for some of the cases of murder, arising from the overstrain and irritability occasioned by the lack of privacy and the constant contact day and night with other human beings, who under normal conditions would be loved and cared for.

Is it to be wondered at that with the double attraction afforded by the public-house, of escape from intolerable home conditions, and the temporary relief afforded by their dulling or obliteration by alcohol, many millions of pounds are spent annually on drink which might otherwise be spent on productive labour, with resulting lowering of mental fibre in both men and women, and later of the physical capacity of the children born to parents who are chronic alcoholics?

We are glad to note that at an inquest held recently by the Kingston Coroner (Dr. M. H. Taylor) concerning the death of a two and a half months' old infant, Dr. Goffe, of High Street, Kingston, spoke strongly on the housing question, as we report on page 272.

The mother, Mrs. Winifred Collins, in the course of her evidence, said that she, her husband, and four children slept in one bedroom. There were eight adults and six children living in the house, which had four bedrooms. Her husband was an engineer in the Post Office, and could afford to pay for better housing accommodation if it was obtainable.

This was corroborated by Mr. Collins, who said he had been searching in vain for a house ever since he was demobilised in 1919, but nobody would let him have one because of his children.

Trained nurses, of whatever politics, will thankfully welcome any well-considered scheme for adequate housing, and for the relief of unemployment, introduced by any Government. They have no politics where the health of the nation is at stake.

OUR PRIZE COMPETITION.

DETAIL THE NURSING, INCLUDING THE DIET, OF A PATIENT SUFFERING FROM FAILING HEART, WITH GENERAL ŒDEMA.

We have pleasure in awarding the prize this week to Miss M. Cullen, West London Hospital, Hammersmith, W.6.

PRIZE PAPER.

In a case of valvular disease the main points consist chiefly in treatment by (1) rest, (2) diet.

Rest is essential if failing compensation is present. Tonics may be ordered, chief of these being digitalis; this slows the heart's action, also acts as a diuretic, helping to relieve the dropsy which shows itself in the later stages of the disease. While this drug is given the patient must be carefully watched, in case the pulse becomes irregular or the urine tends to show a decrease in amount passed. Strychnine is another valuable drug if compensation has broken down. Strophanthus another, suitable for some cases.

Diet is of the utmost importance in nursing a case of heart disease. Food should be light and nourishing; nitrogenous foods limited. It is better to feed a patient with small quantities frequently than to give heavy meals. An over-distended stomach, causing much flatulence, is very distressing. Fluids are usually limited, and are best given between, not at, meal times.

When compensation has failed, only give fluids, of which milk is the most important; meat-juice and jellies are pleasant to take, and give variety. The breathing in a cardiac case may become distressed, and sometimes patient is unable to lie down; he must then be propped up with plenty of pillows, or a bed-rest, and made as comfortable as possible; a pillow should be placed under the knees and kept well in position.

It is important in these cases to keep the bowels freely opened; the amount of urine passed should be recorded, and the skin induced to act. These details tend towards relieving the dropsy and fluid present, in the tissues. Fluid, when present in large quantities, will have to be removed, either from the abdomen, lower limbs, or chest; when this has been commenced, it will be necessary to repeat at short intervals, as it so quickly accumulates again. For the removal of fluid from the abdomen, a trocar and cannula will be required. For the lower limbs, Southey's tubes are best; these can be left in position, and the fluid drained into a

basin, if patient is comfortable sitting out on a chair.

The important fact about nursing a patient with heart disease is to make him as comfortable as possible, with as many pillows as best suit; the patient will find his own position. All unnecessary fatigue must be avoided which throws any strain on the heart; all excitement and worry. He must not be allowed to do anything for himself.

In an advanced case alcohol is sometimes necessary. Brandy most valuable, especially should the pulse become weaker or patient feel faint. Brandy and egg mixture is pleasant to take. Cinnamon water added to flavour. Dose given: \bar{z} i to \bar{z} ii at a time.

Oxygen may be ordered where there is much breathlessness or cyanosis; it should be given for 15 minutes hourly, or oftener should the doctor order it. Nitrate of amyl capsules should be at hand; these give great relief in cases of angina pectoris.

Venesection is sometimes performed; this helps to lower the blood-pressure. The mouth needs careful attention, frequent swabbing with glycerine and borax, or lemon and mouth-washes, unless patient is too ill to perform this; then it must be done for him.

Guard against bed-sores. If necessary an air-ring or water-bed should be used, as these patients are often restless, and their condition calls for good nursing and watchfulness as to prevention, which is better than cure.

Bed-clothes should be light but warm, and if clothes are too heavy, then a cradle placed over a blanket or sheet gives great relief; only one must see that the patient is not cold, and protect the feet with bed-socks or bottles. Absolute quiet must be maintained, and amount of sleep recorded. It is sometimes necessary to give drugs for this purpose. Paraldehyde, morphia, or heroin are useful.

Should sickness be troublesome, bismuth sometimes gives relief, and sips of hot water. As the disease becomes more advanced, the liver may become enlarged, and lungs become œdematous, symptoms being dyspepsia and cough. These all need treatment in various ways.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Ramsey, S.R.N., Miss Lena M. Innes, Miss P. Thomson.

QUESTION FOR NEXT WEEK.

Describe methods which you have been taught to practise for the care and prevention of tuberculosis.

ECHOES OF THE ELECTION.

The self-governing nurses' organisations are free of all Party politics, and each member belongs to which Party she prefers. Thus the organisations support and work for principles, and the men who support high standards of nursing efficiency and national health.

It will cause real rejoicing throughout the free nurses' organisations to learn that their work has helped to return Major R. W. Barnett as member for South-West St. Pancras with a substantial majority, and to know that he appreciates their efforts.

Major Barnett writes: "The nurses, as usual, overwhelmed me with kindness. Not only did they work and canvass on my behalf, but the R.N.P.C. sent me a beautiful bowl of white heather; while the R.B.N.A. sent me a gorgeous Birthday cake.

"If I have succeeded in holding South-West St. Pancras by a substantial majority in these days of storm and stress, it is in no small degree through the efforts of my friends in the Nursing Profession, including THE BRITISH JOURNAL OF NURSING."

We feel sure this expression of appreciation will delight Major Barnett's friends. To Miss Isabel Macdonald, together with Miss Liddiatt, R.B.N.A., the credit is due of "stirring up" and showing an example to the younger nurses. Every vote was of importance, and many were secured by members of the R.N.P.C. and R.N.S. Gratitude is a rare virtue in these days, so we thank those who in spite of difficulty went forth to canvass for Major Barnett, to whom we owe the Nurses' Registration Acts.

Trades Union Nurses focussed their influence in opposition to Sir Alfred Mond in Swansea, and in support of the Labour candidate, Mr. W. Samuel, who defeated Sir Alfred Mond by a narrow majority of 115. A great triumph. No self-respecting registrationist will ever forget the arrogant threat in the House of Commons of this millionaire, when Minister of Health, to have the Nurses' Registration Act repealed, if Parliament did not support his proposal to violate its provisions! The Professional Union of Trained Nurses did well.

Amongst members returned are Sir Leonard Lyle, the chief wrecker of the Central Committee's Bill, supported by the College of Nursing, Ltd.; and Dr. Chapple, who carried out the College policy of opening the General Part of the State Register to untrained nurses. Dr. Salter, who persuaded the Labour mem-

bers to help degrade the Nurses' Register by voting for Dr. Chapple's "modification," was beaten in Bermondsey West by a Liberal. We greatly regret to note that Captain W. E. Elliot, M.C., has lost his seat for Lanark by 230 votes to a Labour opponent. Scottish nurses will unite with us in wishing him a speedy return to Parliament.

Thus, although we have many friends in, we have several members in the new Parliament actively inimical to the best interests of the Nursing Profession, and we must keep an eye on their "suppress" policy.

Of the eight women returned to Parliament, the Labour trio are deeply interested in social reform, and, let us hope, will acquaint themselves with nursing economics. So far as we can gather, the Unionist and Liberal women have not yet progressed beyond the V.A.D. stage. The free Nurses should instruct them.

We are still hoping for Nurses' Representatives in the House in the future. The compact little group of medical members in the last Parliament proved ignorant of, and unsympathetic to, the aspirations of the Registered Nurse.

Health and Happiness are synonymous, and until the Nursing Profession governs itself, the good of the people will never be best cared for.

Speaking at a meeting recently, we heard a nurse express the opinion: "Nothing will be done until after the Revolution. I have been driven into that camp by the "cave man" policy of the G.N.C."

NURSING ECHOES.

Nurses who are interested in the care of sick prisoners and appreciate the power of the personal, even if silent, influence to which, since the days of Mrs. Elizabeth Fry, they have always responded, will observe with pleasure in our advertisement columns that women nurses, with certificates of three years' training in a General Hospital, are required for the Hospital Staff at Holloway Prison. Preference will be given to those who are also certified midwives, or who hold the certificate of the Medico-Psychological Association. The pay, together with a temporary bonus liable to reduction, is 45s. 6d. a week. Free quarters are provided in a comfortable Nurses' Home, and the cost of food, which is shared by the nurses, amounts to about 14s. per head per week. The appointments carry pensionable rights. Forms of application and further particulars can be obtained from the Secretary, Voluntary

Advisory Nursing Board, Prison Commission, Home Office, London, S.W.1.

To those with the right vocation and temperament, the opportunity offers a satisfying and most useful career.

We wonder if the Report of the Rockefeller Foundation on the Shortage of Nurses will result in a better supply. Here in England the shortage of probationers at the London Hospital, and in other first-class Training Schools, is still acute, and there is one reason for this we seldom hear advanced. What are a largely increased supply of nurses to do when they are trained? Naturally, certificated nurses desire to rise in their profession, and where are the independent positions for them? Certainly not in the private nursing world, which in times past provided an outlet for women who enjoyed individual private practice. There are many reasons for this. The increased cost to the patient, the decreased spending power of the patient, paying hospital wards, hospital private nursing staffs, the high cost of living between cases, and the ubiquitous V.A.D. For economic reasons a very high percentage of probationers are employed in training schools in comparison with trained staff nurses, and thus there is a constant exodus of young nurses, who find difficulty in finding promotion. Sisterships and Matronships are rare. It is the same in the Dominions. Not enough well-paid practice for thoroughly trained nurses. This makes girls shy of training. Public Health Work should absorb a large number of Registered Nurses in the future, but competition with semi-trained Health Visitors and other workers is far from encouraging at present.

Mr. E. W. Morris, House Governor of the London Hospital, has expressed the opinion in the press that "farmers' daughters and those of country solicitors make the best nurses," and he added that:—

"Hospital work is gravely hindered by the shortage of nurses. As a result there are 108 beds in the hospital closed, not from financial difficulties, but simply because of this lack of nurses. The shortage makes the remaining nurses' work harder, which, in turn, makes the profession less attractive.

"We are suffering from the fact that the modern educated woman who would formerly have taken up nursing now prefers the new professions that are opened up to her. She also prefers open-air work, such as chicken farming."

The "modern educated woman" has enjoyed more freedom than is possible under hospital routine, and alas! the beautiful old altruistic spirit is a vanishing quantity!

We have referred editorially on page 369 to the housing scandal as the foundation of many national evils, that of overcrowding being exemplified in the case of the death of an infant at Kingston-on-Thames, concerning which Dr. Goffe spoke out with no uncertain voice.

He testified that the cause of the baby's death was syncope from broncho-pneumonia, and in reply to the Coroner (Dr. M. H. Taylor) said it was decidedly not healthy for people to have to live under such conditions as were described by the parents. It was extremely unhealthy and undesirable. As a medical practitioner in the Borough he thought the conditions under which the poorer people lived were scandalous and appalling. They were living in unhealthy conditions, not from choice, but because they were forced to do so. He felt very strongly on the point, and sometimes wondered the people did not create a commotion. He was surprised at the tranquillity they exhibited under stress of circumstances, and wondered that any Borough Councillor had a window pane left in his house, considering they had power to build houses, as had been done by the local authorities at Surbiton, Malden, and Richmond. They bought land in the town, but, despite the moral obligation on them, they had only built twelve houses. As a ratepayer, he was prepared to pay higher rates so that the people might have houses. The electors had it in their own hands, and should inquire from every candidate for the Council whether he was in favour of building houses quickly, and unless they got a definite and favourable answer should not vote for him. . . . The Government wanted to keep up the population, but the landlords said "No encumbrances." In recording a verdict of "Death from natural causes," the Coroner remarked that he agreed with all that Dr. Goffe had said.

Sir Henry Cook, chairman of the Board of Management, who presided at the annual meeting of the Royal Edinburgh Hospital for Incurables, which was held in the Longmore Hospital, intimated that, through the generosity of an anonymous donor, the managers would shortly be in the position still further to improve the accommodation for the nurses at Longmore Hospital. Plans had now been

prepared, and had been approved by the donor, for providing the nurses with a greatly improved dining-room, also a recreation-room, lecture-room, and sickroom accommodation. He mentioned that the sum given was £10,000, which was a noble contribution. The work was already in hand, and he hoped they would be able by another year or so to have that valuable addition. He only wished they knew the donor so that they could thank him or her for the kind benefaction.

Training in the nursing of "incurables" should be included in the training of every probationer. It requires all the finest qualities which go to make the best nurses.

Mr. William Paul, a public-spirited citizen of Ipswich, has purchased No. 9, Lower Brook Street, adjoining the present Ipswich Nurses' Home, for the benefit of the Home. By the terms of the trust deed which has been drawn up, the Home will have the full use of the premises so long as it continues its present work, and in the event of the Ipswich Nurses' Home ceasing to exist, the property will be used for the purposes of the town.

We have received piles of cuttings *re* the Nurses' Registration Bill, again squandered in Victoria. One factor in its loss is the everlasting interference of sectional nurse employers with its provisions, who merely look at the question from the economic view-point of their own convenience. Thus special concessions were required by the managers of the Victorian Bush Nurses' Association. Now, however, that Bush Nurses are being recruited in England it is well to put on record how all-important this branch of nursing is, and the following letter from Miss Alice M. Moore, a Bush Nurse by experience, is valuable:—

"With reference to the Chief Secretary's suggestion that a certificate might be granted to bush nurses who take a modified course of training, I should like to point out why, in my opinion, this would not work well. I have had many years' experience as a bush nurse in Victoria and New South Wales, also in city and country hospitals in Australia, New Zealand, and Canada, and I say without hesitation that the position of the bush nurse is the most difficult of all. She has to work usually without the help of a doctor, and often far away from a hospital. She is called to cases of broken limbs, cuts, burns, poisoning, and illness of all kinds. Singlehanded she has to do her best for these, and must understand how to use the contents of the medicine cupboard with which she is equipped—sometimes the only one within a range

of fifty miles. Many of the patients are children, whose illnesses are not included in the general training given to nurses. Midwifery is a class in itself, and is all important. In this, as in other cases, the bush nurse must be able to recognise danger signals in time to bring the patient by some means within range of skilled medical or surgical attention.

"Whatever may be advisable in other departments of nursing, the bush nurse certainly should not be granted a certificate on partial training. To do this would be to add one more disability to life in the country districts. Just as there are schools and post offices scattered throughout the bush, so there should be nursing centres, worked in the same way as a Government department. Nurses with full all-round qualifications, who alone are suitable for this work, can be obtained if they are properly paid, and such expenditure would be an excellent national investment."

We are heartily in sympathy with Miss Alice Moore's views, and do hope Sir James Barrett and his sister, Dr. Edith Barrett, will not continue to try to foist an inferior grade of cheap nurse attendants on to bush people. Bush nursing requires nurses of outstanding qualities, of a missionary and adventurous spirit, and, like our own rural poor, the bush people have no need of the semi-trained nurse. The everlasting interference of the laity in nursing standards and status is ruining trained nursing in Australia, as it soon will at home.

At the final examination at Kingston General Hospital, Surrey, Miss A. Barry, who gained first place, scored the highest marks ever awarded in that examination. At the presentation of certificates and medals, Mr. H. Broome congratulated Miss Barry on establishing a record of 91 per cent. in a remarkably stiff examination.

The Third Annual Reunion of the Royal Infirmary Glasgow Nurses took place at the Trades House, Glasgow, on Friday, December 7th, and was very successful and enjoyable. The Chair at the dinner was taken by James Macfarlane, Esq., D.L., LL.D., supported on either side by Miss Donaldson and Mrs. Strong. We hope to give a full report in our next issue. The second number of the *Nurses' League Journal*—a delightfully produced and edited publication, with a portrait of Mrs. Strong as frontispiece and also a portrait of Miss Melrose—shows that the League (which is affiliated to the National Council of Trained Nurses) is a flourishing and progressive self-governing association of nurses, animated by high professional ideals.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 359.)

A DAGGER IN THE BACK.

