



105

NURSING LIBRARY  
THE HOSPITAL FOR SICK CHILDREN  
ROOM 1001  
555 UNIVERSITY AVE.  
TORONTO, ONTARIO M5G 1X8





100-  
SEP

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,161.

SATURDAY, JULY 2, 1910.

XLV.

## Editorial.

### THE ISLA STEWART SCHOLAR.

When the question of a National Memorial to the late Miss Isla Stewart was considered, the Committee formed to further the scheme were unanimously of opinion that nothing could be so appropriate as one which would afford increased educational facilities to nurses. Throughout her distinguished professional career Miss Stewart identified herself with the promotion and improvement of nursing education, realising that education on the right lines was the keynote of that nursing efficiency which is of the utmost importance to the community, and she was especially anxious that opportunities should be afforded to nurses—who had shown evidence in their training of executive ability—of obtaining instruction fitting them to undertake the duties of Superintendents of Training Schools and other administrative posts. It is a curious coincidence that, without consultation, our colleagues in the United States should have decided upon a similar memorial to the late Mrs. Hampton Robb, who, in America, held much the same relation to the nursing world as that filled by Miss Stewart in this country. In this connection Miss L. L. Dock writes: "How lovely and beautiful your memorial to Miss Stewart. Is it not a sweet coincidence that we both thought of the same kind of memorial to our departed ones?"

The proposal that the scholarship to be established as a memorial to our great leader should be tenable at Teachers' College, Columbia University, New York, is a very happy one, for true education is acquired from books to a limited extent only—most valuable is the knowledge gained by foreign travel, by contact with others, by observing many points of view; and the privilege of

passing through the course at Teachers' College, under the guidance of Miss A. M. Nutting, R.N., and other leading Superintendents of Nurses in the United States, must be a liberal education for any trained nurse.

The aim of the Memorial Committee is to collect a sufficient sum to endow a scholarship in perpetuity; but this will take time, and it is desired that the first Isla Stewart scholar should go into residence at Teachers' College in September next. The League of St. Bartholomew's Hospital Nurses, therefore, have guaranteed the £160 which it is estimated will be required for the year's expenses, and will have the honour of maintaining, as the first scholar, one of their own members. It is fitting that the first nurse to hold this scholarship should be a graduate of the school to which Miss Stewart devoted the best years of her life; it is fitting also that when the permanent memorial takes shape the scholarship—to hold which will be a most coveted honour—should be open to the graduates of other schools also. This is in accordance with Miss Stewart's generous breadth of view, which was not limited to one school, but included the better education of the nursing profession as a whole.

When the proposition was first made that a memorial should be established which should worthily commemorate Miss Isla Stewart, the only thought in the minds of those initiating the scheme was that of honouring a great woman. The events of the last few weeks have unfortunately made them aware that the additional duty is now imposed upon them of guarding a reputation happily too great to be tarnished by desecrating hands, and of protecting the memory of the silent dead from premeditated detraction.

## Medical Matters.

### THE STUDY OF THE TECHNIQUE OF FUMIGATIONS.

Dr. Gabriel Custodio, Chief of the Service of Disinfection in Havana, contributes to *Sanidad y Beneficencia* an interesting article on the Technique of Fumigations. Dr. Custodio advocates the use of an air-tight covering of canvas placed externally over the building to be fumigated, a method suggested to him by an important paper read by Dr. Eduardo Liceaga on yellow fever in Mexico. He writes:—I was appointed in 1907 by the sanitary authorities of Cuba to take charge in the campaign of the work of prevention and destruction of mosquitoes, and, as I was fully aware of the defects of the system in use, I became keenly interested in the trial of the new proceeding, because, if it proved practicable, it would solve the great problem in the technique of fumigation, which consisted in preventing the mosquitoes from being chased out during the preparation of the building, either by the inhabitants of the house on moving the furniture and other objects, such as pictures, tapestry, clothes, etc., or by the fumigators while carrying on the work of covering the openings or crevices in the walls and roof.

Experience has shown the necessity of certain details to make the management of the canvas easy and to give the best results which the method is capable of producing.

The details to which I refer are the following:—

1. Selection of the class of canvas for the construction of the air-tight coverings.
2. Accessories with which canvas coverings of this kind should be provided.
3. Size of the canvas.
4. Mechanism for setting up the canvas.

The quality of the canvas is very important on account of its relation to the efficacy of the fumigation. The consistency of the canvas for resisting the manipulations to which it must be subjected is also to be taken into account.

It is necessary to insist on the quality of the canvas, because if it is not compactly woven there is the likelihood that the sulphurous vapours or the smoke of the pyrethrum may escape through it, thus diminishing to a considerable extent the quantity of material which has been calculated for filling the cubic space of the building, in addition to the danger that some mosquitoes may escape the effects of the insecticide.

Of the distinct classes of canvas which we have employed since the system was introduced, the best result has been obtained from

that known in the market as 12 ounce canvas.

As accessories, the canvas should be provided with eyelets, cover eyelets, cross pieces and end pieces.

The mechanism employed in arranging the canvas is as follows:—

The canvas rolled up in the form of a chain is placed at the most suitable point for raising it, two or more men (generally two) place themselves on the roof in order to raise the canvas by its upper extremity, while two others from the ground assist in unrolling it, and preventing the wind from opening it before it completely reaches the roof. Arranged in this manner on the roof, it is unfolded and extended over the roof until it covers it totally.

This operation may be performed with only four men, in the short space of half an hour, without danger that the projecting eaves, in the case of houses with tile roofs, or the railing, in the case of houses with terrace, or the canvas itself, may break on account of the rubbing.

If it has been necessary to employ several canvases to cover the house, after these have been extended over the roof, they are united by means of the ropes which pass through the eyelets, and strips of paper are pasted over the latter in order to secure the desired impermeability.

In summary, its advantages are the following: The work is carried on externally with considerable economy in men, material, and time. The last is a very important consideration when dealing with yellow fever, in which it is necessary to intervene before the lapse of a limited period of time (12 days) for the total destruction of the mosquitoes before they are in a condition to transmit the disease. The closure of large open spaces, such as yards and porches, is achieved with the absolute certainty that the work done will resist intense atmospheric changes, such as rain and wind, without the disinfection being affected at all.

The new system diminishes considerably the injury which this class of work always causes the families who occupy the houses as well as the merchants or manufacturers on account of the interruption which they suffer in their occupation and business.

It is a problem already settled that each person is left in possession of his home, office, establishment, etc., a few hours after the work of fumigation has begun.

The new method does not produce filthiness, as does the pasting of paper in the interior of the houses, which has always been a nuisance giving rise to constant complaints and protests on the part of owners or tenants.

## Hygiene and Morality.

(Continued from page 508).

### PROSTITUTION.

Last week we reviewed the first part of Miss Dock's new book, "Hygiene and Morality," which deals with the Medical, Social, and Legal Aspects of the Venereal Diseases.