When, in the Spring of 1920, Mr. J. C. Priestley K.C., was appointed Chairman of the first and nominated General Nursing Council for England and Wales, he was engaged in active practice at the Bar—mostly in the Divorce Court. So far as we could gather he had no experience of professional nursing matters, either educational or economic. We presume, however, that he was "put wise" at the Ministry of Health, and told of the long and terrible struggle of the pioneers of nursing organisation and reform for legal status, and improved educational facilities, and of the unprecedented opposition of the autocratic managers of Nurse Training Schools and their honorary and salaried officials, to any degree of protection by the State for professional nurses. Protection which the State had accorded in successive Acts of Parliament to the men's professions, and in some degree to washerwomen and sweeps!

In accepting office, no doubt Mr. Priestley imagined that he would perform the usual official duties of a Chairman of a Statutory Council, with adequate expert assistance from his Council and officials. I think I may say without contradiction that no such halcyon conditions awaited his supervision, and that during the whole term of his office he had to attend at the Office or Ministry of Health almost daily; and was, in fact, called upon to do routine work which should have been prepared for him. Any way, my conscience is clear on this matter. All the expert knowledge on nursing conditions, educational and economic, which I had for years studied at home and abroad was at the disposal of Mr. Priestley and his Council for the benefit of my profession. In referring to my correspondence files I find generous recognition from the Chairman for information supplied on numerous intricate questions, which naturally cropped up in laying the basis of the Nursing Profession under an Act of Parliament. The Rules, the Constitution, the demand of the Ministry to appoint the Chairman of an elected Council—an unprecedented demand, which I opposed in Council and in Conference with Dr. Addison, the then Minister, and which he conceded. The burning question of Nurses' Hours of work under the proposed Hours of Employment Bill. The demand of the General Nursing Council for Scotland that Fever Nurses certificated by the Scottish Board of Health, should for reciprocal purposes rank as General Nurses; this was prevented. The all-important right of nurses accused of misdemeanours to be judged by the whole Council and not by a sub-committee as suggested; the question of the Chartered Society of Massage and Medical Gymnastics to have the right to record Nursing qualifications on its Register of Masseuses; which was prevented, and a dozen other matters of vital importance to Registered Nurses, considered right

up to October 28th, 1921, when the Deprivation of Certificates bomb was thrown into the G.N.C. arena by the College Matrons, in their demand to certificate persons who did not possess them, or deprive every colleague who did of this evidence of tested efficiency! On this outrageous suggestion I compiled a historic "Memo." for Mr. Priestley's benefit, and it is to be regretted that he did not inform the Ministry, and the College Council, members of which were, as usual, tripping up and down the back stairs of more than one Department in Whitehall, that justice, without fear or favour, must be done to the rank and file, as had been done on previous occasions.

I recall these matters to prove that until the few months before the resignation of Mr. Priestley our association was of a most friendly nature, as proved by correspondence. I have no doubt, had not a most treacherous and systematic campaign of mischievous calumny, emanating from jealous and facile colleagues on the Council, who could not bend me to their imperious will, in their betrayal of the rank and file, supplemented by entirely ignorant and bureaucratic officialdom; the unpardonable attempt, by mendacious accusations, made *privately* at the Ministry against me, would never have disgraced the annals of the conduct of business of the General Nursing Council for England and Wales.

As I reported in full last week, the bold policy of publicity crushed out once and for all the infamous attempt to ruin Existing Certificated Nurses; but, naturally, human nature being what it is, it fanned the flame of animus. For more reasons than one the chief protagonist in defying autocracy must be crushed out.

We must recall the fact that the Morant policy had prevented the College of Nursing, Ltd., acquiring absolute economic power over the Nursing Profession, and had deprived it of the income—the Nurses' Registration and Examination fees—upon which it calculated to finance its supremacy. Do not for a moment forget this fact. These funds meant life and death to the College Company, in support of the only basis upon which the employer could force his autocratic will upon the worker. If the College Council under the Act could not administer these fees, then its representatives upon the General Nursing Council must do so. At all costs the College representatives must capture the Council when the forthcoming election was held. To do this it was absolutely necessary to remove from the Chair of the Registration Committee the woman who realised and opposed the College policy, so that by new Rules the electorate could be packed by College members so as to secure a preponderating majority on the new Council. With myself in the Registration Chair, and the Rules as approved by Parliament, this was almost impossible, as for months many College Matrons had discouraged their nurses from registering, and many nurse-members of the College bitterly resented the breach of faith with them, when they realised they were not to be placed automatically on the State

Register, and had to supply cash and references for that purpose. *This thousands refused to do.* Preferential terms, therefore, must be devised to rope in these votes.

About this period a friend sent me a warning: "The serpent is on the watch." As Sergeant Buzfuz would have said: "The train is laid, the mine is preparing." In other words the majority of the G.N.C. were busy plotting against me.

On November 22nd, I received the following letter from the Registrar—enclosing a copy therewith of a letter sent by Mr. Priestley to the Minister of Health, Sir Alfred Mond:—

THE GENERAL NURSING COUNCIL FOR ENGLAND
AND WALES.

12, York Gate,
Regent's Park,
London, N.W.1.

November 22nd, 1921.

DEAR MRS. BEDFORD FENWICK,—I am requested by the Chairman (Mr. Priestley) to forward to you a copy of a letter which he sent to Sir Alfred Mond yesterday.

Yours faithfully,

MARIAN S. RIDDELL,
Registrar.

[COPY.]

12, York Gate,
Regent's Park,
London, N.W.1.

November 21st, 1921.

DEAR SIR ALFRED,—Under existing conditions I am of opinion the work of the Council cannot be carried on satisfactorily. I have no power to alter them and therefore regret I can no longer usefully remain Chairman.

As cheques must bear my signature and the Staff might suffer if none could be cashed, it would appear to be advisable for me to postpone my formal resignation until you tell me you have found my successor.

I am,

Yours faithfully,
(Signed) J. C. PRIESTLEY.

To Sir Alfred Mond.

It will be observed that no reason is given for this resignation. The right thing to have done was that Mr. Priestley should have called a special Meeting of the G.N.C. together, and straightforwardly given his reasons for resigning.

I soon learned however (without surprise) that I was to be made the scapegoat—an animal with whose long-suffering attributes I have little sympathy. I learned through a friend that a large majority of the Council had sent in their resignations in support of the Chairman's action, and that certain of them had, *behind my back*, attended at the Ministry, and made various accusations verbally against me. People capable of such cowardly tactics are capable of any lie, and I was not surprised to learn that a tissue of misrepresentation had been agreed upon and put forward, and that a Minister of alien antecedents sensed nothing ignoble in taking part in such an attack upon a British woman!

A most unprecedented position resulted. These resignations made a quorum impossible in most of the Standing Committees—and for this reason they were not summoned—so the public duties those members had agreed to fulfil when accepting office were neglected. A gross breach of duty and courtesy to the Profession, whose governing body for the time being they were.

The six members who remained at the post of duty—myself, Miss Macdonald, Miss MacCallum, Miss Villiers, Miss Cattell and Mr. Christian—were unable to support the nurses' interests owing to this disgraceful strike—excepting in the Finance Committee, on that body we had a quorum, and we insisted upon the Registrar summoning it, and dealing with the necessary business. We found it necessary to report to the Minister that urgent structural alterations at the Office were required. I need only mention one. The little gas fire in the Registration Annexe left it desperately cold; the clerks had to work all day in the bitter weather in their fur coats. We requisitioned that an anthracite stove might at once be installed. We were told by Mr. Brock at the Ministry that this somewhat costly apparatus must be agreed to by the Council. The Council, when summoned on December 16th, had not a quorum, no business could be transacted, *so all winter long the staff shivered in their shoes*, and the health of one suffered seriously in consequence. Neglect of duty could hardly have resulted in more callous cruelty, and this from prominent members of the so-called services of humanity—Nursing and Medicine!

Let us turn over that black page.

My work as a member of the Registration Committee I continued; I attended the office constantly, and with the help of Miss Villiers and Miss MacCallum scrutinised some 1,500 application forms, which were ready and agreed to by the Council which met on February 3rd, 1922.

But much of interest took place during the interim.

At this period everyone apparently was buzzing and fussing in what they described as "support of peace." I am not a peace-at-any-price person, so I continued calmly to perform my public duties, within the limits of the Constitution, and was not perturbed by the buzzing.

Firstly, Sir Jenner Verrall, with the best of intentions, no doubt, wrote me lengthy epistles from which I gathered I was to place myself in a thoroughly invidious and untenable position, making it feasible by biting the dust, for the Chairman to withdraw his resignation over my prostrate form. I dislike biting the dust, especially under false pretences, so I replied I had decided to take no action outside the General Nursing Council.

GAGGING FREE SPEECH AND THE PRESS.

On January 12th, 1922, whilst engaged at the office scrutinising application forms and references, Miss Alice Cattell, having seen Mr. Priestley at his Chambers, brought with her a "Memo," in his handwriting (a truly unique document) which though not addressed to me, presumably required

me to subscribe to its provisions. Whether or not I was to be beheaded on Tower Hill if I failed to do so was not notified!

Below, this communiqué appears in all its mediæval arrogance and absurdity.

5, Crown Office Row,
Temple, E.C.

1. Not to speak on platforms against matters coming up for discussion in Council, outside the Council.
2. Not to write about matters in her paper which are coming up for discussion in Council.
3. Not to attack members of the Council in her paper or on platforms who do not agree with her.
4. Not to publish in her paper anything which the Council has resolved shall be eliminated.
5. Not to publish anything in her paper of what the Committees do.
6. Not to attack other papers at the Council's meetings in case they do anything to the injury of the Council.

I resented these false imputations.

I instructed Miss Cattell to inform Mr. Priestley that I would only discuss the matter in Council, and that I refused to consider his irregular communication, or to be "gagged" in any way.

A few days later I was phoned from the Ministry of Health, inviting me at the Minister's request to see the First Secretary, Sir Arthur Robinson. This I consented to do. More anon.

ETHEL G. FENWICK.

(To be continued.)

THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

The following letter has been addressed to the Chairman of the London County Council, and a copy sent to the Chairman of the Mental Hospitals Committee of the L.C.C., by the above Council, on the State Examination of Mental Nurses.

To H. C. Gooch, Esq., Chairman, London County Council.

SIR,—The attention of the Registered Nurses' Parliamentary Council, an Association of Nurses all of whom are registered under the Nurses Registration Acts, 1919, has been directed to the Report of the Mental Hospitals Committee of the London County Council, adopted at the meeting of the Council on November 20th, in regard to the increments paid to Probationer Nurses on the basis of their passing each of two Examinations (Preliminary and Final), to be held in future by the Medico-Psychological Association—instead of three as heretofore.

From this it would appear that it is the intention of the Medico-Psychological Association (which has done excellent work in the past in standardising the examinations of mental nurses) to continue to conduct and charge fees for these examinations in the future.

My Council, therefore, desires to point out

(1) that the Nurses' Registration Acts, which received the Royal Assent on December 23rd, 1919, under which provision is made for Supplementary Registers of Mental Nurses, conferred upon the General Nursing Councils for England and Wales Scotland and Ireland respectively, the duties of "regulating the conditions of admission to the Registers" to be set up under the authority of these Acts, and of "regulating the conduct of any examinations which may be prescribed as a condition of admission to the Registers"; (2) that the State Examination is the only one which will be of value to nurses in the future, and, therefore the only one which they should be encouraged to pass; and (3) that evidence of having passed this Examination and of registration on a State Register as a Mental Nurse, will presumably be the evidence of proficiency to be required in the future by public authorities engaging Mental Nurses.

Consequently, in the view of the Registered Nurses Parliamentary Council, probationer nurses should not be encouraged by the prospect of an increased scale of pay to enter in the future for the Examination of the Medico-Psychological Association, which is a private body, conferring no legal status upon them.

The first State Examination for Nurses under the authority of the General Nursing Council for England and Wales (which is optional) will be held in July, 1924, and it is the opinion of the Registered Nurses' Parliamentary Council that as soon as State Examinations are established, that conducted by the Medico-Psychological Association should cease.

A parallel case is to be found in that of the London Obstetrical Society, which did good work for many years in conducting an examination for midwives, and its certificate was widely recognised as evidence of efficiency; but, when the Central Midwives Board, set up under State Authority, established its own examinations in 1905, that of the London Obstetrical Society was discontinued.

In a letter addressed by the Minister of Health to the General Nursing Council for England and Wales, and read at its meeting on November 16th, the Minister referring to the Syllabus of Subjects for the examination of Mental Nurses, and those nursing mental defectives, drew attention, as advised by the Board of Control, to the similarity of the proposed examination with that already conducted by the Medico-Psychological Association. The Minister expressed the view, with which the Registered Nurses' Parliamentary Council entirely concurs, that "it is undesirable that there should be two bodies holding examinations for mental nurses."

The Registered Nurses' Parliamentary Council therefore ventures to hope that the London County Council will recognise the value of the State Examination in Mental Nursing by providing that, upon its establishment, evidence of having passed respectively, the Preliminary and the Final Examinations in Mental Nursing, held under the authority of the General Nursing Council for England and

Wales, is the only evidence which will entitle Probationer Nurses in its employment to an increment of salary on the ground of having passed an Examination in mental nursing.

I am, Sir, yours faithfully,
 BEATRICE KENT,
President.

A PLEASANT REUNION.

Miss C. Reimann, Hon. Secretary of the International Council of Nurses, was the guest of honour at a pleasant Reunion arranged by Miss Isabel Macdonald at the Club of the Royal British Nurses' Association, 194, Queen's Gate, S.W., on December 7th, which she had expressed a desire to see.

It was a friendly and informal gathering, convened at short notice, of some members of the Nursing Profession interested in National and International Nursing questions. Tea was daintily served in the drawing-room, and dispensed by Miss Macdonald and Miss Liddiatt. Not only were general hospital nurses represented, by Mrs. Bedford Fenwick, Founder of the International Council of Nurses, and others, but Miss Macaulay, Matron of the West Kent County Hospital, had come up from Maidstone and, with Miss M. Lord, late Matron of Banstead Mental Hospital, was able to give Miss Reimann expert information about Mental Nursing in this country, in which she appeared much interested. During the afternoon Miss Reimann was taken over the Club by Miss Macdonald and much appreciated the arrangements made for the comfort of the members. She leaves this week for New York, where she will be staying at Teachers' College, Columbia University, returning only in the summer of 1925 in time for the meeting of the International Council of Nurses at Helsingfors.

TERRITORIAL ARMY NURSING SERVICE.

The Matron-in-Chief (T.A.N.S.) requests that all members of the Territorial Army Nursing Service will submit their enrolment parchments to their Principal Matrons before January 1, 1924, in order that they may be initialled in accordance with paragraph 4 of the instructions on the parchment.

PRESERVATIVES AND COLOURING MATTER IN FOOD.

An inquiry into the use of preservatives and colouring matters in food was opened in November by the Committee which the Government appointed in July. It will report on:

"Whether the use of such materials or any of them for the preservation and colouring of food is injurious to health, and, if so, in what quantities does their use become injurious; and

"Whether it should be required that the presence of such materials and the quantities present in food offered or exposed for sale should be declared."

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

NOVEMBER 16th.

POINTS FOR NURSES TO NOTE AND REMEMBER.

THE STATE EXAMINATION OF MENTAL NURSES.

In connection with the letter from the Minister of Health on the Syllabus of Subjects for Examination of Mental Nurses, read at the last meeting of the Council, drawing attention to the similarity between the proposed Examination, and that already conducted by the Medico-Psychological Association, the point to be remembered by Mental Nurses is that only by passing the State Examination can they obtain legal status through admission to the State Register, and the right to wear a protected uniform and badge, and that the value of the Examination of the Medico-Psychological Association ceases, when that held under State Authority is established.

Just as the London Obstetrical Society ceased to examine midwives when the examination of the Central Midwives' Board was instituted, so the M.P.A., which has done excellent work in the past, in standardising the examinations of Mental Nurses, should discontinue its examination upon the establishment of that set up under the authority of the State.

FEE FOR EXAMINATION.

The exception taken by the National Asylum Workers' Union to the fee charged for the Preliminary Examination is a question which cannot be summarily dismissed. We agree with the Chairman that the fees must be sufficient to meet the expenses of the Examination. The question is whether the expenses are kept down, as far as is consistent with efficiency. The high salary paid to a lay woman, with no professional nursing training, engaged as "Examinations' Officer," appears to be one item which might be saved. The Central Midwives' Board has, in the whole of its existence, not found it necessary to incur this expense, all the work in connection with its examinations being performed by the regular office staff, in the course of their routine work.

One cannot wonder that a union of working nurses takes exception to high fees, when high salaries for officials, and first-class railway fares for examiners, are taken into consideration.

ACCOMMODATION FOR THE FUTURE.

We note that the Council have under consideration the question of moving into larger premises. Had it been well-advised, it would have taken larger premises to start with, and not have had to incur the great expenses of moving within the first few years of its existence.

A report as to the need for expansion of premises was presented to the General Purposes Committee by the Examinations Officer, which appear to us entirely outside her province.

THE REGISTERED UNIFORM.

We note that the recommendation of the Uniform Committee that the woven badge be placed on the shoulder strap of the overcoat and on the lapels of the short coat and coat frock, was made to meet the objection of the Registration Office that the uniform submitted was not distinctive enough. This is not surprising. It is most important that the uniform of the Registered Nurses should be distinctive, and that selected is very insignificant, commonplace, and unattractive. We doubt if it will be widely adopted—excepting by "Chapple" protégées—the untrained.

REPORT OF THE EDUCATION AND EXAMINATION COMMITTEE.

The Education and Examination Committee reported that it had considered the Draft Rules for admission to the Register after June 30th, 1925, as submitted by Mr. Sydney Pitt (the Council's solicitor) referred to it by the Council on October 19th, and, with the addition of a Rule previously omitted, as to the production of a marriage certificate, had forwarded them to the Minister of Health for his approval. The Committee did not report that it had made any alteration in the Rules before so doing, and, if so, what these alterations were.

THE WAY TO ADDRESS A CABINET MINISTER.

Included in the Draft Rules which were before the Meeting of the Council on November 16th was the draft of a letter to be forwarded to the Minister of Health. We think that the Council instead of approving this letter without comment would have done well to instruct the Registrar that the more formal "Sir" is usual, instead of "Dear Sir," and that "Your obedient servant" should be substituted for "Yours faithfully" when addressing a Minister of the Crown!

EXAMINATION IN MEDICINE, SURGERY, AND GYNÆCOLOGY.

The Nurses' Registration Bill, introduced by Major Barnett on March 18th, 1919, drafted by the Central Committee for the State Registration of Nurses, contained the following Clause: "Nothing contained in this Act, or in any Rules made thereunder, shall confer any authority to practise medicine, surgery, or midwifery, or to undertake the treatment or cure of disease."

This Clause unfortunately was not included in the Government Bill. We were always in favour of it, and we think events have proved its wisdom.

We note that in the scheme for the State Examinations provision is made in the Final Examination for written questions in medicine, surgery, and gynæcology, to be marked by Medical Examiners, who will also conduct an oral examination of twenty minutes' duration in these subjects, as apart from an examination, both oral and practical, in nursing, by nurse-examiners, of half-an-hour's duration.

Presumably, therefore, the certificate awarded to successful candidates will testify that they

have been examined in medicine, surgery, and gynæcology, and have satisfied the examiners in these subjects. Such terms are certainly inadvisable, not to say entirely erroneous.

We commend this point to the attention of the General Medical Council. It might and should take strong exception to any such description and claim.

THE ASYLUM WORKERS' UNION AND THE G.N.C.

The National Asylum Workers' Union have protested to the General Nursing Council for England and Wales against the future charge of £7 7s. for Examination and Registration, and "at the extraordinary and deplorable delay in the issue of Certificates and Badges."

As six months is apparently quite an average time for nurses to wait before their applications for registration reach the Council—the A.W.U. must remember that the Registrar was given absolute power as to the recommendation of applications which, in her opinion, "conformed to the Rules," without the supervision of the Registration Committee—thus, presumably, this official finds some difficulty in exercising the excessive powers obtained by her under the Cox-Davies' "recommendation," 1922, and applications are held up for months.

Also Certificates empowering Registered Nurses to practise as such are now signed by two medical men, instead of by Registered Nurses—power medical practitioners have never possessed outside the Nurses' Governing Body. This abuse again was made possible by the proposal of Miss Cox-Davies to place Dr. Goodall, instead of a Registered Nurse, in the Chair of the Registration Committee, thus depriving the Profession of Nursing of rightful power and prestige.

Registered Nurses, with few exceptions, have weakly submitted to these degrading arrangements, so they have themselves largely to blame. They may plead ignorance—there again they are in fault in accepting as Gospel misleading and futile stuff, served out to them through unprofessional publications financed by their employers. Until Registered Nurses realise that it is their *duty* to govern their own profession and arouse themselves to exercise that duty, they will be treated with the contempt they deserve.

COLLEGE IDEALS.

In our issue of November 10th, under the above heading, we drew attention to the appeal for volunteers made at a meeting of the London Centre of the College of Nursing, Ltd.—Miss Ruth Darbyshire, R.R.C. (Matron of University College Hospital), being in the chair—to sell the "Poppy Song" in the cinemas, on Wednesday, October 31st, and Thursday, Friday, and Saturday, November 1st, 2nd and 3rd, the inducement

being that one halfpenny on each song sold would go to the Appeal Fund for the College Endowment, and expressed natural and righteous indignation. We added, "if the members of the London Centre have any ideals left, let them, for very shame, produce the halfpennies out of their own pockets, and decline to be associated with the shameful and degrading methods of cadging for halfpennies advocated, as above stated."

In a letter in our issue of November 24th Miss Mary Burr took great exception to the application of any part of the money obtained from the public "in return for a 'Poppy Song,' upon which is printed, 'On behalf of Earl Haig's British Legion Appeal,'" as "likely to bring the British Legion Appeals into disrepute," and wrote further:—

"That even the members of the College of Nursing should drag the Nursing Profession still lower, by lending themselves to such paltry means, to obtain funds, is almost unbelievable. Is it possible that there are women—nurses—so wanting in self-respect and sympathy as to deprive necessitous ex-soldiers, widows and orphans of halfpence!"

This is the point that appealed to us when we suggested that the members of the London Centre of the College of Nursing should produce the halfpennies out of their own pockets. We did not in doing so make any reference to Earl Haig's (British Legion) Appeal, but Miss Burr not unnaturally assumed that the "Poppy Song" referred to was the one which is known by that name, beginning "Oh! ye who sleep in Flanders' Fields," which "has been set to music for use at War Memorial Services, on Remembrance Day, November 11th, and other Solemn Occasions." This includes the words—

We cherish, too, the poppy red,
That grows in fields where valour led;
It seems to signal to the skies,
That blood of heroes never dies,
But lends a lustre to the red
Of the flow'r that blooms above the dead
In Flanders' fields.
And now the torch and poppy red
Wear, in honour of our dead.

We have now received the following disclaimer from Captain W. G. Willcox, Organizing Secretary of the Appeal and Publicity Department of the British Legion:—

"No authority was given to any persons to retain one halfpenny per copy sold, of music bearing the words, 'On behalf of Earl Haig's (British Legion) Appeal.'

A searching inquiry has been made regarding this allegation, and it is found that an association unconnected with British Legion, having different objects, and not appealing for funds to alleviate distress amongst ex-service men, publishes music upon which one halfpenny per copy sold is retainable by all agents.

"I enclose a copy of the poem, 'Oh, ye who sleep in Flanders' Fields' set to music which is rendered by choirs throughout the Empire at Cenotaph and similar memorial services; no commission being payable or retainable in respect of this sacred music.

"I also enclose a copy of what 'Mary Burr' calls a 'Poppy Song' which, as you see, is nothing at all to do with Earl Haig's (British Legion) Appeal, or Poppies."

We gladly publish Captain Willcox's disclaimer on behalf of Earl Haig's (British Legion) Appeal, and are obliged to him for sending us copies of the two songs. We agree with him that the second song which he encloses, "The Song of the Ypres League," has "nothing to do with Earl Haig's Appeal, or Poppies." It is a song about cornflowers, called "A Corner in Flanders," and the ruined tower of Ypres and cornflowers are depicted on the cover. If, as Captain Willcox assumes, this is the song which the London Centre of College of Nursing, Ltd., invited its members to sell in the cinemas, in order to earn ¼d., per copy sold, for the College Endowment Fund, we hope he will enquire, from those responsible, why volunteers were called for to sell the "Poppy Song," and why they selected the week before that in which Remembrance Day (November 11th) occurred, for this purpose.

We note that the Ypres League, which enrolls in its comradeship all those who fought at Ypres (which is to the British Empire what Verdun is to France) together with the relatives of those who died there, includes F.-M. Earl Haig amongst its Vice-Presidents, and we hope the great Field-Marshal will use his influence with the Chairman of the British Red Cross Society, who is also Chairman of the College of Nursing, Ltd., to prevent the cheapening of this song by its sale in cinemas, in order to collect halfpence for the College of Nursing, Ltd. For our own part, as we have already said, we consider that College members owe it to their profession to give these halfpennies themselves instead of cadging for them in places of public amusement.

AN ACCEPTABLE CHRISTMAS GIFT.

Just now shops and bazaars are filled with a display of novelties, useful and otherwise, from which we select gifts as reminders to our friends of our affection and good wishes.

Yet when we get them home we sometimes wonder whether, after all, the gift which we may have exercised some self-denial to purchase will give the pleasure which we hoped when we selected it, or will prove a white elephant, to be set aside when Christmas is passed with kindred useless trifles.

No mistake can be made if we select a hot water bottle as our gift to either man or woman, that is if we select the right one, and the right one is of course Ingram's "Eclipse," which can be purchased from any high-class chemist or stores.

Besides being made of good rubber, it is fitted with a patent constructed neck, and patent rubber covered screw stopper. Nothing is more annoying, or may be even dangerous, than to find one's bed sodden, instead of warm and cosy, because a loose washer has been mislaid, and a leaky bottle placed in the bed. Such untoward accidents cannot occur if the bottle used is Ingram's. Be sure, therefore, that it is branded Ingram's "Eclipse."

APPOINTMENTS.

MATRON.

Herefordshire General Hospital, Hereford.—Miss Anabell Cameron, S.R.N., has been appointed Matron. She was trained at the Bristol General Hospital, where she was on the private nursing staff, was Sister and Assistant Matron from 1916 to date.

Kincardineshire Isolation Hospital, Stonehaven.—Miss Janet MacHardy, R.G.N., has been appointed Matron. She was trained at the Royal Infirmary, Aberdeen, and at the Isolation Hospital in the same city, and has held the position of Sister at the Seafield Hospital, Ayr.

The Hospital, Forres Leachoil.—Miss Annie B. Mair has been appointed Matron. She was trained at the Royal Infirmary, Paisley, and has had experience of military nursing, and has been Matron of the Infectious Diseases Hospital, Elgin.

Cottage Hospital, Ballymena, co. Antrim.—Miss M. O. Simpson has been appointed Matron. She was trained at the Adelaide Hospital, Dublin, and worked during the war, at home and abroad, as a Staff Nurse and Sister in Queen Alexandra's Imperial Military Nurse Service Reserve. She has also held the position of Sister in the Ministry of Pensions Nursing Service.

ASSISTANT MATRON.

Bracebridge Mental Hospital, Lincolnshire.—Miss J. Margaret Dagg has been appointed Assistant Matron. She was trained at The Retreat, York, and has been Staff Nurse at the War Hospital, Whitchurch, Glam., and at the Munition Factory, Chittening, near Bristol; Sister at Parkside Asylum, Macclesfield, and Ward Sister at the Royal Mental Hospital, Glasgow.

THEATRE SISTER.

North Herts and South Beds Hospital, Hitchin.—Miss Clara D. Penticost, S.R.N., has been appointed Theatre Sister. She was trained at the Prince of Wales General Hospital, Tottenham, the Park Hospital, Lewisham, and the City Maternity Home, Lincoln. She is a Certified Midwife, and has held the position of Midwife at the Norwich Maternity Institution.

SISTER.

Queen Mary's Hospital for Children, Carshalton, Surrey.—Miss Elsie Irene Jacob has been appointed Sister on the permanent staff. She was trained for three years at Queen Mary's Hospital for Children, Carshalton, and after working at the Earl's Court Refugee Camp entered Charing Cross Hospital for training; upon receiving her certificate, she was appointed Sister at the County Hospital, Hereford. Recently she has been doing temporary duty as Sister at Queen Mary's Hospital, Carshalton.

SUPERINTENDENT SCHOOL NURSE.

Education Committee, Walthamstow.—Miss Mary Gregory White, S.R.N., has been appointed Superintendent School Nurse. She was trained at Westminster Hospital, and at Bristol Hospital for Women and Children, and is a Certified Midwife. She served abroad during the war as a member of the Territorial Force Nursing Service, and has been Assistant Matron at the National Hospital, W.C., Matron at the Horsham Cottage Hospital, School Nurse and Health Visitor at Oxford, and Acting Superintendent of St. Luke's Infant Welfare Centre, Peckham.

NURSING IN VICTORIA.

HOPE DEFERRED ONCE AGAIN.

We sincerely sympathise with our colleagues in Victoria. *Una* reports that the resignation of the former Lawson Government marked the end of the Nurses' Registration Bill, which was introduced by Mr. Baird, the former Chief Secretary.

Mr. Baird's Bill contained one great blot. It provided for the administration of the Act by a Board of seven persons, one only of whom must be a "registered nurse."

It is imperative for the status of nurses in Victoria that Nurses' Registration should be enforced—providing for reciprocity throughout the Empire—and we are of opinion that if the rank and file of the profession would wake up in Victoria and demand legislation, they would get it. It is time the medical profession and hospital governors ceased to hand feed the nursing profession in the Commonwealth—and encouraged them to do for themselves. Every other class of woman worker is given this freedom. Why not trained nurses?

A MENTAL NURSES REGISTER.

Some matrons in Victoria are apparently as intolerant of nurses forming a Trade Union as they are in England—to judge from the following discussion at the Annual Meeting of the Royal Victorian Trained Nurses Association, reported in *Una*. It was moved that a mental nursing branch of the Association be formed under such conditions as may be prescribed by the Council.

During the discussion, Miss Bell, Matron of the Melbourne Hospital, said she was in sympathy with the idea of having a Mental Nurses' Register, but at the same time she thought that the Mental Nurse, Asylum and Hospital employees as a whole were formed into a Union now. In the event of the Mental Nurses becoming registered under the R.V.T.N.A., would that necessarily imply that they would also be members of the Hospital and Asylum Employees' Union, because she did not think this would be in the best interests of the R.V.T.N.A.

Dr. Vance said that they would simply join as individual members of the Association, and would have nothing to do with the Hospital and Asylums Union.

Miss Bell went on to explain that the maids in the hospitals were members of the Union, and she understood that the mental asylum employees as a whole were in the Union. If the Mental Nurses wished to become members of the R.V.T.N.A. then she thought they should be members of the R.V.T.N.A. alone. She did not think they could belong to the two bodies.

Dr. Zwar said he did not think the fact of their belonging to the Hospital and Asylums Union should be a bar to these Nurses joining the R.V.T.N.A. This matter, however, could be left to the Council.

Dr. Vance said that at the present moment there was a Union of medical men in Government

employment, who were also members of the B.M.A. They were under the *Arbitration Act*, and still were members of the B.M.A.

Miss McKinnell moved that the matter be deferred until a legal opinion was obtained.

Seconded by Miss Cameron.

The amendment, on being put to the meeting, was lost.

The original motion was then carried.

THE HOSPITAL WORLD.

As we go to press on December 12th H.R.H. the Prince of Wales, K.G., is performing the ceremony of opening the recent extensions of the Hospital which bears his name—the Prince of Wales' General Hospital, Tottenham. The Hospital serves a poor and crowded neighbourhood, and has always maintained a high standard of nursing efficiency—which means general efficiency—for the heart of a hospital is its Nursing Service. The visit of the Prince will, we feel sure, be a great encouragement to the Committee, the Director, and the Matron and Nursing Staff, as well as an incentive to increased support.

It was stated at a meeting of the governors and subscribers to the Royal Hospital and Home for Incurables, Putney, that while expenditure was coming down, income was falling at a still greater rate. A debt of £11,000 was still owing to the bankers.

A wireless receiving set is to be installed at Pinewood Sanatorium, under the control of the Metropolitan Asylums Board.

Mr. T. Foster Knowles, of Hamp'on-on-Thames, has handed over St. Mary's Cottage Hospital, which he has erected at a cost of £15,000, to the parish.

A generous gift has been made to the Ellesmere Port Cottage Hospital. Mr. N. S. Burnell, of Essington Priors, Limpsfield, Surrey, has invested £1,000 in perpetuity with the local Council, and the income is to be used to endow a hospital bed, which will be named, after Mr. Burnell's wife, the "Grace Jane Burnell Bed."

Ex-Provost and Mrs. D. C. Boath, Bayview, Bervie, have gifted to Montrose Royal Infirmary, £750 for the purpose of endowing a bed in the institution to the memory of their son William. The donation is to be made in annual sums of £100, payable half-yearly.

The Sale of Work at the Imperial Nurses' Club, 137, Ebury Street, S.W., is being kept open permanently until Christmas.

BOOK OF THE WEEK.

MOORDIUS & CO.

Moordius was a brilliant unprincipled scamp. Timothy, who was embraced in the "Co.," the delightful, honest, and transparent dupe of his chief. He, Timothy, had not for long been enmeshed in the toils of the fraudulent "Co.," and exactly how he become so comprises the pith of the story. The plot is Mr. Locke at his best. When we first come across Timothy he was the junior partner of the highly-reputable firm of Combermere, Chartered Accountants, where he was quite contented, until the return of Naomi, his little daughter, upon his hand, he being a widower in the thirties, and she till then having been fostered by his married sister.