In Part II. Miss Dock deals with prostitution and the spasmodic attempts made from time to time during the past ages to control or punish it. These attempts, we read, usually took the form of grotesque and brutal punishments for women, rarely for men. As a rule the vicious male seems to have been overlooked or regarded as an insignificant factor in the problem. Punishment meted out to the woman was chiefly hypocritical or vindictive, not in the least preventive. Sometimes she was put into an iron cage and dipped into the river—almost, but not quite, drowned; sometimes her nose was cut off, or she was whipped or compelled to wear a distinguishing dress. She has always been the victim of blackmail, and the methods by which this has been levied show a remarkable similarity right down through the ages to modern times: they were usually the enactment of non-preventive legislation of a petty and harassing character, with the imposition of heavy fines for breach of observance. As such legislation simply made it more difficult for her to earn her bread in the only way open to her, it of course had to be violated, and the fines collected were divided between the accuser and the city government. All such legislation rested, as it still does, on the acceptance (once unquestioned, but to-day no longer so) of the double standard of morals.

"The double standard tacitly permits men to indulge freely and unchecked in sexual irregularity without consequent loss of social standing, but it dooms the women who are necessarily involved in these irregularities to social ostracism and even to complete degradation.

"In order to justify immoral practices among themselves, and to have a plausible explanation ready if criticism offered, the doctrine of 'physical necessity' has been invented for men by themselves, and has even been fortified by the positive teachings of prominent medical men. This doctrine, however, has never been extended to women, but instead the cowardly and cruel theory of innate depravity has been industriously disseminated as applying to 'fallen women,' thus skilfully ensuring an isolated position for these unfortunates, and

effectually checking the outgrowth of pity for them among women of the protected class. The practical results of this psychological jugglery have been that, of two partners in the same act, neither one of whom could execute this act alone, and with whom it is an element of compulsion entered as a complication, it could not possibly be present in the case of the stronger partner—men, the stronger have remained free from blame; women, the weaker, have lived under a curse. The fact that this way of regarding the woman concerned disproves the argument of 'physical necessity' is only a part of the illogicality of the whole. It is evident that if unregulated sexual practice were really necessary for men there could be no element of shame or wrong in it, and there could therefore, obviously, be none for the women, for no act that is physically necessary is wrong, no matter how primal it may be."

Miss Dock then deals with modern systems of regulation, and shows why and how these have failed. She describes the establishment of the Contagious Diseases Acts in this country, and shows how under this law, as an English writer pointed out, "the police spies, acting on hints given them by persons acting in jealousy or revenge, and from motives of blackmail," held the honour and reputation of every woman among the poorer classes absolutely at their disposal. The repeal of these Acts, owing to the crusade under the leadership of Mrs. Josephine Butler, of honoured memory, is now a matter of history. The protest embodying the reasons for this crusade appeared in the *Daily News*, January 1st, 1870, and was signed by 250 of the great moral leaders among Englishwomen. The first signature is that of Harriet Martineau, and half way down the column appears the name of Florence Nightingale.

The whole of this section of the book should be carefully studied: it is the most lucid presentation of "the social institution called prostitution." Dr. Elizabeth Blackwell wrote in 1880: "The fact must be clearly perceived and accepted that male chastity is a fundamental virtue in a State; that it secures the chastity of women, on which the moral qualities of fidelity, humanity, and trust depend, and that it secures the strength and truth of men, on which the intellectual vigour and wise government of a State depend. . . . From that time on women physicians as an entire body have stood unitedly for a single standard of morals and for the education of the public." In the United States of America they have been publicly called upon by their colleagues in the medical profession to carry the teachings of hygiene to the women of the land.

Two International Conferences for the Prophylaxis of Syphilis and the Venereal Diseases have been held in Brussels, and among the national societies newly formed to carry on educational missions in regard to venereal disease, the American Society of Sanitary and Moral Prophylaxis, under the presidency of its founder, Dr. Prince A. Morrow, of New York City, stands easily in the lead by reason of its singleness of purpose—certain others still wrestling with the vexed question of regulation.

The brutalising effect of regulation on character was shown by the evidence laid before a Select Committee on the question in this country. Thus, an officer who ordered an establishment for his regiment in India in advance, knowing well that many would be little girls, excused this on the ground that "in India prostitution begins in the cradle." "A menacing disregard for the good of the civil community was suggested in the testimony of such men that 'diseased women, if incurable, were expelled from the cantonment.' But it was asked where did they go? For, unless they could die at once, they must go somewhere and be a danger to their environment.

"The decline of traditional chivalry under the effects of the supervision of vice is at hand in the suggestion of a German surgeon, who, angered by the failure of inscribed women to appear regularly for examination, would have had them whipped for absence, and in that of a French doctor who proposed imprisoning each woman for several days before examination, in order to prevent their tampering with symptoms."

The second chapter in this terrible history deals with the White Slave traffic, a traffic which is a disgrace to any country countenancing it for a moment.

Of this traffic District Attorney E. W. Snus, of Chicago, after investigating its organisation, wrote in much the same terms as did the English investigators into the Brussels conditions. When a white slave is sold and landed in a house or dive she becomes a prisoner, her clothes are placed under lock and key, and the finery provided for her is of such a nature as to make appearance on the street impossible. Moreover, she is placed at once in the debt of the keeper for a wardrobe, she cannot escape while she is in debt, and she can never get out of debt.

About ten years or less is the average expectation of life in women of this class. "Many die painful deaths by disease—venereal, many by consumption, but it is hardly beyond the truth to say that suicide is their general expectation."

Part III. deals with the Prevention of Venereal Disease.

(To be concluded.)

## The League of St. Bartholomew's Hospital Nurses.

A General Meeting of the League of St. Bartholomew's Hospital Nurses was held in the Clinical Lecture Theatre at St. Bartholomew's Hospital on Saturday, June 25th. Miss Cox-Davies, the President, presided.

In her address from the chair, the President said that it was impossible to open the meeting without first referring to the loss the League had sustained of its Founder and Hon. President, Miss Isla Stewart. Many words were not necessary, because it filled the minds of all. At first overshadowed by their own personal sorrow, the members hardly realised all they had lost. They realised it overwhelmingly now and all that it meant. All their views as to what was best, highest, noblest, and finest in their profession they had learnt from her. Not so much what she said, but by the example which she set before them. What was left to Bart's nurses was the League which Miss Stewart had founded. That was theirs to keep for the future with all that their Founder had tried to put into it. She then proposed from the chair a resolution embodying the League's deep sense of its irreplaceable loss, which was passed in silence, standing.

The President then said that in their own deep trouble they must also remember that since the League last met the death of his late Majesty had occurred. She thought that the League would wish to send a resolution of sympathy and loyalty to the present King from the certificated nurses of the Royal Hospital of St. Bartholomew, which stood highest in the world. This was carried in silence and standing. Votes of condolence with American nurses in their bereavement by the death of Mrs. Hampton Robb, and with Miss Janet Stewart were also passed.

The Annual Report was then presented by the General Secretary and by the Treasurer, Miss Jenkins, which showed a balance in hand of £85 15s. 11d. and of £25 0s. 11d. in a reserve fund; by the Financial Secretary, presented by Mrs. Matthews for Miss Whitley. The League decided to retain in their own hands the further sum of £161 collected for the Nurses' Home beyond the £1,500 already given, and to invest it in Trust Funds.