The responsibility of Naomi and his increased household weighed heavily on his mind. An establishment after irresponsible rooms, now came people of whose very existence he had had but a vague suspicion holding out insatiable hands, plumbers, electricians, gas-men, chemists, juvenile warehousemen, sweeps, rate-collectors . . . There was also a terrifying cook-housekeeper, a housemaid, a self-effacing Megæsa (all pails and mops and grey-haired dishevelment), and the pink-cheeked Emma, who each in their several ways demanded post-war wages and Pantagruelian meals.

Just at this juncture it became his business to go down to settle the affairs of a wealthy old gentleman—Joseph Gabbetee—a wicked old man with a pretty niece of much personality.

Joseph took a fancy to Timothy, and in return made him a tool in the fendish ingenuity with which he drew up his will. In short, he made him co-guardian with Moordius to the pretty niece, who was under certain outrageous conditions to be heiress to his immense fortune.

From henceforth Timothy's blameless career as a chartered accountant trembled in the balance. Suzanne, the niece, after Timothy's return to Combermere's, took heart of grace, told her terrifying old relative to go to the devil, followed Timothy to London, and took up the reins of his household and the management of little Naomi with firm and competent hand.

Joseph Gabbetee was not accustomed to be consigned to the devil, and shortly afterwards died, leaving Timothy with charming Suzanne and her fortune, plus his co-guardian, Moordius.

We are not going to attempt to portray Moordius at length; it has taken a whole volume of Mr. Locke's genius to do so.

He was a fascinating brilliant rascal, who set out at once to persuade simple Timothy how foolish he was to remain at Combermere's when by joining Moordius & Co. he could live without household terrors. Needless to say, his scheme was to involve Timothy in the fraudulent conversion of Suzanne's fortune and further to marry the girl himself.

Under ordinary circumstances Suzanne, as we have seen, would be no easy dupe. It must be

* By William Locke. (Bodley Head).

remembered that Moordius was no ordinary man—one of Mr. Locke's creations—and she became completely under his spell.

"Timothy's first impression of him was that of a man of immaculate cleanliness. He glowed like a polished faint pink conch shell from the top of his perfectly bald head to the perfect nails on his somewhat podgy hands. His shaven face scarcely ruffled by the lines of his fifty years, had the same shell-like pinkness, in which blue candid eyes were set like deep, laughing pools. In spite of his thick, set figure, he gave value to the impeccable correctitude of his attire; he and his clothes were one and indissoluble."

He pursued a career of unexampled villainy, with calm audacity, and Timothy was too honest himself to suspect his motives.

One of the conditions of old Joseph's will had been that Suzanne should reside six months alternately with her two guardians, and her sumptuous entertainment in Paris by Moordius was, of course, very flattering. Her faith in him was not even shaken by the attitude towards him of Valerie, his supposed daughter. "My father's a devil," she told her.

Suzanne in her generous wrath canonized the man. She had come into contact in her young life with three good, true, pure-natured men—her father, poor dear, funny, old Timothy, and Moordius. Timothy didn't count, Moordius counted enormously. She could kill Valerie."

Of course, Timothy was bound to find out Moordius in the end, but at the risk of ruin he preserves his honour. Quite a dear person.

A brief outline such as this cannot attempt to deal adequately with such an able novel, but we hope that our readers' appetites will be whetted to obtain and judge for themselves of its fascination. H. H.

SONNET.

Roses are beauty, but I never see

Those blood drops from the burning heart of June

Glowing like thought upon the living tree,

Without a pity that they die so soon,

Die into petals, like those roses old,

Those women who were summer in men's hearts

Before the smile upon the Sphinx was cold

Or sand had hid the Syrian and his arts.

O myriad dust of beauty that lies thick

Under our feet that not a single grain

But stirred and moved in beauty and was quick

For one brief moon and died nor lived again;

But when the moon rose lay upon the grass,

Pasture to living beauty, life that was!

—From *Collected Poems*, by John Masefield.

COMING EVENTS.

December 18th.—Meeting of the General Nursing Council for England and Wales. Ministry of Health, S.W.1. 2.30 p.m.

December 19th.—Mental Hospital Matrons' Association Third Quarterly Meeting. Pioneer Club, 12, Cavendish Place, W. 2 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.

"GRATITUDE A SPECIES OF JUSTICE."

DEAR EDITOR AND ASSISTANT EDITOR,—If it had not been for the General Election, and work entailed therewith, you would have received this letter earlier. All of us who have been regular subscribers to the B.J.N. for many years will, of course, regret the coming change in its publication from a weekly to a monthly journal.

Nevertheless, as in most things that look like troubles, compensations are to be found. I find consolation in the fact that what is our loss on the intellectual and educational and professional side is your gain on the physical side. I am convinced that all of your many friends will rejoice to know that the burden of your untiring and selfless labours in the interests of the nursing profession is about to be lightened.

I agree with the writer who says, "Gratitude is a species of justice," and as such I offer it to you both with all my heart. However, nothing one can say or do is sufficient to express adequately what one feels about your loyalty and devotion to the one great cause to which you have devoted your lives, often "in the teeth of clenched antagonisms."

BEATRICE KENT.

KERNELS FROM CORRESPONDENCE.

"A TERRIBLE LOSS TO THE NURSING PROFESSION."

Susan Martin.—"What a terrible and irreparable loss to the Nursing Profession. No professional weekly journal in the future. Never was time when we needed it more."

Elinor Pell-Smith, S.R.N.—"It is unthinkable to imagine life without THE BRITISH JOURNAL OF NURSING. One has got to depend on it week by week, with its faithful record of events and prophetic utterances. It must be splendid for the Editor and sub-editor to realise the magnificent work they have done, the full fruits of which will take years to mature. I can't aspire to red leather bindings, but when my leisure comes hope to provide a more homely covering. I am proud to possess the journals from the first number, when under the title of the *Nursing Record*."

C. Brady.—"I do indeed regret to see that our journal is only to be issued monthly in future. I, for one, shall miss it *dreadfully*. I can't tell you what a great help it has been to me since leaving London nineteen years ago to take up district nursing in Ireland. I am on the Dudley staff of Jubilee nurses, and our districts are all situated in such backward lonely spots that I always look forward to my dear London journal each week as though to an old friend coming from 'home.'"

I am thankful we are not to lose it altogether. We nurses owe a great debt of thanks to Editor and assistant editor and other ladies connected with the journal for the splendid lead and stand they have always taken for our professional uplift. I offer my sincerest thanks to all."

Henrietta Ballard, S.R.N.—"I cannot tell you how I shall miss the *B.J.N.* weekly. I have never missed a week's issue since I started taking it twelve years ago. I think it the ideal paper. It will be a great loss to hundreds of my colleagues, but we must make the most of our monthly publication. With best wishes for future success and many thanks for past help and pleasure in its pages."

S. F. Rossiter, S.R.N.—"I read the announcement, *re JOURNAL* with feelings deeper than the word regret can express; the nursing world can ill afford to lose the inspiring influence which radiates from its pages. To those who could only stand and watch it has been a link with the magnificent fighting forces of the profession. Politically, it has been an education to thousands of nurses who otherwise would have swelled the vast ranks of professional toilers, apathetic through ignorance. Its constant efforts to maintain and encourage international conferences on nursing questions cannot be too highly valued. We simply cannot do without it. We are acutely conscious of its necessity."

Emmie Wates, S.R.N.—"I had a great shock when my *B.J.N.* arrived last week. It took me an hour to realise what it means—that my week-end treat will in future only be a monthly one. I have taken and read the *Journal* from cover to cover the whole time it has been under present management and I believe before. When in active work it always inspired me, and was my greatest incentive to aim at the best in the Profession. Now it is the link of friendship—indeed, it is a very dear old friend, and valued as such. I am only one of a crowd who love the *Journal*. But I do see that the brilliant Editor and her devoted and gifted assistant must have more rest. May you both long carry on the monthly issue, and guide present nurses in right ways. It has been so long a great and unselfish work, perhaps we have taken it too much as a matter of course; but many of us have never failed to appreciate and admire our dauntless, watchful leaders."

Georgina Lord, S.R.N.—"We cannot do without the *Journal*. I think it is perfectly splendid of you both to go on working for our poor profession."

Amy T. Davies.—"Considering what a down-trodden class we are, I am not ashamed to own I had a good cry when I learned we were to lose the weekly stimulus of our courageous *Journal*. It put new life into me every Friday."

A. Stewart Bryson, S.R.N.—"I am more grieved than I can say to hear that *THE BRITISH JOURNAL OF NURSING* is not to be issued weekly any longer, but hope the demand for this unique journal will be such that we may at any rate have it monthly.

It is the *only* source from which we can get really true professional guidance."

Katherine Baugham.—"May I try and express my very great thanks to you for all you have done for the uplift of nursing during many devoted years. . . . I have always been guided by your principles, and have stuck out for them upon every opportunity. The Nursing Profession owes you a debt which can never be repaid. We owe you for years of disinterested service in the cause of humanity. You have won for us a great battle against almost overwhelming odds. It is for the rank and file now to continue the policy."

Katherine J. Fancourt.—"It is indeed a great record to have been the Editor of *THE BRITISH JOURNAL OF NURSING* for over thirty years, and the immense amount of pleasure and advice you have thus been able to give to all its readers is inestimable."

Agnes E. Rider, S.R.N.—"May I take this opportunity to say how very much I appreciate all the *Journal* has done for nurses and nursing? I have read it from my probation days (28 years ago) and shall miss its weekly arrival. I was one of the early State Registered Nurses, so am fortunate enough to have the Editor's (Mrs. Bedford Fenwick) signature on my Certificate. Best wishes for monthly issue, to which all success as in the past."

Marion V. Lee.—"The loss of the weekly issue of the *B.J.N.* has yet to be realised. So that it may soon be our weekly guide again, may I make the practical suggestion that every nurse who knows its value shall obtain one or more subscribers of 7s. for the new monthly issue? It is useless to appreciate the work accomplished for us through the *Journal*, and not take a little trouble to spread the light and retain the power of a professional voice in the Press. Unless we are to sink lower and lower, we *must* have our own weekly organ."

M. Winmill, S.R.N.—"Of course I shall take the *B.J.N.* as long as I live; am only sorry that it has to be monthly instead of weekly. I look forward each week to seeing my copy, and have done so ever since the *Journal* was first published. We nurses owe much to you and Miss Breay for your arduous labour on our behalf."

Hannah Brewerton.—"I am sure you must be tired of opening letters of thanks; still, I feel that I must send a line to you and Miss Breay for the grand fight you have made for the good of our profession through the *B.J.N.* *With very many thanks.*"

OUR PRIZE COMPETITION QUESTIONS.

December 22nd.—Describe methods which you have been taught to practise for the care and prevention of tuberculosis

December 29th.—Enumerate some of the excuses advanced for premature weaning of infants. How would you meet them? What method of weaning would you advise a mother to adopt at the normal time?

The Midwife.

ANTE-NATAL SUPERVISION.

Sir George Newman, Chief Medical Officer, in his Annual Report for the year 1923 to the Minister of Health, writes:—

"There were 2,971 maternal deaths in 1922. Of these deaths puerperal sepsis forms the largest group (1,079); puerperal albuminuria and convulsions (556) comes next, hæmorrhage (390) follows, and other 'accidents' of childbirth (304) come fourth.

"Many of these deaths come within the scope of preventive medicine. Puerperal sepsis in a large proportion of cases can be avoided by the exercise of greater professional skill and care. Puerperal toxemias, including albuminuria and convulsions, can usually be dealt with satisfactorily if seen in the early stages, and most 'accidents' can be foreseen and guarded against. Ante and post-partum hæmorrhage cannot be anticipated, as a rule, but prompt and correct treatment does much to reduce fatal results. We cannot plead ignorance as an excuse for permitting this regrettable loss of life, with its associated burden of morbidity among the women who survive, to continue; and indeed public opinion appears to be gradually awakening to the grave issues concerned. It is not a problem which can be solved by effort in any one direction, it requires the active co-operation of the doctor, the midwife, the nurse, the local authority, and last, but not least, of the patient herself.

"The competence of the *medical practitioner* necessarily depends largely on the training he has received at the medical school. Until recently there has been an unfortunate tendency to regard practical midwifery as a subject inferior to medicine or surgery and scarcely worthy of the personal attention of a senior teacher. Therefore, not a few doctors now in practice have had to acquire their knowledge of clinical obstetrics in a more or less haphazard way and have not had the advantage of careful systematic teaching. Moreover, the importance of ante-natal supervision has been almost entirely overlooked. It is, therefore, satisfactory to note the progress which has been made during the past few years in the training given to medical students in midwifery and gynaecology.

"*The midwife* has also heavy responsibility in regard to maternal mortality. She is primarily concerned, it is true, with normal cases only, but many accidents and emergencies may arise in her practice and a favourable issue may depend in considerable degree upon her quickness and skill in recognising difficulty and applying first-aid treatment pending medical help. The maximum period of training required of any pupil midwife is six months, a time which compares unfavourably with the requirements of other European countries, and it is not only the length of the training but

the quality of the training that is in need of consideration, though in many ways there has been definite improvement during the past few years. For example, more facilities have become available for in-patient training and more attention is given to ante-natal care and to infant management, but even so, as no one recognises more clearly than the best midwives themselves, much remains to be done before the average midwife is properly equipped to play her full part in the care of maternity.

"The trained *maternity nurse* is clearly an important factor and has opportunities of observation which she may neglect or turn to good account, but the untrained handywoman so often employed as 'nurse' is an obvious source of danger, not only because of what she may or may not do, but because the employment of an ignorant and often prejudiced woman at a time when the mother is particularly receptive to wise or foolish counsel tends in itself to retard progress.

"The *local authority* have various powers in regard to maternity under the Maternity and Child Welfare Act. For example, they may subsidise or even provide a midwifery service. They may maintain a Maternity Home; they may establish ante-natal centres and offer treatment for the minor disabilities of pregnancy; they may influence professional and lay opinion as to the care and education which the expectant mother should receive; and they may teach the mother herself the personal and general hygiene which she should practise. If such powers are fully exercised there seems no reason why any mother who is willing to accept help should lack proper care at her confinement.

"*The mother* herself, however, with her instinctive desire to escape notice during pregnancy, her trust in family traditions and practices, and her frequent reliance upon ignorant advisers, is perhaps the greatest obstacle to progress in ante-natal care. Compulsion is useless and would merely defeat its own end. We must, therefore, rely on education. Mothers have been taught to look after their babies, and it ought not to be impossible to persuade them and their husbands of the advantages of taking care of health during pregnancy and to welcome and not resent advice to do so. But the education must be active and vigorous and pressed home by every available means, and I suggest that far more use might be made of infant welfare centres for this purpose than is at present the case.

If these various agencies would consent to regard their responsibility in this matter with due seriousness and to act together, we should very soon create a tradition and habit of ante-natal care which would inevitably be reflected in reduced mortality returns and in a greatly lessened amount of post-natal morbidity."

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,864.

SATURDAY, DECEMBER 22, 1923.

Vol. LXXI

EDITORIAL.

CHRISTMAS GREETINGS.

This issue of the Journal carries with it cordial Christmas greetings to our readers. Trained nurses are amongst those who come in contact with the humanities, and it is their privilege to diffuse, in a world in which there is much sorrow and suffering, something of the joy of Christmas-tide, though it be but a brief lifting of the cloud which hangs over so many homes, whether from sickness, bereavement, or unemployment, and, in so doing, those who have private sorrow will find the greatest solace.

Of all the Holy Seasons Christmas is perhaps the one most universally welcomed, and observed with the greatest merriment and goodwill, for it is pre-eminently the children's festival, and where there are children there is innocence, happy anticipation, and joy in the fulfilment of that anticipation. Those who look back to the delight of Christmas in their own childhood will realise the pleasure of making happy the lives of the present generation, and will take some pains to do so.

In hospitals, and in the homes of the sick, the trained nurse may be a tower of strength, to whom they instinctively turn, and it is her high privilege also, in houses where bereavement has entered, to sustain and comfort, and to diffuse something of the deeper meaning of the season.

But our thoughts extend beyond the Homeland, to the Empire's Colonies and Dominions beyond the Seas, to nurses working under the tropical sun, and in icebound regions where the sun scarcely penetrates in the winter months, especially do we send greetings to the members of the National Councils of Nurses

with whom we are affiliated in the International Council, and to those Hon. Vice-Presidents who are doing pioneer work in countries where nursing is not yet sufficiently organised for National Councils to be formed, and are meeting difficulties, often single-handed, with courage and wisdom. To all these the *Journal* carries its warmest greetings, and the assurance of its sympathy and admiration.

As we look forward into the future we see vistas down which there are illimitable opportunities for the expansion of the work of nurses—opportunities bounded only by their capacity for response. More and more clearly we see such opportunities in the prevention of disease, in ante-natal centres, in infant welfare clinics, in the schools, in the homes, where the dissemination and assimilation of knowledge on health questions will bring happiness and increased capacity.

It is a high mission, and if carried out in the spirit which should be absorbed in the Christmas season—a spirit of love and goodwill—must bear fruits in improved relations between individuals, families, communities, and nations. The message of Christmas is that we endeavour to carry these in our hearts all the year round, and to communicate them to those with whom we come in contact.

The Shepherd and the King,
The Angel and the Ass,
They heard Sweet Mary sing
When her joy was come to pass;
They heard Sweet Mary sing
To the Babe on her knee.
Sing again, Sweet Mary,
And we will sing with thee.
Earth, bear a berry!
Heaven, bear a light!
Man, make you merry
On Christmas Night.

OUR PRIZE COMPETITION.

DESCRIBE THE METHODS YOU HAVE BEEN TAUGHT TO PRACTISE FOR THE CARE AND PREVENTION OF TUBERCULOSIS.

We have pleasure in awarding the prize this week to Miss Catherine Wright, S.R.N., Greenfield House, High Street, Waltham Cross.

PRIZE PAPER.

The care and prevention of tuberculosis has the best results when it is realised by the general public how important a disease it is to civilised communities, destroying by its poisonous germs many lives, or impairing the activities of those who can survive, even when living under good conditions.

In the early ages medical history has shown that there were then ideas of care and prevention of this disease, and with the progress of time and scientific research the discovery that these germs were conveyed from animals to man, and continued to increase in the living body, with destructive results, methods were tried and enforced to lessen the very high mortality. At the present day we are taught by medical experts that this disease does infect all parts of the body, especially the lungs, and is highly contagious. Inter-marriage between those infected is unwise. Each can infect the other, and if children are born of such a marriage, they may not inherit but they will have a tendency to the disease, with a lowered power of resistance.

No mother so infected should breast-feed her offspring; and kissing, especially on the lips, should be extremely modified.

For the benefit of the general public it may be taught that "Where the sun does not enter, the doctor will," and it is an important point in the care and prevention of tuberculosis. Dwellings should have pure air, sun, and good sanitary conditions. Children artificially fed should have their cow's milk sterilised, as a very large percentage of infection is through infected milk. The loss of vitamins can be met by added fruit juices or meat juices.

Their teeth and mouths should be hygienically clean; swollen glands, enlarged tonsils, coughs, and generally failing health should be submitted to medical observation.

Epidemic disease, pneumonia, and pleurisy, leave the lungs in a delicate condition; nourishing food, rest, sleep, and warm clothing are very necessary.

Should a case develop under medical observation, the patient should have his own

room, with open windows day and night. The sputum received into a glass flask, in which is a safe antiseptic lotion, and which has a stopper. The flask should be frequently emptied, and the sputum mixed with chloride of lime before emptying into the sewer, or on to sawdust and burned. Paper handkerchiefs, also useful, must be burnt after use. Excreta utensils should have an antiseptic solution—chloride of lime.

Drinking vessels and plates are washed by themselves and kept for patient's use. Toilet requisites should be exclusive.

Body linen should be immersed in an antiseptic solution before being washed.

Other members of the family should be examined and under supervision at the tuberculosis dispensary. Early diagnosis is important, because of the curative possibilities, and in the event of any development of the disease can be transferred to sanatorium, where the educative value of the daily routine on hygienic lines is so helpful. There they are taught to safeguard themselves and others; to live in the open air and sun; to rest and to work and to play, and to regulate their diet to digestive capacity—a very great asset for a curative result.

They return to their homes to continue on these lines, and can always be under the guidance of the dispensary, which can send a visitor to tactfully regulate the hygienic home conditions.

Through this medium also sanitary authorities co-ordinate and are able to inspect dwellings, factories, and workshops and cowsheds, and to enforce rules and regulations for the health and well-being of the workers.

The trained district nurse is a very important factor in the care and prevention of this disease; she can teach and explain the value of these rules, and when a fatal case occurs she co-ordinates with the public health authorities for the right disinfection of house, room, and clothing which will ensure safety from infection for the remaining families.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Ramsey, S.R.N., Miss Henrietta Ballard, S.R.N., Miss P. Thomson, Miss J. Ballantyne.

QUESTION FOR NEXT WEEK.

Enumerate some of the excuses advanced for premature weaning of infants. How would you meet them? What method of weaning would you advise a mother to adopt at the normal time?

NURSING ECHOES.

We have to thank many readers from abroad for cards and kind wishes for the festive season. One which we value greatly comes from Lavinia L. Dock from Fayetteville, Penn.: "With love and remembrances for both of you, and best wishes for the children and grandchildren."

To the genius, honour, and love of Miss Dock the nurses of the whole world owe more than they know—or can ever repay. Would that she could come to England once more, and inspire the present generation with her beautiful and selfless ideals!

The Executive Committee of the Queen Victoria's Jubilee Institute for Nurses met in London on December 7th. Lieutenant-Colonel Sir Warren Crooke-Lawless, who presided, referred to the loss sustained by the Institute by the departure of the Earl of Athlone for South Africa, and a resolution was passed expressing the Committee's appreciation of the valuable services rendered by him as Hon. Treasurer.

The report showed that 111 nursing associations had been affiliated during the month of November, and that since the last meeting 86 nurses had been added to the Roll of Queen's Nurses, and 47 nurses had been engaged for district training with a view to their becoming Queen's Nurses. Long-service badges had been awarded to nine Queen's Nurses, on the completion of 21 years' service for the Institute, and the same number had received gratuities of £30 from the Queen's Nurses' Benefit Fund.

The Countess of Mar and Kellie, President of the Scottish Council presided at the Annual Meeting of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses, held recently in the Council Hall, City Chambers, Glasgow.

The Report for the year ended October 31st stated that there were 353 nursing associations affiliated to the Council, employing 567 nurses. During the year fourteen (eleven newly formed) associations became affiliated. The financial statement was inspiring: a debit balance of over £2,100 on the previous year's account had been wiped off, and a sum of £275 added to the general funds.

The Institute's 567 nurses attended to 95,384 cases during the past year, and paid 1,538,764 visits. Apart from saving life, and hastening convalescence, they brought comfort into the

homes of thousands of people all over the country.

Professor J. R. Currie, Professor of Public Health at Glasgow University, in moving the adoption of the Report, said the standard of nursing set by the Council was very high, which was the reason why the name of Queen's Nurses enjoyed prestige and commanded respect, and Miss Violet Robertson, Convener of the Child Welfare Committee of Glasgow Corporation, who seconded, said they had seen homes really transformed by Queen's Nurses, who were indeed health missionaries; and Dr. Lauchlan MacLean Watt, of Glasgow Cathedral, said that those of them whose lot had been cast in big cities of suffering and penury knew what the work of the Queen's Nurses meant. The Institute was one of the finest ministries of helpfulness and hope that he knew of anywhere.

The report was approved.

The first members' meeting of the United Nursing Services Club, Ltd., one of the best-managed Clubs for nurses which we know, was held on December 12th in the drawing-room at No. 34, Cavendish Square.

Brigadier-General R. H. More, C.M.G., C.B.E., who presided, said that the success of the Club was to be found in the present state of its accounts, which up to August, 1922, had shown a deficit of £972, the second year, which ended in August last, had shown a profit of £202. He congratulated the Board of Directors, to whom great credit was due, as well as the Secretary, Miss M. F. Steele, on having proved such a competent manager.

Miss B. M. Miller, who explained the financial position, said that had the majority of promises received from those who had undertaken to join the Club been fulfilled, the balance-sheet would have been on the right side from the first.

The Secretary will, we know, be pleased to show visitors over the Club, of which they will long to become members.

"In the faith of Jesus Christ we dedicate this tablet and permanent cot to the honour and glory of Almighty God and in loved and honoured memory of the past and present nursing staff of this hospital."

Such was the beautiful dedication made by the Bishop of Sheffield when he unveiled the brass tablet in the Edgar Allen Ward of the Royal Hospital, Sheffield, which commemorates the devotion and self-sacrifice of the pre-

sent and past nursing staff in voluntarily raising the sum of £900 in less than twelve months for the permanent endowment of a cot in the hospital.

When the idea was first launched by Miss Earle, the Matron, it was taken up with enthusiasm, and from all over the country and from distant parts such as South Africa, Egypt, and India, nurses who had had the benefit of training and service at the hospital sent contributions.

It was a great disappointment to all that Miss Earle was prevented by indisposition from taking part in the event to which she had devoted so much time, thought, and work, and Sister Dunmoir deputised for her.

The Bishop spoke in high praise of the very loyal devotion of the sisters and nurses, past and present, to their hospital. The cot was an outward symbol of the loyalty and of the deep sympathy they had with all the patients, though it was not a necessary expression, since the devotion of the nurses at the Royal Hospital was well known throughout the city.

The brass tablet, which is placed near to the cot, both of which were subscribed for by the nurses in addition to the cheque for £600, bears the following inscription: "This cot was endowed by the efforts of the past and present nursing staff of this hospital. December 4, 1923."

Following the unveiling, Sister Dunmoir handed the cheque to Mr. Philip Wake, chairman of the hospital, who said that every hospital was very glad to get sisters and nurses who had been trained at the Royal. The money would be invested in a permanent security, and the income would go towards the support of the cot.

Mr. Graham Simpson spoke for the medical and surgical staff, and among those present were Sister Muir, who has charge of the Edgar Allen Ward, which was chosen in acknowledgment of her thirty years' service at the hospital; the Matron of the Royal Infirmary; and several Victoria nurses who trained at the Royal Hospital; Mr. J. W. Robinson (secretary); and a number of past nurses who had come from a distance to join in the happy event.



NOËL.

Lo! 'twixt the ass and ox laid down,
Sleeps, sleeps, sleeps the little Son:

Countless angels high,
Countless seraphs fly,
Gathering from above
Around this God of Love.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 377.)

AT THE MINISTRY OF HEALTH.

Nurses who have little experience of Government may not realise the system which pertains in their Government offices. Suffice it to say, whoever is made Minister there is a Permanent Power behind the throne who stands primarily for bureaucratic continuity, and every now and then—as in the case of Sir Robert Morant at the Ministry of Health—for the wise guidance of evolution.

When I attended at the Ministry of Health as requested, I was received quite courteously by Sir Arthur Robinson (First Secretary) in the room in which in days past the case of the nurses had been so generously considered by his predecessor. I took a chair and waited.

I was less perturbed than Sir Arthur, who, like all men, hated pulling chestnuts out of the fire for persons skulking behind the scenes, especially where the slandering of a woman is concerned.

On the table at his left hand side reposed, neatly typed, the Gag Schedule. I cast a contemptuous eye over it.

Then we conversed.

I gathered (though Sir Arthur did not say so) that Miss Riddell, the Registrar, had *privately* made complaints to such members of the Council as were likely to support her, that I interfered too much with her work at the office; "that she was not mistress in her own house." Never was an accusation more devoid of the truth. I am a woman of business and a disciplinarian. Never once had I exceeded my duty as a member of the General Nursing Council in my relations to any of its officials, and as Chairman of the Registration Committee I courteously maintained the dignity of my position in my relations with the staff; did the work which it was my duty to do in the Council's Board Room; and never upon any occasion either overstepped my official position or permitted the Registrar to infringe upon it. This doubtless, in her ignorance of her official relations to the members of a Statutory Council, she resented.

Then Sir Arthur tentatively fingered the Gag Schedule.

I smiled.

He replaced it on the table.

"You have seen it?" he remarked. He seemed surprised.

"Yes," I answered; "No need to read it twice."

Sir Arthur removed the offensive document to his right hand so that it should no longer offend my eye.

Then I listened to an *ex parte* statement presumably advanced by the gallant members of Council, male and female, who had not the courage to make their mendacious accusations face to face. What it all amounted to was, that pressure was to be brought upon me to resign the chairmanship of the Registration Committee, preparatory to these

champions of law and order (now on strike) returning to exercise, with the approval of Sir Alfred Mond (the Minister), absolute control over the Nursing Profession.

I refused to commit *havi-havi*.

Then Sir Arthur said he must warn me that there was only one alternative for the Minister. He might have to move to repeal the Nurses' Registration Act.

"That he will not do," I said, meaning, of course, "shall not."

"But I must warn you that he will have no other alternative."

"He has power to dissolve the Council. Why not exercise that power?"

"I can assure you the Minister has considered the matter in all its bearings."

"Hardly," I replied. "He has only heard one side. The constitutional members of the Council have never been communicated with. They have a right to be heard."

With this Sir Arthur agreed. He would ask them to attend. I gave him the names of the five members of the Council who, with myself, had remained at the post of duty, and thereupon departed. Nothing doing.

A few days later, nearly two months after the "stab in the back," these members attended at the Ministry and very plainly expressed their indignation at the conduct of affairs. But they realised that their opinions and arguments were of little weight.

In vulgar parlance, Mond—of a race extraordinarily susceptible to social influence—had been got at.

The anti-College group, the working nurses' representatives, were to be crushed out at all costs.

Matters were becoming serious in the conduct of business. Mr. Priestley still retained the power with myself of signing cheques, as appointed by the Council to do. Expenditure depended on Registration Fees, and as the Council was not functioning no fees were available. I went to the Ministry and placed the matter before Sir Arthur Robinson (knowing that the Registrar was reporting privately the financial affairs of the Council without the knowledge of the Finance Committee). I consented to sign cheques for salaries, &c., so long as the Council had available funds in the bank, otherwise the routine work of the Council for the benefit of the nurses would be stultified, and I informed the Ministry that I would not sign any cheque if it entailed using money deposited in the bank as fees for Registration which did not belong to the Council.

This action compelled the Minister to either dissolve the Council—which power he possessed under the Act—and permit the nurses to elect a new Council, or to appoint a new Chairman.

He, of course, chose the latter alternative, as nothing was further from "College" policy for the moment than to hold an election until it had packed the electorate, and its representatives were secure of being returned to control our miserable destinies.

We were well aware that during what Sir Jenner Verrall called "the restful interregnum" meetings and plottings were in constant session, and that a series of tricky amendments to the Rules were ready to carry a dictatorship into force.

THE NEW CHAIRMAN.

On January 26th the Press contained the following announcement:—

The Minister of Health has appointed Sir Wilmot Parker Herringham, K.C.M.G., C.B., M.D., F.R.C.P., to be Chairman of the General Nursing Council for England and Wales, in succession to Mr. J. C. Priestley, K.C., resigned.

And then it became known that the whole flock who had followed Mr. Priestley into the wilderness—and who had treated the Nursing Profession with contumely—had left him *planté*, and were prepared to return to office, and with the help of the Minister, to fetter our professional liberties, for years to come!

When I was three years old my widowed mother married Mr. George Storer, of Thoroton Hall, Notts—Lord of the Manor of Hawkesworth—who took her three children to his bosom with ardent affection.

Sir Wilmot Herringham's father was at that date Rector of Hawkesworth—a charming man. He was later a Canon of Wells.

Looking back sixty years, I remember Wilmot Herringham, a coarse-fibred little boy—who, nevertheless, was welcomed at Thoroton—and shared with us the delight of riding a dapple grey rocking horse in the hall, before the days when we raced through the Vale of Belvoir after hounds—on dapple grey ponies. Lovely, free, delightful days—past in a flash.

At St. Bartholomew's Hospital we occasionally met—and now and then in the next thirty years—but *my* life's work was the organisation of my profession by the State, work in which Dr. (later Sir Wilmot) Herringham had never shown a glimmer of interest.

That, however, is the history of women's professional evolution.

We hoped for the best. But

LIONS AND LAMBS RE-ASSEMBLE.

On Friday, February 3rd, 1922, the Council was summoned to meet, as usual at the Ministry of Health.

There was no communication to this Statutory Council from the Minister of Health informing it of the appointment of a new Chairman, or the withdrawal of resignations of the irresponsible majority.

A grave lack of courtesy to the Nursing Profession, which was quite unpardonable.

We read the Minutes of November 18th, and did the routine business.

My motion to amend the First Schedule and insert the word "Certificate" in the Qualification Column of the published Register, was unanimously agreed, owing to the expressed indignation of hundreds of organized nurses.

A really providential provision since the Chapple "modification"!

I then moved that 1,535 applications for Registration, scrutinised by the loyal minority of the Council, be approved, as, failing a quorum, the Registration Committee had been unable to carry out its work since November. This was agreed. Thus funds were available to carry on the duties of the Council.

NOTICES OF MOTION.

Then the policy of those who had for ten weeks enjoyed "a restful interregnum" in contempt of the nurses' interests, to penalise me for my "contumacy" became apparent. Dr. Goodall and Miss Cox-Davies gave notice of three Motions—one in the name of Miss Coulton, who had not attended the Council for six months—to be moved at the next meeting of the Council—hurriedly summoned a fortnight thence, February 17th.

1. Provided that the officials of nurses' organizations should have power to declare a member eligible for Registration—without producing written evidence to the General Nursing Council, if she had produced a Certificate or certified copy to the officials of the Society.

This made it possible for Members of the College of Nursing to be given preferential terms for State Registration—and to be hurried on to the Register, out of their turn, without first-hand evidence or delay.

2. Provided for a general re-shuffle of all the Standing Committees—nine months before the demise of the Council—so that I could be voted off the Registration Committee—and the new preferential policy inaugurated without question.