The Benevolent Fund Account, presented by Mrs. Waters, also showed a balance in hand of £50 9s. 6d.

NATIONAL MEMORIAL TO MISS ISLA STEWART.

The next business before the meeting was to receive a statement from the Committee formed to promote a national memorial to Miss Isla Stewart, which was presented by Mrs. Walter Spencer, who said that the Committee

hoped to collect sufficient funds to enable a selected student to take a year's course of preparation for Matrons' posts at Teachers' College, Columbia University, New York, until such time as we have a similar course in this country. She read a letter from Miss M. A. Nutting, R.N., Professor of Institutional Administration at Teachers' College, giving details of the course, and extending a cordial welcome to the holder of the Isla Stewart Scholarship. As it was desirable that the scheme should be started forthwith, the President asked whether the League would undertake the honour of sending one of its members in September next as the first student. In order to do this it would be necessary to raise £160.

Sister Paget (Miss Shrivess) said that she thought the general scheme would be after Miss Stewart's own heart. It would be impossible to think of anything better.

It was proposed from the chair that Mrs. Andrews should confer with Miss Whitley as to the best means of promoting it, which was carried unanimously.

Miss Musson then proposed that the League undertake to raise the sum of £160, in order that it may send out the first student in September, as speedily as possible. This was seconded by Sister Matthew (Miss Bramwell) and carried unanimously.

Miss Maud Banfield, a member of the League and one of the Superintendents who helped to found the course at Teachers' College, gave an interesting account of its work.

Miss Bryant, Miss Nevile, Miss Bird, and Miss M. Sleigh were elected members of the Executive Committee in place of the retiring members.

On the proposition of the President, it was decided that no lectures should be held during the winter session, and the money which would have been spent on them saved for the Isla Stewart Memorial.

Authority was given to the Executive Committee to make such arrangements as might be necessary for the next meeting.

Tea was afterwards served in the Great Hall with the daintiness which always characterises these functions.

## A Tribute to Miss Isla Stewart.

FROM HER AMERICAN COLLEAGUES.

MY DEAR MADAM,—At the Annual Meeting of the American Society of Superintendents of Training Schools for Nurses, recently held in New York, the following resolutions were acted upon, and the Secretary was instructed to send a copy of the same to you as President of the National Council of Trained Nurses of Great Britain and Ireland.

"Whereas. In the death of Miss Isla Stewart the nursing profession has lost one of its most courageous, enlightened, and trustworthy leaders, whose whole great weight of character, personality, and distinguished position has been steadily thrown on the side of the highest good of the entire body of nurses, without regard to self, during her whole nursing career as Matron of the Premier Royal Hospital of England.

"We, her American colleagues, many of whom have been privileged to know her personally and to feel the stimulus of her rich and buoyant nature, express our deep sense of loss in her passing, and our heartfelt sympathy with her British co-workers."

Yours most truly,

M. H. McMILLAN, Secretary.

The American Society of Superintendents of Training Schools for Nurses.

To Mrs. Bedford Fewick.

## The Teaching of Nursing by Nurses.

As we reported last week, the St. John Ambulance Association has withdrawn from the Voluntary Aid Scheme for aid to the sick and wounded in the event of invasion. A letter from Sir Richard Temple to the *Morning Post* makes it apparent that one reason is that the War Office has now altered the Scheme to make the St. John Ambulance Association only one of a number of bodies who may give the preliminary training, instead of the only one. Another cause of offence, in Sir Richard Temple's view, is that "it insisted that nurses should teach, and nurses should examine and grant certificates in nursing to candidates for Voluntary Aid Detachments, whereas the St. John Ambulance Association makes it obligatory that pupils in any kind of medical subject . . . shall be taught by one medical practitioner, and examined and certified by another unconnected with the class."

In point of fact the St. John Ambulance Association cannot divest itself of the belief that a nurse is an inferior kind of medical practitioner, cannot realise that medicine and nursing are distinct branches of the healing art, and that the duties of each are best taught by those who have themselves learnt how to perform them. We most heartily congratulate the War Office, and its liberal-minded Secretary or State, on recognising this fact. The teaching of nursing by nurses in connection with the Voluntary Aid Scheme has been widely discussed and strongly advocated in the columns of this journal, and it is with great pleasure we chronicle a decision which must greatly add to the efficiency of the new organisation.

## The Defence of Nursing Standards Committee.

Much publicity has been given in the press to the burning question of the Bart's Matronship. A lively correspondence is going on in the *City Press* and the *Pall Mall Gazette* and other papers are also giving space to its discussion.

At the meeting of the Court of Common Council at the Guildhall last week Mr. H. Dixon Kimber asked the Town Clerk whether he had received a letter from Mrs. Shuter, Secretary of the Defence of Nursing Standards Committee, and if so why it was not mentioned on the Agenda. The Town Clerk replied that he had received the letter. He had not replied to it because Mr. Kimber had mentioned the matter to him. It has not been put on the Agenda because it was not the custom of the Court to be approached by letter by self-constituted bodies, but by way of a Petition, which one member must back.

Mr. Kimber said that as no answer had been sent to the lady, and she had therefore had no opportunity of putting her communication on foolscap instead of on letter paper, and the matter was one of much importance, he would ask leave of the hon. members to move a Resolution without notice. This, however, was not acceded to.

As St. Bartholomew's is the only general hospital within the City boundaries, nurses who have been trained there were naturally anxious to bring the circumstances of the appointment of the new Matron before the Court of Common Council, an end which has been attained.

### SUBSCRIPTIONS TO DATE.

	£	s.	d.
Brought forward	...	...	...
Mrs. Shaw	...	30	3 6
F. Rickett, Esq.	...	5	0 0
Dr. Stabb	...	2	2 0
Mrs. Stabb	...	1	1 0
Mrs. Stabb	...	1	1 0
Mrs. Homan	...	1	1 0
Mrs. Myers	...	1	1 0
Miss M. Breay	...	1	1 0
A Well Wisher	...	1	1 0
A. Donaldson, Esq.	...	1	0 0
Amiens	...	1	0 0
A League Member	...	1	0 0
Miss Prichard	...	10	6
Mrs. de Segundo	...	10	0
Mrs. Matthews	...	5	0
Miss M. Burr	...	2	6
Mrs. Kingsford	...	2	6
A Gold Medalist	...	2	0
Sister Frances	...	1	0
Mrs. Priestley, Certificated Nurse	...	1	0
Miss Ransome	...	1	0
Miss Banfield	...	1	0
M. W. J.	...	1	0

M. W.,	"	"	...	1	0
M. C.,	"	"	...	1	0
M. B.,	"	"	...	1	0
F. G. S.,	"	"	...	1	0
E. F. S.,	"	"	...	1	0
E. H. G.,	"	"	...	1	0
E. E. C.,	"	"	...	1	0
M. P. H.,	"	"	...	1	0
E. B. K.,	"	"	...	1	0
A. Bart's Nurse	"	"	...	1	0

£18 19 0

## Passive Resistance.

View Day at "Bart's," when the Governors make their annual inspection of the hospital, has from time immemorial been a flowery festival, and a time of good fellowship. Soon after dawn Sisters and nurses pay a visit to Covent Garden, and return laden with the finest flowers in bloom. With these the wards are turned into lovely bowers, and patrons, visitors, medicos, and patients are lost in admiration. Come tea-time, the Sisters and nurses welcome all and sundry, and dispense the kindest hospitality. That is an orthodox View Day—View Day as it has always been celebrated within living memory.