3. Provided that the Registration Committee should be deprived of the power of scrutinising application forms and references—excepting those of cases which the Registrar chose to consider "doubtful."

Thus the whole plot was exposed.

Preference for College members—to swamp the electorate.

Power to eliminate independent members from any Standing Committee who objected to jobs.

Absolute power for the Senior Salaried Official—Miss M. S. Riddell, the Registrar.

Conditions, of course, to which no honourable person could submit in the performance of public duty, and which later the General Nursing Council for Scotland described as "a delegation of the statutory duties of the Council likely to lead to many unnecessary difficulties."

I left the meeting fully realising that the Minister of Health and the new Chairman were cognisant of, and in sympathy with, the determination of Dr. Goodall, now closely associated with "College" policy, to eliminate from power in the Nurses' Governing Body any nurse who dared to oppose lay and medical control of her profession.

I had dared, and the majority of the Council—who have treated professional self-government for nurses as anathema—concentrated their bitter animus upon me, as will be proved in my next report.

ETHEL G. FENWICK.

(To be continued.)

LEAGUE NEWS.

THE ANNUAL REUNION OF THE GLASGOW ROYAL INFIRMARY NURSES.

"Be true to the best that is in thee."

The Third Annual Reunion of the Glasgow Royal Infirmary Nurses, as we reported last week, was held at the Trades House, Glasgow, on December 7th. The guests were welcomed by Miss Steuart Donaldson, R.R.C., Matron of the Royal Infirmary and President of its Nurses' League, Miss Williamson, Miss Duncan, and other members of the G.R.I. Nursing Staff, backed up by Dr. James Macfarlane, D.L., L.L.D., Chairman of the Board of Management, who also presided at the dinner at which a large and representative gathering assembled. On his right hand he was supported by Miss Donaldson, and on his left by Mrs. Strong. Many letters were received expressing the regret of the writers at their absence, and many good wishes, including those of Miss Janet Melrose, R.R.C., who succeeded Mrs. Strong as Matron, and who sent greetings to all friends at the League Dinner and regrets that she could not be present. A telegram in reply was sent to Miss Melrose.

TOASTS.

The following was the toast list offered:

"The King," proposed by the Chairman, and duly honoured.

"The Glasgow Royal Infirmary," proposed by Dr. McGregor, who said he was delighted to propose the toast of the "Auld hoose."

Dr. Rutherford responded, and referring to the Nursing Staff, said that in the fifties and sixties things were very primitive in the Royal Infirmary. It was well on in the eighties when the change took place. From then to now things had moved quickly, thanks to the teaching of Florence Nightingale and the wonderful matronships of Mrs. Strong and Miss Melrose.

"The Medical Staff," submitted in very suitable words by Miss Maguire, the oldest G.R.I. nurse living.

Dr. Kay said it was a duty and honour to reply. He often wondered what the nurses thought of their chiefs. The decision he had come to was that Probationers looked upon them as superior beings, Senior Nurses had a respect for them, but the Sisters had only a kindly tolerance for them.

"The Past Nurses," proposed by Dr. Middleton, who said he could go back to 1870 and tell of the condition of nursing at that time. He made special mention of a very faithful nurse—Mrs. Martin—and referred to one who rushed for the help of the house surgeon, exclaiming as she went that a patient's "emerald artery was flowing fluently."

Dr. Middleton referred to the splendid work done by Sister Bella, for long a Sister in his own wards, and Miss Maguire. He said further Mrs. Strong had introduced a system of training quite new to the nursing world which had proved eminently successful. He had been associated with her in lecturing to the nurses.

Miss Donald (on the Nursing Staff from 1896-1903) replying for the Past Nurses, said she could scarcely realise that they were back numbers, but they were there before the present "Royal" was built, and before a great number of those present were born.

"The Present Nurses," proposed by Dr. MacKenzie Anderson, who expressed the opinion that the present nurses were fulfilling the tradition and spirit of the old, knowing that they were building on a foundation truly laid by past generations of nurses. He thought the nurses of to-day could be congratulated not merely that they were being trained, but on the times in which they were training. A nurse, he said, could not read diseases without individual and sympathetic study of the patient.

Miss Glen Forsyth, in response, said she was sure that each nurse felt that the pleasure of becoming efficient was not entirely a personal one; it was larger and greater than that. It was one due to working under the influence of a common spirit, the spirit of the Glasgow Royal Infirmary, to which Institution every nurse trained there considered it an honour and privilege to belong. The present nurses, not forgetting the brilliant traditions of the past, which had been their incentive, felt in these very critical days of State Examinations that the future of their Training School rested on the shoulders of the present Nursing Staff.

"The Glasgow Royal Infirmary Nurses' League" was proposed by Mrs. Strong, who explained the meaning of the word "League," as a gathering of a number of people together for the accomplishment of a definite object. One practical outcome of the League had been to raise a sum of money for the endowment of a cot in the Royal Infirmary. The next she hoped would be the endeavour to raise money for building and endowing a separate department in the Hospital, where the theoretical part of the nurse's training could be conducted apart from the practical work of the wards. With the advent of Registration and State Examinations the expenses would be great, and there would be an uphill road before the present-day nurses. In conclusion, Mrs. Strong gave the nurses as a watchword the words "Be true to the best that is in thee."

Miss Margaret Fisher, who replied for the League, said that since last year its membership had steadily increased to 334, and that, in itself, was a testimony to its worth and success.

"The Health of the Chairman" was proposed by Miss J. B. Craig, who said it was only on an occasion such as this that the Nursing Staff had an opportunity of thanking Dr. Macfarlane for his many kindnesses.

Dr. Macfarlane, in replying, invited the League members to bear in mind the words of wisdom given them by Mrs. Strong.

Next week, owing to Christmas holidays, we go to press on Friday, instead of Wednesday. The JOURNAL will be on sale on Saturday morning.

THE HOSPITAL WORLD.

Princess Mary, Viscountess Lascelles, on Saturday afternoon, opened a model maternity and Child Welfare Centre in the Kingsland Road, which has been presented to the borough by the Carnegie United Kingdom Trust. No more suitable locality could have been found for such a centre than the densely-crowded neighbourhood lying between Shoreditch Church and Dalston.

Her Royal Highness was received at the doors of the building by the Mayor of Shoreditch, Alderman A. T. Parry, and conducted to the vestibule where the members of the Maternity and Welfare Committee were presented to her.

The Earl of Elgin, Chairman of the Carnegie United Kingdom Trust, said that it had decided to promote the health of the community as one of the best ways of expending the money entrusted to it, and to offer six maternity centres to six boroughs. One at Motherwell in Scotland was opened at the beginning of the year, and those at Shoreditch and in Liverpool were being opened that day.

A grant of £30,000 was made for the Shoreditch Centre, and the borough had purchased the site for £6,000.

After declaring the building open, the Princess took tea with the members of the Committee.

Dr. James Macfarlane, the Chairman of the Royal Infirmary, Glasgow, appeals in the Press for toys for many poor little suffering children in the Infirmary. Since last New Year's Day 2,180 children under 15 years of age have been treated in the Infirmary, and there are at present 129 under treatment in the wards. As the toys now sent have to serve not only for New Year's Day but for the whole of next year, it is hoped that contributions will be liberal. Toys may be sent to Miss Donaldson, the matron. Miss Donaldson will also be pleased to receive gifts of jam and other suitable preserves for the use of patients.

We have never seen before such lovely toy Bazaars in the shops, and to judge from the prices money must be plentiful. At Messrs. Garrould, in Edgware Road, there is a most fascinating assortment of toys and gifts to meet all tastes, and at most reasonable prices. Nurses who have to trim Christmas trees, and provide Christmas gifts in dozens, cannot do better than pay Messrs. Garrould a visit.

NOTIFICATION OF CHANGE OF ADDRESS.

This is to notify that the office of the Matron-in-Chief, Territorial Army Nursing Service, has moved from Imperial House to The War Office, Caxton House West, Tothill Street, Westminster, S.W.1.

The telephone number remains unchanged, viz., Victoria 8540.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE NEW YEAR.

We wish all our Members a Happy Christmas and much good in the coming year. The New Year is always a time of hopefulness and stimulus, a time of new beginnings, a time when we face the future with determination to fill another year with all the achievement that effort can garner into its minutes and hours to fill up the measure of another twelve months. At every New Year season we are apt to set ourselves new tasks, but whether we do this or no, each year must bring its own opportunities and responsibilities ushered in by the holiness and refreshment which the Christmas time brings. We hope that, for all our Members, these fresh opportunities may be very numerous and that much success may be theirs in their pathway through the year.

That now closing has been one of sad memories for the Royal British Nurses' Association, for it has seen the passing of the first President of the Corporation. It is but a few days over a year ago since she arrived informally one afternoon and took tea with the nurses in the drawing room at the Club, and those in residence then have very pleasant memories of that happy gathering when Her Royal Highness had some kind words for everyone and seemed to enjoy as much as anyone present the bright conversation round the fire. Little did any of us realise that this would prove to be the last visit of the Princess to the Association which she loved so well.

Some months ago the Council had under consideration the question of establishing a memorial to Her Royal Highness, and it was unanimously decided that this should take the form of an endowment for the Club. The Princess frequently spoke of this as "her last piece of work for the nurses," and so it is appropriate that the nurses should set themselves to finish it by placing it upon the sure foundation that an endowment affords. There are very few clubs which do not possess an endowment in some form or another, and in more respects than one such an endowment would benefit the nurses individually. The Princess more than once expressed the hope that the endowment would be raised, and so we feel that we have a sacred trust left to us to see this piece of work through and so cause the work of our beloved President to last into generations beyond her own.

During the early part of the year the extensive alterations and improvements at the Princess Christian Settlement Home were carried to a satisfactory conclusion, and the nurses there often tell us how much they enjoy their nice bright rooms.

Throughout the year there have been many activities of all kinds at our headquarters, and the splendid entertainments and lectures have been greatly enjoyed.

THE BRITISH JOURNAL OF NURSING AND THE OFFICIAL ORGAN OF THE CORPORATION.

In future the Official Supplement will appear only once in a month owing to the fact that it has been decided that THE BRITISH JOURNAL OF NURSING is to become a monthly instead of a weekly Journal. Members have learnt of this decision with considerable regret, as THE BRITISH JOURNAL OF NURSING has been a real live episode in our calendar of events from week to week. We congratulate the Hon. Editor on the splendid work it has accomplished and the immense influence it has wielded on the evolution of modern nursing. It has not been the paper likely to appeal to those who elect to go through life in a kind of mental somnolence, nor for those who are in favour of reform or improvement, but prefer to leave it to a later generation to bring about progress. Yet, whether or no, many (who now profess to approve reforms they formerly condemned) acknowledge that to THE BRITISH JOURNAL OF NURSING is primarily due the credit of these reforms, we all know that many a time and oft it stabbed the spirit of the profession broad awake, and to-day it passes to its new incarnation with one tremendous monument to its memory and its great purpose fulfilled—the establishment on the Statute Book of the Acts of Registration for Trained Nurses. The seal of sacrifice has been laid upon the Journal in long hours of altruistic labour for a great cause and, while we offer to it all our good wishes at this New Year, we tender our gratitude to its Hon. Editor and Assistant Editor (Mrs. Bedford Fenwick and Miss Breay), for we realise that through its work for State Registration it has been instrumental in giving to our profession the

best gift of all—opportunity. Only the future can show what the nurses will make of their "gift."

THE PARLIAMENTARY ELECTION.

We have received from Major Barnett, M.P., a letter expressing his warm thanks to the Members of the Royal British Nurses' Association for their help in the recent election. Major Barnett is so kind as to attribute his success very largely to the nurses' efforts, and, whether or not they were really able to contribute very far towards this success, they at least feel whole-hearted satisfaction in his return to the House of Commons.

SALE OF WORK.

The Sale of Work in aid of the Trained Nurses' Annuity Fund last Saturday was quite a success, and realised something over a hundred and ten pounds. We are unable to state the exact amount, as one or two articles have still to be sold, and a few small accounts remain to be paid. The result compares well with previous years, and we are deeply grateful to all those who helped, both by coming to make purchases and by sending us so many nice gifts.

DRAMATIC ENTERTAINMENT: "ELIZA COMES TO STAY."

On Saturday, December 8th, the Burnt Ash Club presented "Eliza Comes to Stay" at the R.B.N.A. Club to a large and appreciative audience. The Dramatic Section of the Club enjoys the reputation of being one of the best amateur dramatic companies in London and its neighbourhood at the present time, and, as several people remarked after the performance, the acting was indeed well up to professional standards. Anyhow, the actors and Miss Cattell, who was instrumental in arranging for the performance to be given at the Club, had every reason to be pleased with the reception which the play received at the R.B.N.A. It was produced under the direction of Mr. Leslie Mason, and, where all were so good, one finds it difficult indeed to say which characters in the play pleased us the most. Miss Barbara Wood, as "Eliza," was altogether delightful in her interpretation of the versatile and truly original heroine of the play around whose vagaries the action chiefly centres. She could be as tantalising, naughty, innocent, and as charming as the various incidents demanded, and we felt real sympathy for the "Hon. Sandy" (Mr. Tom Lovegrove), while we laughed over his perplexities. Mr. Herbert Lovegrove, as the valet, was splendid; and surely there never was such a delightfully irascible old gentleman as "Mr. Stoop Verral" (Mr. Sears), or so haughty and yet so kind-hearted an old aristocrat as "Lady Pennybroke" (Miss Elsie Speyer). Miss Vera Laurence played her rather difficult part very cleverly; and we enjoyed to the full the disconsolate "Mr. Montagu Jordan" (Mr. Leslie Pettitt). "Mrs. Allaway," the nurse, played by Miss Baring gave us plenty of food for merriment in the sur-

prises which awaited her after her first entrance. The entertainment resulted in a contribution of some fifteen pounds for the Memorial Fund. Great admiration was expressed for the spacious stage, the gift of Mrs. Campbell Thomson, which enabled the producers to work under the most favourable conditions possible in a house not built with the intention that it should be occasionally converted for use as a theatre.

We warmly thank the members of the Dramatic Section of the Burnt Ash Social Club for their great kindness to the Association.

EARLY MEMBERS ON CHRISTMAS SUNDAY.

We remind our members that a number of the early members are going to take tea together at 194, Queen's Gate on Christmas Sunday, 23rd inst. Many of these, after long years of self-sacrificing work, have very limited incomes and we ask the younger members, in memory of the early days of their Association, to act as hostesses to those who laid its foundations and to send a contribution towards the entertainment. Many have given generously to the Association during their working years, and it must cheer them to be entertained by the kindness of the working nurses of the present day. What will please them and us still more will be to find many of these younger nurses present on Sunday to join the tea party.

EPIDEMICS IN RUSSIA.

A report on the "condition of epidemics in Russia," published by a Moscow paper shows that while the epidemics of spotted typhus, typhoid fever, and cholera have considerably abated since 1922, malaria is spreading.

For the first seven months of 1922 the registered cases of typhus (including spotted typhus) amounted to 2,346,906; the figure for the same period in 1923 was 381,617. There were 42,021 cases of smallpox in 1922 and 34,414 in 1923. For the first eight months of 1922 the number of registered cases of malaria in Russia was 2,086,417; later 2,792,349. In the provinces of Samara and Saratoff there were over 400,000 cases and 100,000 in each of the following areas:—The German settlements on the Volga, the province of Voronezh, the Kuban-Black Sea region, the Tartar Republic, and the Baskhir Republic. In the Ukraine there were 272,547 cases, 245,649 in the Caucasus, 133,897 in Siberia, and 65,889 in Central Asia. Malaria is also prevalent in Moscow, where 13,649 cases were registered for the first eight months of 1923.

This condition is of considerable importance because epidemics in one part of Europe tend to spread to other parts.

This is clearly demonstrated by Miss Muriel Payne in her book "Plague, Pestilence and Famine."

ISABEL MACDONALD,
Secretary to the Corporation.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The forty-second meeting of the General Nursing Council for England and Wales was held on Tuesday, December 18th, at the Ministry of Health, Whitehall, S.W.1, at 2.30 p.m., Sir Wilmot P. Herringham, K.C.M.G., C.B., Chairman of the Council, presiding.

Correspondence.

A letter was received from the Ministry of Health, dated December 4th, enclosing copy of the Syllabus of Subjects for Examination for the Certificate for Male Nurses endorsed with the Minister of Health's approval.

REPORTS OF COMMITTEES.

1. Report of the Finance Committee.

Sir Jenner Verrall, Chairman of the Finance Committee, moved that the report be received. It included a recommendation:—

"That the Bills and Claims submitted for payment be approved and that the sum of £150 for stamps, £15 for petty cash, and £25 for insurance stamps be allowed."