Alas! this year, when on Thursday the Governors paid their visit, few of the wards presented the usual gala appearance, the old-time gaiety was hushed, and in the majority of wards hospitality was conspicuous by its absence. A grey veil seemed drawn between the old time happiness and joy.

"Yes, we are in mourning," it was remarked. "Mutual respect and loyalty have been the mainspring of our work these many years. These be sensitive things. We mourn that they have been so ruthlessly handled."

As an expression of their disapproval of the part taken by the representatives of the medical staff, in the depreciation of the professional status of their certificate at the recent election of a Matron, the Sisters with few exceptions did not attend the Abernethian Lecture, to which they are always invited, which was delivered by the Senior Physician on Thursday, the 23rd inst. Their determination to absent themselves aroused a lively sense of apprehension, and members of the junior medical staff made urgent requests in the wards that this very effective passive resistance should not be persisted in. As a result, a sprinkling of the Sisters attended. Men have got to learn the lesson that they cannot trample upon the sensibilities of women in these days; if they hope for loyal service and support. The medical staff have the power to have a great wrong rectified if they choose.

## The Territorial Force Nursing Service, City and County of London.

Because a "London" trained nurse has most unjustly been elected to supersede as Matron all the devoted women who have built up the great nursing reputation of St. Bartholomew's Hospital, that she should also deprive them, as suggested, of the reward of their patriotism in connection with the Territorial Force Nursing Service would be insufferable.

The authorities at the London Hospital by every means in their power opposed the efficient organisation of this Volunteer Nursing Service; on the other hand, by the advice of their late Matron, the authorities of St. Bartholomew's Hospital gave every encouragement to the Mansion House Committee under the chairmanship of the late Lady Mayoress in organising the scheme, which has been done with the utmost success, owing principally to the fact that the standard for the nursing staff is the highest obtainable—a certificate of three years' training. Moreover, as it has been agreed that No. 1 General Hospital should be staffed entirely from the ancient and only general hospital in the City of London, St. Bartholomew's, it is only just that a lady holding the three years' certificate of this first-class Nursing School should succeed Miss Isla Stewart, to whose keen sense of public duty and warm patriotism so much of the success of the scheme was due.

The Territorial Nursing Service is a volunteer service without remuneration in time of peace, and no economic pressure can therefore be brought to bear upon the nurses who serve in it. If an objectionable Matron were appointed, nothing would be easier for the nurses than to resign.

The Mansion House Committee are to be congratulated that, in electing Miss Cox-Davies, the greatly esteemed Matron of the Royal Free Hospital, to be Principal Matron of No. 1 General Hospital, they have done the right thing. Miss Cox-Davies is a graduate and gold medallist of St. Bartholomew's Hospital, has active service during the South African War to her credit, is President by popular election of the League of St. Bartholomew's Hospital Nurses, a body of 700 certificated nurses, from which the Territorial staff can be easily selected, and her election has given the very greatest satisfaction to St. Bartholomew's nurses, especially at this crisis in the history of their Nursing School, which has received such unmerited and unjustifiable treatment.

## Quotes from Private Letters.

BY PERMISSION.

"What a perfectly unexpected blow, to find this cruel cabal, for so it seems to be, against Miss Stewart, one of the most generous-minded and upright of women, so chivalrous in all her dealings, her words, her very thoughts. I cannot express my repulsion—one can only feel horrified."

"I enclose 5s. for Fund, as we shall never be able to resent such slights as have been cast upon the memory of one of our best and grandest pioneer nurses, Miss Isla Stewart, until we have the power of the State behind our professional standards: there are only two things which nurses should concentrate all their powers to obtain, State Registration and the Vote."

"I would rather be defeated than win by such methods."

"A most degrading business for all concerned."

"The whole thing is as plain as a pike staff, and incredibly mean."

"The honour of the hospital is damaged, the bar sinister across the fine old arms."

A Governor writes: "I could not understand why a Matron was chosen from the London, and supposed there was some special qualification—or some jobbery. It looks as if the latter must indeed be the case. I should like to know, as I daresay many others would, the ins and outs of this extraordinary job. As far as I can help I will."

"The gleam of light that I see is that the day of the emancipation of women is coming fast in England, and when it is here you will for the first time have a protection against the powers of reaction and monopoly."

"If Bart's can't train a Matron for their own hospital, how can they expect other hospital committees to choose a Matron of their training?" (They can't—here comes in the professional damage.—Ed.)

## INTERNATIONAL SYMPATHY.

Sister Agnes Karll, the President of the International Council, writes a letter of deepest sympathy with every nurse certificated at St. Bartholomew's Hospital, and congratulates heartily all those graduates who at the Public Meeting made so dignified a protest against so great a wrong, and thus declined to submit to it without protest. "We are used to these bitter injuries in Germany," she writes, "but in liberal England it seems an impossible thing to happen. It is a crying shame to the whole profession, and I find it impossible in a foreign

tongue to express all I feel about it. It at great Bartholomew's they appoint a Matron who has never had full and independent responsibility as such in another hospital, we Germans cannot be astonished that some of our motherhouses have Matrons with little training, and but little experience. How bitter for you all—to rejoice that dear Isla Stewart has not had to live through this.

How I hope to God for a victory in your Parliament for Women.

## Our Guinea Prize.

We have pleasure in announcing that Miss Helen R. Flint, 224, Kingsbury Road, Birmingham, has won the Guinea Prize for June.

### KEY TO PUZZLES FOR JUNE.

- No. 1.—Chinosol Hygienic Co.
- 1.—Chin-Osode H-eye-gee-smck Co.
- No. 2.—Grimwade's Perfection Bed Pan
- 2.—Grim-wades peer-FECT-iron bed pan.
- No. 3.—Gertrude Hope, Hair Specialist.
- 3.—Gear-Tread Hope-PE. Hare special-list.
- No. 4.—Quaker Oats.
- 4.—Qua-cur oats.

The following competitors have also solved the puzzles correctly:—

V. James, Huddersfield; M. G. Allbrecht, Wakefield; G. Smart, Cork; E. A. Leeds, London; C. Potter, London; M. Foster, Biggleswade; A. M. Winram, Edinburgh; N. A. Fellows, Edgbaston; K. Drew, Sheffield; T. Dörner, London; B. Lowe, Manchester; A. Holding, Mortlake; R. L. Wiseman, Parson's Green; E. A. Hood, Ewell; T. Daly, Dublin; C. Lindsay, Edinburgh; K. Voss, Leamington; A. Pettit, London; M. Fleming, St. Andrews; J. Cook, Portland; M. Warren, Leith; A. Mutton, Plymouth; S. Braintree, London; E. Beever, Herraibridge; C. Leigh, Chester; E. C. Ragg, Currach Camp; J. M. Jackson, Guildford; Sister Little, Belfast; T. Kerr, Liverpool; C. T. Long, Brighton; R. Rutter, Hayle; A. M. Shoosmith, Deham; E. McFarlane, London; M. Modlin, London; C. Parsons, Kinsale; C. F. Power, Truro; A. B. Macvittie, London; M. E. Ford, London; C. Mandling, London; K. Parfitt, Mortlake; C. Donny, Dublin; C. Mackenzie, Edinburgh; — Kreckler, Birkdale; E. Islip, London; S. S. Sherring, Liverpool; M. Lane, Dover; K. Freeman, Mundesley; K. Ross, Stirling; M. C. Morrison, Glasgow; N. Green, London; E. Dimie, Harrow; C. Palethorpe, Greenock; E. F. Whatham, Bursley; M. Tatham, Nottingham; W. Haviland, London; C. T. O'Donoghue, Cork; A. Derry, Dublin; M. May, Ipswich; K. Foster, Wicklow; F. Keen, London; K. T. Mostyn, Swansea; K. King, Lucan; B. Terry, Bath; M. Merry, London; M. Lawson, Perth.

The Rules for Prize Puzzles remain the same, and will be found on page xi. Competitors must sign initials, and write "Prize Puzzle Competition" on the envelope.

## Appointments.

### MATRONS.

**Manchester Ear Hospital, Grosvenor Square, All Saints, Manchester.**—Miss Violet James has been appointed Matron. She was trained at Bury Dispensary Hospital. The previous positions which she has held have been, Charge Nurse of men's and children's wards at the Bury Dispensary Hospital; Sister at the Rochdale Infirmary; Sister at the Manchester Royal Eye Hospital; and Assistant Matron at the Huddersfield Infirmary.

**Victoria Hospital, Keighley.**—Miss I. Callaghan has been appointed Matron. She was trained at St. Bartholomew's Hospital, and has held the position of Sister at the Royal Hospital for Sick Children, Edinburgh, and also held a similar post at the Royal Hospital for Diseases of the Chest, City Road, E.C. She is at present Assistant Matron at the Royal Infirmary, Liverpool.

### ASSISTANT MATRON.

**West Kent General Hospital, Maidstone.**—Miss Ettie S. Horne has been appointed Home Sister and Assistant Matron. She was trained at St. Bartholomew's Hospital, London, and has held the position of Sister at the Norfolk and Norwich Hospital.

### SISTER.

**Roxburgh District Asylum, Melrose.**—Miss F. Grace has been appointed Sister. She was trained at the Lewisham Infirmary and at the London County Asylum, Bexley, Kent.

### CHARGE NURSES.

**Union Workhouse, Richmond, Surrey.**—Miss Mary Britton has been appointed Charge Nurse. She began her training at Blenheim House, Kew Gardens, and has been Assistant Nurse at Taunton Union, and Nurse at Bristol Union and Andover Union.

**Strangers' Hospital, Rio de Janeiro.**—Miss Adelaide B. Carver has been appointed Nurse at the Strangers' Hospital, Rio de Janeiro. She was trained at the Camberwell Infirmary, where she held the position of Theatre Sister and Ward Sister. She then joined the Nursing Institute at Llanely, and during her term there obtained the certificate of the Central Midwives' Board. Since August last she has been Sister at the Hospital, Much Wenlock, Salop.

Miss Wilhelmina Ferguson has also been appointed Nurse. She was trained at the Poplar and Stepney Sick Asylum, and has held the position of Staff Nurse at the City Hospital, Leeds; and the Women and Children's Hospital, Leeds; Out-patient Sister at the Royal Eye and Ear Hospital, Bradford; Sister at the Dublin Fever Hospital; and Ward and Outpatient Sister at the Midland Skin and Urinary Hospital, Birmingham.

Both ladies will leave on the Royal Mail steamer sailing on July 22nd.

### HEALTH VISITOR.

**Health Department, Corporation of Blackpool.**—Miss Annie Kate Weller has been appointed Health Visitor and District Nurse. She was trained at Sir Patrick Dun's Hospital, Dublin, and at the Rotunda Hospital, in the same city, and has held the position of Staff Nurse and Surgical Sister at the Rotunda Hospital, Charge Nurse at Stourbridge Infirmary, and District Nurse on the Old-

ham Town Mission. She has also had experience of private nursing.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Gertrude Daisy Morris to be Staff Nurse (provisionally). Dated June 9th, 1910.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Janet Leechman to King's Lynn. Miss Agnes McEllinney to Nelson. Miss Annie Caldwell to Newton Heath. Miss Gertrude Line to Cardiff. Miss Gwenlleian Morris to Holywell.

#### KAISAR-I-HIND GOLD MEDAL.

The Reverend Mother Marie de Kostka, Lady Superior of the Convent of Immaculate Conception, Nagpur.

#### THE PASSING BELL.

There are many in the nursing world who will learn with sorrow of the death, on June 22nd, of Miss Henrietta C. Poole, late Matron of the East Lancashire and Blackburn Infirmary, and eldest daughter of the late Rev. Hewitt R. Poole, S.F.T.C.D. As a Matron Miss Poole was a most successful trainer of nurses, and her pupils not only revered her as one of the best of Matrons, but loved her as a friend to whom they were indebted for many acts of personal kindness. Miss Poole was trained at St. Bartholomew's Hospital, and subsequently held the position of Matron at the Adelaide Hospital, Dublin. She was a member of the Matrons' Council of Great Britain and Ireland, by the members of which she will be sincerely mourned, as a fearless and courageous advocate of its principles.

#### BRITISH RED CROSS AND COUNTY OF LONDON

The branch of the British Red Cross Society, which is responsible for the work of the Society in London, with the exception of the City, has had delegated to it by the County of London Territorial Association certain duties such as—(1) The selection, arrangement for equipment, and provision of a certain proportion of the *personnel* of two general hospitals, each of 520 beds; (2) the establishment of convalescent homes for officers and men; (3) supplementary aid, where necessary, for the transport of sick and wounded; (4) the provision of rest and food stations along lines of transport; and (5) the raising and training of voluntary aid detachments of both sexes. The county is organised on the basis of the boroughs, each borough being a Red Cross division, with its own local president and committee and representative on the Central Executive of the branch, of which the Princess Royal is President.

#### SUSSEX COUNTY HOSPITAL BRIGHTON.

Mr. R. B. Jay, who for the past three years has been Assistant Secretary, has been elected to fill the office of Secretary to this important institution. Mr. Jay has many friends in Brighton, and his success, which is well deserved, will give them very great pleasure. Since he joined the secretarial staff of the Hospital Mr. Jay has started a fire brigade there, and he has made himself extremely popular with his colleagues.