The Committee reported that it raised no objection to the recommendations of the General Purposes Committee—(1) to sanctioning the provision of a typist's chair at a cost of about 40s.; (2) that the salary of Miss Smith, the accountant, be raised from £260 per annum to £350; (3) that a bonus of £35 be paid to Miss Smith for the extra work she had done during the past 18 months. It also raised no objection to the recommendation of the Uniform Committee which had considered estimates for the printing of the booklets, "that the estimate of Messrs. A. & E. Walter, Ltd., for both booklets be accepted, the prices being approximately £256 with advertisements in the Tailors' booklet, and £160 without advertisements."

The Committee further reported that nominations having been received for the post of auditor, it was decided to ask representatives from these firms to attend the next Council meeting for an interview. Also that permission had been received from the Ministry of Health to retain the present staff up to March 31, 1924, with a request that before then a statement should be made as to the permanent staff required.

Further matters in connection with the Finance Committee were considered later *in camera*.

2. Report of the Registration Committee.

Dr. E. W. Goodall, Chairman of the Registration Committee, moved that the report be received. It was reported that an application had been received from a nurse who is registered on the Supplementary Part of the Register for Mental Nurses of the General Nursing Council for Scotland, to be registered under the reciprocity rule on the corresponding part of the Register kept by this Council. Unless a nurse has obtained a certificate of training, no entry is made in the Scottish Register in the column headed "Hospital in which qualifying training was received." As the applicant in this case had been qualified for registration by experience, no entry appeared in this column.

Consequently, there is no evidence in cases of this kind as to where the applicant was trained or gained experience. As there is likely to be considerable diversity of practice in respect of the entries on the Registers of other countries, this Committee are of the opinion that in the case of nurses who register under a reciprocity rule that fact should be entered in the column headed "Qualifications," for that is indeed the qualification by virtue of which they are registered on the English register.

The Committee recommended "that in the column of the Register headed 'Qualifications' the entry in the case of nurses who have registered by reciprocity should be as follows:—'On Register of General Nursing Council for —, according to the country.'"

(An amendment to insert the words "or an equivalent entry," before "according to the country," was carried.)

Applications for Registration.

The Committee reported that the following statements had been forwarded to the Minister of Health:—

Applications received during the week ending—

November 10th, 1923	..	31
" 17th, "	..	41
" 24th, "	..	22
December 1st "	..	24
" 8th "	..	21

Registration to December 8th, 1923:—

Applications—	
Received	41,947
Approved by the Council to November 16th	29,803
For approval at Meeting on December 18th	2,557
Ineligible to Meeting on November 16th	1,120
Ineligible to be brought before Meeting on December 18th ..	92
Withdrawn	20
Incomplete	8,355
	<hr/>
	41,947
General Register	1,467
Male	23
Mental	755
Mental defectives	19
Sick children's register ..	71
Fever Register	222
	<hr/>
	2,557

Consideration of the applications was deferred to be taken *in camera* at the end of the Meeting.

3. Report of the Education and Examination Committee.

MISS LLOYD STILL, Chairman of the Education and Examination Committee, moved that the Report be received. The chief items of interest were:—

That the Committee appointed Miss Lloyd Still and Dr. Goodall as their representatives to attend the Conference with members of the Board of

Control and Medico-Psychological Association on December 13th, with reference to the Examinations for Mental Nurses.

That in consequence of emendations suggested in a letter from the Ministry of Health concerning the Syllabus of Subjects for Examination for the Certificate of Sick Children's Nurses, the Committee recommended:

That in the Syllabus of Subjects for Examination for the Certificate of Sick Children's Nurses the following be added—

Under Section V, Nursing of Nose, Throat, Eye, and Ear Cases, after Iridectomy—"Ophthalmia neonatorum."

Under Section VI, The Healthy Child: Mental and Physical Characteristics, Dentition and Disorders.

That the following Hospitals be recognised as complete Training Schools: Epsom Union Infirmary, Romford Union Infirmary, Sunderland Union Infirmary (provisionally to September 30th, 1924).

The following Hospitals were recognised as Training Schools, which in combination with other Public Hospitals give complete training under Section I (3) (ii): Derby Union Infirmary (in affiliation with Burton-on-Trent General Infirmary), Hove Hospital (in affiliation with the Royal Sussex County Hospital), Uxbridge Union Infirmary (in affiliation with Lambeth Hospital, Kennington, S.E.).

The following Groups of Hospitals were recognised:—

Group 1—				
	Liverpool City Hospital,	Fazakerley.		
	"	"	"	Annexe.
	"	"	Sparrow Hall.	
Group 2—				
	Liverpool Highfield Sanatorium City Hospital—			
	"	"	"	North.
	"	"	"	South.
	"	"	"	East.

The Committee further reported that it had had an interview with Dr. Barwise, Dr. Hamer, Dr. Kaye and Dr. Wheatley, representatives of the Association of County Medical Officers of Health.

As a result they recommended that the Association of County Medical Officers of Health be invited to assist the General Nursing Council by further consultation with the Education and Examination Committee, and, if it sees fit, to nominate some of its members to act as an Advisory Committee to consider together with the Education and Examination Committee, by what method of training Nurses the General Nursing Council can best assist the Public Health Authorities.

The Committee also recommended that the provisional date of the first Preliminary Examination be July 1st, 1924.

The Report, as amended, was adopted.

4. Report of the Mental Nursing Committee.

Dr. Bedford Pierce, Chairman of the Mental Nursing Committee, moved that its Report be received. It dealt with the replies received from General Hospitals to the Council's letter on the

subject of mental nurses obtaining two years' general training and hopes to make a report on the matter to a future meeting of the Council. Secondly, with the question of the recognition of Poor Law Institutions as Training Schools for mental nurses, and thirdly with the Questionnaires which have been issued to mental hospitals.

The business transacted by the General Purposes Committee and the Uniform Committee have already been dealt with in connection with the report of the Finance Committee.

The public business then concluded, and the remainder was considered by the Council *in camera*.

GENERAL NURSING COUNCIL FOR IRELAND.

The regulations for the examinations for admission to the State Register of Nurses by the General Nursing Council for Ireland are now published. The examinations will be held in January and June at the following centres:—Dublin, Cork, Waterford, Galway, and Limerick. Application forms will be supplied by the Registrar, and must be completed and forwarded to him, together with fee, fourteen clear days before the first day of the examination. Regulations are also published for the examination of those existing nurses who failed to apply for registration on or before August 31st last, and additions and amendments to existing rules.

APPOINTMENTS.

MATRON.

General Infirmary and Dispensary, Pontefract.—Miss Helen Turner has been appointed Matron. She was trained at Bury Infirmary, and has been Sister of Theatre Wards at the Stroud General Hospital, Sister of Women's Wards, Home and Theatre Sister, and Matron at the Bury Infirmary.

ASSISTANT MATRON.

Children's Hospital, Leasowe.—Miss F. Williams has been appointed Assistant Matron. She was trained at the Monsall Fever Hospital and the Royal Infirmary, Liverpool, where she has held the position of Ward Sister, Home Sister and Night Sister.

Eye and Ear Infirmary, Liverpool.—Miss Catherine Anderson, S.R.N., has been appointed Assistant Matron. She was trained at the David Lewis Northern Hospital, Liverpool, and has held the position of X-ray Sister in that institution, as well as at the Military Hospital, Fazakerley, and at the Royal Infirmary, Liverpool, where she was also Out-Patient Sister.

THEATRE SISTER.

University College Hospital, Gower Street, W.C.1.—Miss Sarah Lister, S.R.N., has been appointed Theatre Sister. She was trained at the Derbyshire Royal Infirmary, and has been Theatre Sister at the Elizabeth Garrett Anderson Hospital, Euston Road, N.W., and Medical Ward Sister in the same institution. She is a certified midwife.

WARD SISTER.

St. Marylebone Hospital, Ladbroke Grove, N.W.—Miss Alice E. Sanders has been appointed Ward Sister. She was trained at St. George's Hospital, London. She has been Sister at the West Herts Hospital, Queen Mary's Hospital, Stratford, and Highwood Hospital, Brentwood.

Union Hospital, Tynemouth.—Miss Gertrude Knight has been appointed Ward Sister. She was trained at Bagthorpe Infirmary, Nottingham, and has been Charge Nurse at Minster Union Infirmary, and Sister at Lincoln and Stockport Union Infirmarys.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following to be Staff Nurses:—Miss Elizabeth Marie Baldwin (April 13th); Miss Jessie Mary Willcox (May 14th); Miss Florence Bennett (May 18th).

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Nursing Sister Miss C. T. Smith is permitted to resign the Service, with effect from September 5, 1923.

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

Miss Gertrude A. Payne is appointed to Northants, as second Assistant County Superintendent; Miss Alix I. Sprot to Hampstead, as Senior Nurse; Miss Gertrude Fozard, to Hampton Hill; Miss Hilda E. Hall, to Tipton; Miss Lenora Grenfell, to Sheerness; Mrs. Elsie Kershaw, to Cleckheaton; Miss Winifride M. Smith, to Torquay; Miss Ruth A. Warren, to Acle.

LEGACY FOR A NURSE.

Mrs. Edith J. Macpherson, of Westlake, West Coker, Somerset, bequeathed £100 to Miss Sarah Eastment, nurse.

PRIZE GIVING AT BRISTOL.

"There is no walk in life in which more pleasure and happiness can be given to other people who are distressed than the nursing profession."

This was but one of the well-deserved tributes accorded the nursing profession at the annual distribution of Prizes to nurses at Bristol General Hospital.

THE PRIZE-WINNERS.

The following were the prize-winners:—
Surgical Nursing.—1st, Nurse Bridget Gaule; 2nd, Nurse Gladys Lewis and Nurse Elsie Allart.

Medical Nursing.—1st, Nurse Ellina Rowsell; 2nd, Nurse Maude Coles.

Anatomy.—1st, Nurse Winifred Arney; 2nd, Nurse Ethel Robertson.

Physiology.—1st, Nurse Winifred Arney; 2nd, Nurse Julia Beer.

Practical Nursing.—1st, Nurse Ethel Robertson; 2nd, Nurse Eileen Sturges.

Gold Medal for General Proficiency.—Nurse Hilda G. Crosse.

Silver Medal for General Proficiency.—Nurse Ellina Rowsell.

Certificates of Efficiency.—Nurses Mary Maher, Hester Nott, and Maude Coles.

"Lottie Culverwell" Prize, given by Mrs. Samuel Hosegood to the best Nurse of her year.—Nurse Hilda Crosse.

EXAMINATION OF NURSES.

One hundred and fifty-nine candidates have now completed the Examination of the Scottish Board of Health, held in November last, and subject to the completion of three years' training in hospital, to the satisfaction of the Board, are entitled to the certificate of efficiency granted by the Board. Of this number 67 are entitled to the certificate in General Training, and 92 to the certificate in Fever Training.

THE PASSING BELL.

We regret to record the death of Miss Ethyl Horrocks, S.R.N., on December 12th, after a long and painful illness. Miss Horrocks was trained at Mill Road Infirmary, Liverpool, and worked during the war as a member of the Territorial Force Nursing Service both at home and in France. She was on the staff of the Lancashire County Council, and was a certified midwife.

A MERRY CHRISTMAS.

BY NORA C. USHER.

Nurse Ruth mused while her patient slept. It was a case of senile decay, with gastric complications and a touch of bronchitis. He moaned as he slept and breathed with difficulty. Nurse knew that he would wake coughing and struggling for breath; she expected it every moment.

She had come only that morning to take temporary duty while Sir John Merry's permanent nurse was on holiday for Christmas. It was an ordinary case, not specially interesting, but Nurse Ruth was tender-hearted and her sympathy was drawn out to the lonely old man who was making a brave fight for life.

"Merry!" He was far from being that. On the mantelpiece were ranged Christmas cards, with wishes for a "Merry Christmas"! What a farce!

And Nurse herself—what about her Christmas? Would it be merry? She smiled at the thought. She had almost forgotten what the word meant. Her last merry Christmas had been spent in the company of a friend, also named Merry, and it had ended in misery.

Merry—it was an unusual name, but she had never heard that her friend had any relations.

A choking sound from the patient; she hastened to his aid. Softly and gently she ministered to him till the attack passed and he sank back, panting and gasping, on the pillow, lapsing almost immediately into the sleep of weakness and old age.

After making up the fire she sat down again, and her mind strayed into the past. She had always been impetuous; her chief fault had been her temper. She recalled her parting with Alfred Merry. How her tongue had lashed and stung him! She had gloried in it at the time; but now, after ten years, she was filled with shame at the recollection. With the passing years one changes one's view-point.

What a merry boy he had been—was he merry still?

The postman's knock sounded in the quiet street. It was the last post on Christmas Eve; there was something for every house. The maid brought up two letters for Sir John Merry. More futile Christmas wishes, no doubt.

Sir John stirred as she closed the door.

"Open the letters and read them to me, nurse."

The first one was soon disposed of, but as she opened the second the handwriting seemed to stand out in living characters on the paper. There could be no mistake about that handwriting; she did not need the signature to reveal to her from whom it came.

It was very brief; simply telling "dear Uncle John" that the writer would drop in some time on Christmas Day, and that he was sorry to hear of this bad attack. "I'll cheer you up," he ended. "You know I am Merry by name and merry by nature, and so are you."

The old man chuckled at the idea.

After that there was no more time for musing. The night nurse arrived. Nurse Ruth hurried home to the Institute to send out a few belated Christmas cards. As she paused in the hall to take her letters from the rack the Matron came and spoke to her.

"I want you for a critical case," she said. "A less experienced nurse will do for Sir John Merry. I must send you to Hull to-morrow morning early."

The well-trained and obedient nurse agreed. Doubtless it was all for the best. When she recalled the circumstances of her parting from Alfred Merry it seemed far better that they should not meet again.

Still—for one mad moment—she had hoped—

* * * * *

Alfred Merry sat by his uncle's bed. The patient was making a gallant attempt to be true to his name on the merriest day of the year.

"This is the last Christmas you'll be plain Alfred Merry, my boy," he said.

"Let's talk about something cheerful," was the reply.

"Most men would think the prospect of a title and a few thousands a year very cheerful," chuckled his uncle.

But Alfred Merry was not that style of fellow, and Sir John knew it.

The conversation was desultory, interrupted by spasmodic coughing.

During one of these attacks, while the nurse was by the bed, Alfred went to the fireside. On the mantel-piece lay a small, quaintly-carved ivory cross. He would have known it among a thousand. Ruth had always worn one such, which had belonged to her mother.

Taking it in his hand, he turned to the nurse, asking softly: "To whom does this belong?"

"Nurse Ruth, who was here yesterday, must have dropped it. She always wears it," she answered, wondering at his odd manner and tone.

* * * * *

On Boxing Day Nurse Ruth took up her fresh duty. She had travelled to Hull on Christmas Day, had slept indifferently on Christmas night, but, with the fortitude characteristic of her profession, she was quite ready for her work in the morning. The case was, as the Matron had told her, a very critical one, and her thoughts had no time for wandering, either to the past or elsewhere.

Still, when she went out for the daily constitutional, upon which the Institute rules insisted, it must be admitted that she felt flat. For a few moments, while reading the letter to Sir John Merry, the gate of Paradise had opened before her. Now it seemed as fast closed as ever.

She stifled a sigh.

Hull is a dreary town. Boxing Day evening, if you have nowhere to go and nothing to do, is dreary also. There was hardly anybody about. A man's footsteps hurrying behind her and halting suddenly at her side startled Ruth out of her usual self-possession.

"Ruth—have I frightened you? I was so afraid I should lose sight of you——"

With a strong effort she spoke calmly.

"How did you come here, Alfred?"

"By train this afternoon. I found your ivory cross in my uncle's room, and that gave me the clue to your whereabouts that I have been seeking for years."

They paused under an electric lamp while he scanned her face. There was something glistening on her cheeks.

"My darling," he exclaimed, "you are crying."

And so she was for sheer joy.

So it came to pass that Nurse Ruth had a Merry Christmas after all; and though Boxing Day evening was rather late to begin, the happiness was all the deeper for the delay.

LEGAL MATTERS.

"YIELDING TO TEMPTATION."

When Irene Mortimer, of The Grove Hospital, Tooting, was charged at Marlborough Street Police Court on December 12th, with stealing a silk remnant from Messrs. Bourne & Hollingsworth, of Oxford Street, W., value 7s. 11d., it was pleaded on her behalf that she had been in a hospital for two years, was within a week of finishing her probation, and had an excellent character. Commenting on this plea, Mr. Mead, the magistrate, said that every day he found that people of good character were the thieves; only a proportion of convicted thieves did this sort of thing.

It was called "yielding to temptation," and if people thought they were not observed it occurred to them they might reap the benefit, and honest people suffered. He supposed only one in 100 cases discovered was brought there.

The accused was fined £1 and ordered to pay £1 costs.

"WE ALWAYS DO IT."

At an inquest held by Mr. H. R. Oswald, the West London Coroner, at a Paddington inquest, upon an infant, Miss Dorothy Newhall, a Health Visitor, who said she was a certified nurse and midwife, deposed that in accordance with her usual practice she visited Mrs. Taylor, of 20, Chichester Road, Paddington, and her infant son shortly after the birth was notified.

She was aware that a medical man from St. Mary's Hospital was in charge of the case. As the infant was not well she administered a dose of grey powder and gave certain instructions as to feeding and general treatment.

The Coroner: "Then you were assuming the duties of a medical man without having medical qualifications—you had no right to do that."

Witness: "I don't know about that; it has been done by Health Visitors for 12 years."

The Coroner: "Do you mean to say that Health Visitors actually intervene when a medical man is attending a case without consulting him?"

Witness: "Yes; we always do it."

Recording a verdict of "Natural causes," Mr. Oswald observed that the system under which health visiting was carried out was irregular and might lead to harm. He did not say it had done so in the present instance. . . . It was the principle of intervening in a doctor's case which he did not like. He advised Miss Newhall and other Health Visitors to take heed of his words, otherwise they might get into trouble.

The medical evidence given showed that the baby died from an exceedingly rare intestinal disease.

PITY THE POOR PATIENTS.

Mrs. de Meza, Matron of a Jewish Nursing Home, Chislett Road, West Hampstead, N.W., has been injuncted for breach of contract in keeping a Nursing Home in this residential locality, stated to be an annoyance to neighbours. On the 11th inst, at Marylebone County Court, Miss E. Victoria Dudding, a probationer nurse, 76, Cornwall Road, W., sued Mrs. de Meza for £3 15s. wages in lieu of a month's notice.

Miss Dudding said that while on night duty she was so tired that she fell asleep in a chair at 4 a.m. As a result she was dismissed without notice. She had to be on duty 84 hours a week.

Mrs. De Meza said that Miss Dudding was asked to take special notice of an old woman who was very ill.

The Registrar, Mr. T. M. V. Vaughan-Roderick, giving judgment for Miss Dudding, said that dismissal for falling asleep was a strong measure. Anybody under similar conditions might drop off to sleep. He often did it himself after a hard day's work.

The irrelevant remarks of the Registrar are what we trained nurses are used to when nursing affairs are dealt with in County Courts. Presumably Mr. T. M. V. Vaughan-Roderick would not topple off to sleep in the County Court when on duty, however tired he might be. If he did, doubtless his superior officers would have something to say on the matter.

But there is another point in this case. Presumably Mrs. de Meza was being paid fees by the patient in question for skilled nursing, and not to be entrusted to a sleepy probationer!

And how about working her inexperienced staff for 84 hours a week?

This is the sort of slavery for which the members of the G.N.C. will be held responsible when they recognise Private Nursing Homes as Training Schools, as some of them appear willing to do; if sufficient pressure is brought to bear upon the Council by influential bigwigs. It was largely the recognition of untrained women working in these business places, known to medical patrons, which was responsible for the Dr. Chapple "modification" to place untrained women on the General Part of the Register.

CADBURY BROTHERS, LTD.

PENSIONS FOR EMPLOYEES' WIDOWS.

Messrs. Cadbury Brothers, Ltd., of Bournville, have made arrangements to complete their pension schemes by the formation of a fund for providing pensions for employees' widows. This fund will be started on a contributory basis from December 17th, 1923. In the event of the death of an employee who has attained pension age, his widow will be entitled to a pension equal to one-half of her husband's normal pension. The Fund will be supported by contributions of equal amount made by the Company and by the employees. An employee's contributions to the Widows' Fund will be at the rate of one-third of his normal contributions to the Men's Pension Fund.

The Company has agreed to bear the whole cost of the scheme in respect of periods of service prior to December 17th, 1923. The Actuary estimates this cost at a sum of about £95,000, and the Company has agreed to pay over this sum to the Trustees as a Back Service Gift. The Trustees of the Men's Pension Fund will act also as Trustees of the Widows' Fund.

"CHRISTMAS."

"A boy was born at Bethlehem
That knew the haunts of Galilee,
He wandered on Mount Lebanon,
And learned to love each forest tree.
But I was born at Marlborough,
And love the homely faces there;
And for all other men beside
'Tis little love I have to spare.
My own dear downs, my comrades true,
But that great heart of Bethlehem,
He died for men He never knew."

E. Hilton Young.

O lovely lily clean,
O lily springing green,
O lily bursting white,
Dear lily of delight,
Spring in my heart agen
That I may flower to men.

* * *

The holly bears a berry,
As red as any blood;
And Mary bore sweet Jesus Christ,
To do poor sinners good.

COMING EVENTS.

December 23rd.—Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Entertainment by working members to their colleagues belonging to the Trained Nurses' Annuity Fund, the inmates of Princess Christian Settlement Home, and other retired nurses.

December 25th.—Christmas Day.

December 31st.—Nurses' Registration Act, Ireland, 33, St. Stephen's Green, Dublin. Election of Nine Members to represent the Nurses upon the General Nursing Council for Ireland.

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.

TRUTH, HONOUR AND JUSTICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We, the undersigned, desire to express our deep regret at the passing of the *B.J.N.* as a weekly publication, and earnestly hope you will get the necessary number of subscribers to carry it on as a monthly organ, for now more than ever before, we realise the need of it and all it stands for. Like many others, we have looked to its pages for guidance, and have found there truth, honour, and the highest ideals, and always you have stood for justice for the trained nurse. We beg to thank you and Miss Breay for the great services you have rendered to the profession through many long years, and we will continue to warmly support the *B.J.N.* in whatever form it appears.

With warmest good wishes for Christmas and New Year,

We are, sincerely yours,

EMILY DINNIE.

SARAH G. LIDYARD.

KERNELS FROM CORRESPONDENCE.

Mildred Heather-Bigg, S.R.N.—"What a loss to the Nursing World the withdrawal of the weekly issue of THE BRITISH JOURNAL OF NURSING! Anyway, I rejoice that our interests will continue to be voiced in the monthly issue. For over thirty years, the JOURNAL has been the one reliable organ on all nursing subjects. I shall miss it more than I can say in writing. Accept my warmest appreciation of all your work on behalf of the Nursing World; but for you there would never have been the State Registration Acts."

C. C. du Sautoy, S.R.N.—"I do think it is wonderful how you have kept the *B.J.N.* going for all these years, but thirty years of work has at last borne fruit. There would have been no State Registration except for your work all these years. The future generation of nurses will realise this even if the present does not."

Elizabeth Thompson, S.R.N.—"I am only too thankful that we can still look forward to the monthly issue of THE BRITISH JOURNAL OF NURSING, for losing it altogether would indeed be a blow to those of us who, through the greater part of our nursing lives, have always looked up to and depended on the teaching and support of all that stands for, the dignity and rectitude of the nursing profession. Such earnest work must bear fruit in the days to come, as it is so powerfully shown in the present evolution of nursing. I am sure all the readers of the JOURNAL will agree that we are still greatly in need of the inspiration which we have had for so long."

M. C. Kennedy.—"I shall greatly miss my weekly number of the *B.J.N.* There is nothing

that can take its place, but I am glad that it is to be continued in a monthly form."

G. Le Geyt, S.R.N.—"Most grateful thanks for not throwing over altogether the Nursing Profession and for promising us at least, once a month, one of the Editor's inspiring 'leaders.' It seems to me life is a series of adjustments and facing 1924 without a weekly *B.J.N.* will not be one of the easiest I shall have to make. You have always been such a good friend and counsellor to me personally; without your encouragement I fear I might never have attempted to do what little I have taken part in. With very genuine sincerity I send my thanks for your offer to continue the Journal if 5,000 respond."

Florence Hoddinott, S.R.N.—"May I add my word of appreciation to the rest, and say how much the JOURNAL has meant to me. I think, as an old 'Gordon House' nurse, it seems to have a very personal bond, and reminds me of all the teaching in high nursing ideals I had there from you and dear Sister Cartwright. Whatever else I might have to give up may it never be my subscription, which I enclose herewith."

C. Firth Scott.—"The *B.J.N.* has been a weekly treat to me since 1909, and I have always sent my copies on to others."

Charlotte Okell.—"I am still in bed, and have been for 14 weeks, and forbidden to write letters or see anyone, but I must send you a line to say whatever change is made in the *B.J.N.* I wish still to take it. I have been a subscriber from the beginning. With many others I am most indignant and disgusted with the manner in which you have been treated."

Amy C. Wilson.—"If anything was needed to convince me (which it is not) of the incalculable value of a free Voice in the Professional Press for nurses, the incredible conduct of the late Chairman of, and the College Caucus on, the General Nursing Council to crush it out, would convince one. I am not registered and decline absolutely to place my professional reputation at the mercy of such people. Let the *B.J.N.* continue to claim the right of the nursing profession to govern itself, as all other professions and trades do. I agree with 'Marion V. Lee' we must all work for more subscribers to *our* JOURNAL, or, as she writes, 'sink lower and lower.'"

[We have to thank many other readers for very kind expressions of appreciation of the Journal's work for the Profession of Nursing. Without a professional voice in the Press—which our colleagues possess all over the world—we must sink into a dependent and hopeless class, and our work must deteriorate in body, soul, and spirit. —ED.]

OUR PRIZE COMPETITION QUESTIONS.

December 29th.—Enumerate some of the excuses advanced for premature weaning of infants. How would you meet them? What method of weaning would you advise a mother to adopt at the normal time?

The Midwife.

THE CHRISTMAS GIFT.

The lights were low in the Maternity Ward, the patients comfortable and mostly asleep, and clear through the frosty air came the sound of Christmas bells.

It was my last Christmas Eve there, for in the spring I should be married, and we were going out to India immediately afterwards. Of course, I was looking forward to the new life before me, but I had been very happy in the hospital, I loved my patients, and to-night I was sad to think that my active nursing career was ending; neither here nor hereafter would the dear familiar round, the satisfying sense of helpfulness, the service of sick humanity fill my life with joy.

I pulled myself up with a start. Was I really so selfish that, for my personal pleasure, I wanted the continuance of sickness and suffering so that I might have the satisfaction of alleviating it? A thousand times no! There surged through me a passionate resentment at all the suffering endured by men, women and little children, and a passionate joy that in the new earth there will be no more death, nor sorrow, nor crying, nor any more pain.

I looked round the ward. Who can estimate the anguish before a babe is even normally born into the world, and these were not normal cases, or they would not be here. The mother of the little "Cæsar," in No. 1 bed, was in desperate plight before the surgical skill, which is able to defy a contracted pelvis with a conjugate diameter of 2½ inches, delivered her of a child which could never otherwise have been born—now the joy and pride of his parents. Next to her is Mrs. B—, whose leaden complexion, and premature wailing infant, tells all too plainly the source of her trouble to those with knowledge. Devoted to her husband who, in her view, is "such a gentleman," it would be cruel to enlighten her. She must be kept under treatment and, especially in the event of another pregnancy, at an ante-natal centre or elsewhere. Then there is dear little Mrs. C., admitted with her baby suffering from ophthalmia neonatorum and isolated in the Annexe. "Did this man sin or his parents that he was born blind?" may be asked in after years. He was not born blind, however, but with eyes as blue and beautiful as those of his dissolute father must have been in infancy and innocence. Within a few days of birth a dread disease had extinguished the light, and now he will never see the beauty of the world.

Mrs. D. is the wife of an ex-service man, whom we thought we should lose from post-partum hæmorrhage; the baby is bonny, but at the expense of its mother, who could not stand the strain of semi-starvation and the burden of supporting two lives. A relaxed uterus and

consequent hæmorrhage after delivery were the result.

But at least skilled help had been available for these poor mothers. In India—and my thoughts wandered to those poor women behind the purdah, which but dimly veils their immeasurable burden of pain.

"Day dreaming, nurse?" said the House Physician. "No time for that. They are just bringing up a case of placenta-prævia. I hope we shall save her."

Well I knew what that meant. A stern fight between death and science. In the case of the mother science won. But as the first bells were chiming for service on Christmas morning we laid in the crib prepared for him the little waxen form whose brief span of life was counted in minutes, and he drew his last breath as in the sacrament of baptism he received the name of Nœl. Close by the crib we placed the Bethlehem picture with the adoring shepherds at the manger-throne of the Holy Child, whose hands were raised in benediction.

"He asked life of thee, and thou gavest him a long life, even for ever and ever."

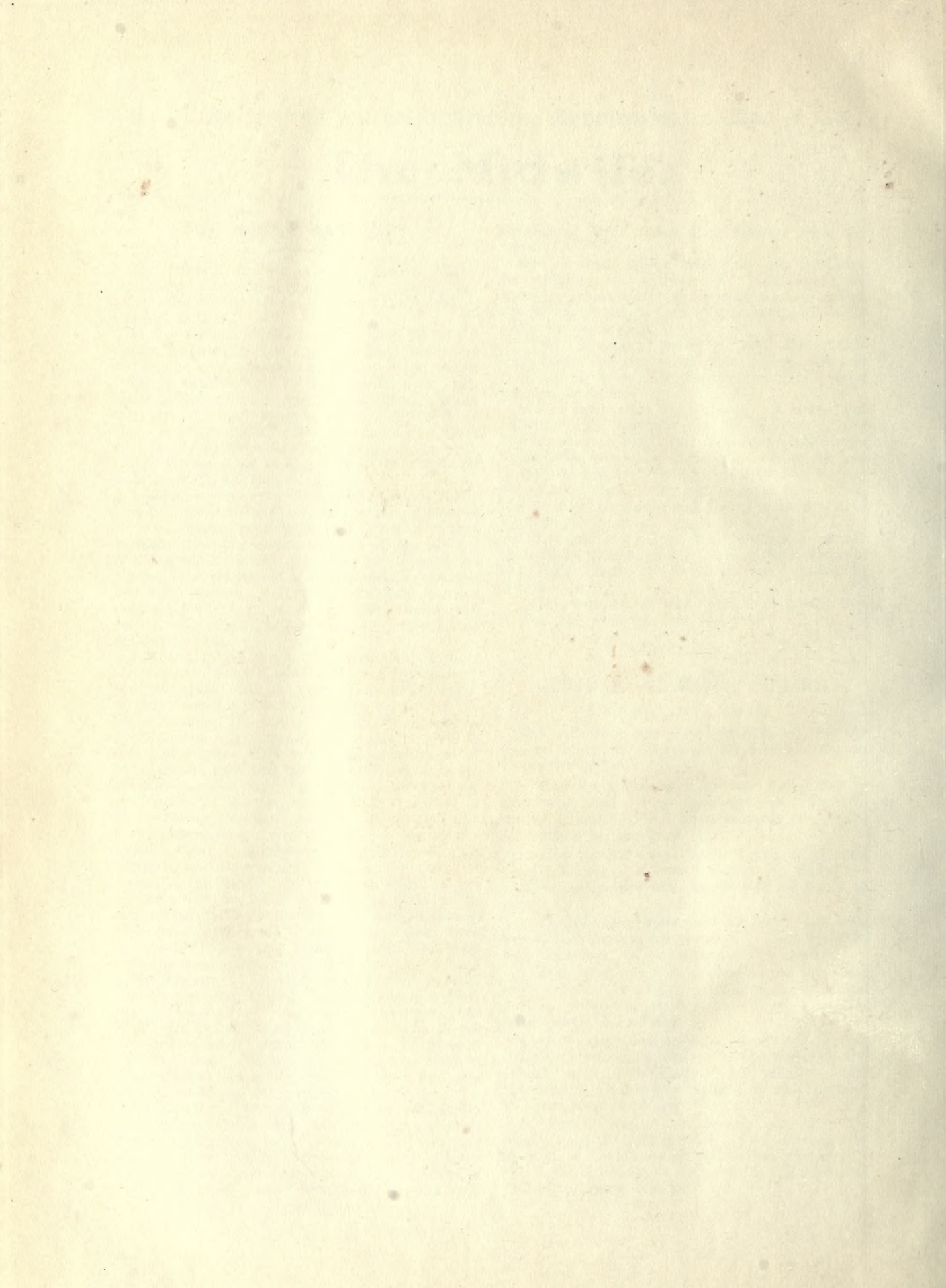
M. B.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

The following are the questions set by the Central Midwives' Board at its Examination on December 3rd:—

1. Describe the sutures and the fontanelles of the foetal head. How may they be recognised during labour? What circumstances may make it difficult to recognise them?
2. How would you conduct the First and Second Stages of a breech delivery? Name the common difficulties with which you are likely to meet.
3. Describe the symptoms of shock following severe post-partum hæmorrhage? Give in detail your treatment in the absence of a doctor.
4. If ordered to give a douche on the third day after delivery, describe in detail how you would do this. What apparatus would you use and what fluids would be suitable?
5. Give some examples of conditions during pregnancy which, according to the Rules of the Board, necessitate sending for medical help. What forms will have to be filled up and to whom will they have to be sent?
6. What is meant by placenta prævia? By what symptoms and at what period of pregnancy is such a condition generally first suspected? What would you do in the event of the arrival of the doctor being delayed?



~~THE~~
~~305 ON.~~ AVENUE
~~TORONTO~~

RT
1
B75
v.71

The British journal of nursing

Biological
& Medical
Serials

**PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET**

UNIVERSITY OF TORONTO LIBRARY