## Nursing Echoes.



A general meeting of Queen Alexandra's Committee in connection with Queen Victoria's Jubilee Institute for Nurses was held last week at 26, Bruton Street, and was influentially attended. Proposed by the President, Adeline Duchess of Bedford, and seconded by the Vice-President, Lady Dimsdale, an address of condolence to the Queen Mother was adopted.

The report for the year 1909 stated that, as in previous years, the Committee had handed £2,000 to Queen Victoria's Jubilee Institute for Nurses, this being the fourth successive year in which the object of the Committee's existence had been fulfilled. The Committee referred to the interest shown by Queen Alexandra in their work, and announced that though they had lost a number of members through death or resignation, they required only 16 new members in order to bring the Committee up to its full strength—namely, 200. The Committee added that they would earnestly endeavour to carry out their task of aiding Queen Alexandra's nurses among the sick poor by providing annually £2,000 to assist the central administration of the Queen Victoria's Jubilee Institute for Nurses.

Sir Dyce Duckworth gave an address on the needs of the Institute, the influence of which, he said, was now being extended to Australia and other parts of the Empire. He foreshadowed an appeal to the public next year for at least £5,000 or £6,000, and said that a dinner would probably be held. Over them was the shadow of Mr. Lloyd George and all his work. The poor and the needy could not have it both ways—they could not have a full measure of charity and a full measure of State relief. His words might seem crude and even cruel, but the plain fact was telling upon people's minds more and more every day, as all those who had to raise funds for charities knew.

There can be no better cause to which subscriptions can be sent than the Women's Holday Fund—dear to the hearts of the Bishops of London and Stepney. Through it 1,000 working women got away from noise and gloom and toil for a week or two last year. They all paid what they could afford towards their expenses, but only a small part actually of the whole cost. Applications, we learn, are now pouring

in, and many must be refused unless the receipts are greatly increased.

A house is now being set apart for mothers and infants, specially supervised by a competent person. By this scheme it is hoped not only to prevent those in other houses from being disturbed by children, but also that many valuable lessons in the management and feeding of young children may be learnt from the lady who is undertaking the task of supervision. This scheme entails some extra expense, and the Committee are anxious that the numbers should not be reduced as a result of an experiment from which they hope much good will come. Subscriptions and donations will be gratefully acknowledged by the Hon. Treasurer, A. S. Daniell, Esq., Fairchildes, Warlingham, Surrey, or by Miss Crawford, Secretary, Women's Holiday Fund, 76, Denison House, Vauxhall Bridge Road, S.W.

Mr. John Burns, President of the Local Government Board, replying in the House of Commons to Mr. Butcher's criticisms in regard to the boarding out of children within poor law unions, said that as far as possible he had kept the pledge he gave a year ago. In April of this year three highly skilled inspectors were appointed. He was now engaged in appointing a fourth woman inspector for Wales and the West of England—one with a knowledge of the Welsh language. Since June the number of women inspectors had been increased from three to seven. They were the best possible women for the posts, with a knowledge of hospital, infirmary, and institutional life that previous inspectors did not have.

*Truth* has some trenchant remarks to make on the amount of domestic work done by probationers in training. "Granting that practical efficiency in this work is necessary there is no reason why the instruction should be enforced to the extent of breaking down the pupil's health. What strikes me is that a great deal of rough work of this kind is thrown upon nurse-probationers for no better reason than to get it done cheaply. This is simply the educational principle employed by Mr. Squeers:—

"Clean-a, clean, verb active, to make bright, to scour. W-i-n win, d-e-r winder, a casement. When the boy knows this out of the book he goes and does it."

The "Memories" of a hospital nurse, published by Messrs. John Wright and Sons, Ltd., Bristol, are, as the author herself tells us, the simple recital of "What has really happened

to real people." Her stories are told with restraint, and with due regard to the fact that the confidences of the sick room, and the privacy of the family life and circumstances surrounding it cannot be violated. The writer began her training many years ago in a small hospital in a large northern town, and writes: "Looking back now in the light of many years of nursing experience, I have nothing but gratitude and admiration for the training I received in that place. Since then I have received training and certificates in other institutions for the sick, even including a large well-known London hospital, but in my 'heart of hearts' I still acknowledge that whatever success I may have won in my career I owe mainly to that unpretending unrecognisable training school. . . . Perhaps the secret of the singular success of the training lay in these words: '*Best for the patients.*' They were expressed in the whole atmosphere of the place, and were, if I may put it so, the war-cry of our leaders."

Miss Honoria C. Burgess writes to the *Australasian Nurses' Journal* from Palmerston Hospital, where she is a Staff Nurse along with semi-trained nurses. Owing to Government red tape, an undisciplined semi-trained nurse cannot be removed for impertinence. The Matron, therefore, resigned, and it was suggested by the medical officer in charge that one of the three nurses be appointed to the position of Matron by *drawing lots*! Miss Burgess concludes, "I think I might be safe in stating that no trained nurse has brought down the standard of her Association to drawing lots for a position with uncertificated women; hence my resignation."

All sorts of topsy-turvydom seems possible in these days of nursing chaos. It is quite certain that the "Bart's" lesson will be taken to heart all over the world, and give an immense impetus to the demand for legislation to protect Nursing Standards and discipline.

## Truth About State Registration in the United States of America.

LETTERS TO MISS L. L. DOCK.

State Board of Examiners of Graduate Nurses,  
Portsmouth, Virginia.

In Virginia we find that State Board examinations are generally quite an incentive to pupil nurses to study, and to their nurse and M.D. instructors to be more careful of their teaching. In

some schools for the first time, a regular theoretical course has been established where in the past only practical instruction had been given.

There is less complaint about the "over-trained" nurse. I was requested by the Board to inspect all nursing schools in Virginia. I am now engaged in this tour. Formerly, each examiner inspected the schools in her vicinity. I find more interest, more cordial welcome, more readiness to discuss difficulties and ask suggestions, etc., than formerly. There is also a better appreciation of the attitude of the medical profession toward their part in teaching nurses, and furthering their professional interests and progress. Registration called the State Society into existence, for it was organised to establish Registration. The State Society is the one voluntary general interest and point of contact, so to speak, of the Virginia Nurses, and is indispensable! The State Board will ultimately bring about more uniformity in "training," not merely a uniform curriculum, and with it a better ethical standard.

SARAH H. CARANISS, R.N.,  
Formerly President of State Board.

## The Society for the State Registration of Trained Nurses.

The meeting of the Executive Committee is deferred to Friday, 8th July, from the previous day. As important business will come up for consideration it is hoped the meeting will be a representative one. Applications for membership should reach the Hon. Secretary, Miss M. Breay, at 431, Oxford Street, W., as early as possible.

All good registrationists will desire, we feel sure, to offer their sincere congratulations to Mr. R. C. Munro Ferguson, M.P., upon the well-deserved honour conferred upon him amongst the Birthday Honours. His Majesty has been pleased to direct that Mr. Munro Ferguson be sworn one of his Majesty's Most Honourable Privy Council.

We are glad to report that Mr. H. J. Tennant, M.P., that very good friend of trained nurses, is now progressing favourably after his very serious illness, and we heartily hope it will not be long before he will be able to resume his Parliamentary duties as Parliamentary Secretary to the Board of Trade.

The President gratefully acknowledges the following donations:—

	£	s.	d.
Miss E. F. Eburah, R.N.S. ...	...	1	1 0
Miss G. M. Dunford, R.N.S. ...	...	1	0 0
Miss H. M. Thorold ...	...	10	0
Miss M. Burr ...	...	5	0
	£2	16	0

## The Hospital World.

SOME CHARITIES IN THE WEST-RIDING OF YORKSHIRE.

BY MACK AILE.

III.

THE IDA AND ROBERT ARTHINGTON SEMI-CONVALESCENT HOSPITALS.

These hospitals are just what their name implies—places for people who are semi-convalescent.

"The Ida"—to give the hospitals the name by which they are best known—is a branch of the General Infirmary at Leeds, and is under the same medical and surgical supervision.

Miss Fisher, Lady Superintendent of the General Infirmary, is also Superintendent here. She visits the branch hospitals at least once a week, and through the telephone is kept in touch with them just as with the wards of the Infirmary.

That the Manager of the Infirmary and the Committee are able to keep the country branch running evenly and effectively certainly shows that in Leeds many of the public spirited men are geniuses.

The success of these convalescent hospitals has been proved in many ways, one is in making room at the Infirmary for acute cases. As the semi-convalescents are removed to The Ida so acute cases are taken into the wards. But it is from the patients' standpoint that these hospitals are such a success. When patients reach the stage, so well known to hospital nurses, when they seem to stand still, not well enough for the ordinary convalescent home, and yet not deriving much benefit from ward treatment, then these semi-convalescent hospitals become a boon.

The patients are removed to them in ambulances a distance of several miles, but it is from one bed to another.

They then have the advantage of proper hospital treatment, and the care of a Resident Medical Officer, with at the same time pleasant surroundings, fresh air, and nourishing food.

The semi-convalescent hospitals have proved a success, too, from the Nurses' point of view. Their nursing staff is supplied from the Infirmary. The Sister-in-charge is a permanent officer, but the nurses are sent for six months during their second or third year to gain experience in the nursing of convalescents.

To all nurses who have done private work the benefit of such training will appeal. This six months in the country, among people whose faces are generally speaking "set towards life," is invaluable to the nurses themselves from a health standpoint. The four years' training in the General Infirmary at Leeds would be

practical impossibility to the average woman if this interval for a different but not less useful work were not included.

The Ida is in the real country at Cookridge. Perhaps one needs to live in the heart of Leeds, one of the dirtiest towns in the Empire, to appreciate this.

A broad path sweeps round the front of the hospitals which stand in their own grounds among flower-beds and evergreen shrubs.

Beyond, as far as the eye can reach, is a stretch of well-wooded undulating country.

A quiet road leads up to the Hospital gates.

On the spring afternoon that I visited the place there was a glorious crimson sunset, that sent soft beams of light across the fields and into the wards.

The picture gives a good idea of the exterior of the buildings, but little of their surroundings.

The "Ida" Hospital was given to the Infirmary by Mr. John North in memory of a daughter. The "Robert Arthington" was built some years later with money left by Mr. Arthington for that purpose.

The Hospitals are built in bungalow style, the large verandah being utilised for open-air treatment. One block of buildings is used for men, and one for women and children. The hospitals contain 88 beds and cots, of which there is seldom one empty. Twice a week patients are brought in from the General Infirmary, and the average stay is about three weeks. Over 1,000 patients pass through The Ida in a year. The cost of the upkeep is estimated as between £3,000 and £4,000 per annum. The wards are smaller than those at the Infirmary. The floors are polished, and the walls painted. In each building there is a large dining-room, one for men, and one for women patients. These rooms have bay windows, facing the fields, and are tastefully, if sparingly, furnished.

Some of the patients treated at the Semi-Convalescent Hospitals will never be healthy. Sometimes a hopeless or a chronic case is sent out here to reap the benefit of the pleasant country surroundings, the object being rather

to brighten their outlook than to restore health.

One noticed a few white-faced men and weary worn-out women, on whom death had set his mark, but whose latter days would be brightened by this change, sandwiched in between the hospital wards and their overcrowded homes. These, however, were the exceptions. Most of the patients were making strides towards perfect health. To the children "The Ida" stands for a country holiday.

Even those who were too ill to leave their cots were happy faces. Many of the others were romping about, growing rosy and strong-limbed, and getting a glimpse of what life in the country might be.

The Sister-in-charge said that some of the nurses were born to nurse sick children. Thus one of them was loved and obeyed by every child in the hospital, and found her recreation as well as her work among the toddlers.



The Ida Hospital, Cookridge, near Leeds.

There is no building set apart as a Nurses' Home. The nurses' bedrooms are on the top floor, and quite apart from the hospital wards. The resident medical officer and the Sister-in-charge have each a sitting-room in the centre of the hospitals. The

room of the Sister-in-charge is large, comfortably furnished, and bright with prints and flowers. Its windows look out on a wide sweep of peaceful country, and through them is borne air laden with health and sweet odours of flowers and fields.

With such a retreat it was not surprising to find that the Sister-in-charge had kept her high ideals in spite of several years' work among the sick and the semi-convalescent.

Members of the Sussex County Nursing Association, representing over thirty different branches, were last week entertained at a garden party, at Ratton, Willingdon, by Mr. and the Hon. Mrs. Freeman-Thomas, who, with the Hon. Mrs. Charles Egerton, Hon. Secretary of the Association, received the guests on arrival. They were driven in brakes from Polegate, whither they travelled from the various centres.

## Reflections.

## FROM A BOARD ROOM MIRROR.

Her Majesty the Queen has graciously contributed £100 to His Serene Highness, Prince Francis of Teck's Appeal Fund for the Middlesex Hospital. In sending the donation the Hon. A. Nelson Hood, Treasurer to her Majesty, writes: "I am further directed to add the expression of Her Majesty's best wishes for the success of your endeavour on behalf of an institution which has done very much to alleviate the sufferings of so many in urgent need of assistance."

The medical profession comes in for distinction on the celebration of His Majesty's Birthday. The Right Hon. Sir Walter B. Foster becomes a Peer, Dr. Champneys, Chairman of the Central Midwives' Board, gets a Baronetcy; Dr. Downes, of the Local Government Board, Mr. John Fagan, of the Belknap Royal Hospital, Dr. George Hastings, Mr. John Lentaigue, President of the Royal College of Surgeons, Ireland, Dr. David C. McVail, Crown Member for Scotland of the General Medical Council, and Dr. R. M. Simon, Birmingham General Hospital, receive Knight-hoods.

At a mass meeting of London Jews last Sunday, at the Pavilion Theatre, Mile End, it was unanimously agreed to proceed with a scheme for the establishment of a hospital for Jews in the East End as a memorial to King Edward. The powers that be at the London Hospital are strongly opposed to the scheme.

Miss Elizabeth Chambers, of Hastings, has bequeathed £10,000 to King Edward's Hospital Fund, £5,000 to Guy's Hospital, and £8,500 to other charitable institutions.

The Solicitor-General has resigned his seat on the Divorce Commission, and Sir F. Treves has been appointed to serve on it. To constitute such a Commission without a medical practitioner upon it was always appeared to us an extraordinary omission. The health question in divorce is of paramount importance.

An admirable, and profusely illustrated Guide to the East Suffolk and Ipswich Hospital, giving a detailed description of the hospital up to date is issued, as a reprint, with additions, from the *East Anglian Daily Times*. The newly appointed President of the Hospital, Dr. J. H. Bartlett, and Mrs. Bartlett, recently invited the subscribers, some 1,400 in number, many being working men, to inspect the new buildings, including an administration block, an operating theatre, with annexes, a detached isolation block, and a laundry and mortuary. The new President was cordially welcomed by a representative assembly, presided over by Mr. Herbert Mason, Chairman of the Board of Management. In the course of his address, the Chairman mentioned how willingly the Matron (Miss Deane) had adapted herself to the great inconveniences, produced by the alterations, and expressed hearty thanks to her. Much credit is also due to the Secretary, Mr. Arthur Griffiths.

## Practical Points.

## The Management of Infectious Diseases.

The distribution of leaflets in connection with public health matters has long been a striking feature in the United States, but it is only of recent years that medical officers of health have employed similar methods of educating the people in this country. An excellent sample of such leaflets is one issued by the West Lancashire Rural District Council, which suggests the precautions to be adopted by householders in cases of infectious illness. The rules laid down are as follows:—

1. The patient should be separated as completely as possible from the other inmates of the house; or, better still, removed to the isolation hospital. First cases should always be removed to hospital.

2. Remember that the danger of infection is the same in all cases, whether mild or severe.

3. The sick-room should be made as bare as possible by the removal of all bed-curtains, carpets, and unnecessary articles of furniture.

4. The sick-room should be well ventilated; the windows should be kept partly open when the weather permits, and a fire burning.

5. The door should be kept closed, and a sheet hung over it and kept wet with the disinfectant solution. Disinfectants may be had, free of charge, from the sanitary inspector.

6. The nurse should wear washing clothes, and always wash and disinfect her hands and face, and change her shoes and outer clothes after leaving the sick-room.

7. No food or drink which has been in the same room as the patient should be used by anyone else. It should be burned.

8. Plates, cups, spoons, clothes, and anything else brought from the sick-room should be placed in disinfectant solution for at least half an hour, and afterwards washed in water by themselves.

9. The patient's discharges should be received into a vessel containing a disinfectant. In cases of typhoid fever the disinfectant should be Izal, supplied gratuitously on application to the sanitary inspector, and should be used according to the directions printed on the label of each bottle.

10. Pieces of rag should be used instead of handkerchiefs, and burned immediately after use.

11. When scales or crusts form upon the skin it should be kept well smeared with carbolio oil or grease.

12. No visitors should be allowed.

13. The patient should not be allowed to sleep in the same room as any healthy person until at least a fortnight after apparently complete recovery.

14. The Medical Officer of Health should be informed when the illness is at an end, when a van will be sent to remove the bedding and clothes for disinfection, and will afterwards bring them back.

15. Disinfection of a sick room or other room of a house must be done to the satisfaction of the Medical Officer of Health. The disinfection will be carried out by the Council's officials, free of charge, if so desired by the occupier.

## Professional Review.

### THOU SHALT DO NO MURDER.

Under the above heading the Hon. Albina Brodrick contributes to the current issue of the *Fortnightly Review* one of the most dramatic and trenchant pleas for State Registration of trained nurses which has ever been penned. She writes in part:—"There are times when one is forced to wonder how it comes to pass that the world was, intellectually at least, born blind. And still more, how persistently, carefully, and successfully it elects to remain blind, more particularly in those matters which most nearly concern itself."

One class "needs a surgical operation to open the eyes; the other halt dare not see, because they fear the light of truth; and the third half, as the Irishman said, will not see, lest the sight should force them to action."

"Some of us, once amongst the blindest, have painfully gained sight and insight in those pregnant hours when we realised that, under God, in the silent night, we held literally between our hands the life of a fellow-man, sometimes of three or four. As those hours wore on, when a moment's carelessness must mean the death of the would-be suicide, when a failure to notice the blanched lips calling for instant restoratives, might turn the balance by even so little on the wrong side of the scale, when the neglect of a feeble cry for 'Nurse' might put it beyond our power to give help for ever; when, above all, in the awful moment of maternity, the existence of both child and mother hung upon instant decision and courageous action; then, and in the hours of reaction which followed, the eyes of our understanding have been opened, and whereas we were blind, now we see."

"I cannot write in any sense conventionally upon this subject of nursing. It does not lend itself to conventional treatment. Neither do I desire to do so, since through my profession it is that I have won to mental freedom, with which is bound up the dear comradeship with all who suffer, the great right, and in some measure, I hope, the science to help the helpless."

"I propose to draw aside some part of that curtain which hides the life of nursing from the public view. A part only, for if I told all I know I must inevitably either substantiate my facts or be writ down a liar. . . . In speaking of nurses we are dealing with a large body of women drawn from every class of society, of every variety of character and temperament, of differing races. They have embraced their profession for reasons which vary as greatly as does their character, or the colour of their hair or eyes." Amongst these reasons are step-mothers, disappointment in love, unhappiness at home, a desire for independence, loss of fortune, and again there are "those who could do nothing else." Lastly, Miss Brodrick says, "I have not exhausted reasons, but must pass on finally to those who come to nursing out of an honest and good heart 'for love of God and of their neighbour, and who find in it not only a profession but a vocation. These are the salt of the earth. I give them silent homage. They know, as I know, the agony through

which they passed to attain their goal. Not that they count themselves to have attained."

"Thou shalt do no murder," the simplest, most primitive morality embraced in the elementary ethics of the nurse's training. Doubtless. But the training (sic) of the average nurse is superbly innocent of ethics. Here our American sisters, our splendid rivals in nursing, and our French sisters, the latest recruits amongst enlightened nurses, alike show us the way. Ethics as a foundation is taught in their nursing curriculum. But not in ours. "Thou shalt obey the doctor's orders" briefly summarises the ethical training of the 'complete nurse' in 95 per cent. of our so-called training schools. In some it does not amount to that."

Miss Brodrick points out that she is trying to voice facts known to all of us, but that only a nurse who occupies an entirely independent position can afford to tell. She proceeds to give instances of a few of the cases "in which the law 'Thou shalt do no murder' has been transgressed." Either these cases have been in the papers as the result of inquiries, or are personally known to her. They include:—

1. A deliberate lie, told by a nurse, the direct result of which was the death from operation of a patient.
2. The neglect by a nurse of the lunatic ward, and consequent suicide of a patient.
3. The administration by a nurse of opium to a young infant. Death of infant.
4. Neglect of a case of severe hæmorrhage because the nurse "did not like to wake the house surgeon." Result, death.
5. Turning on of a hot-water tap in the bath scalding and consequent death of patient.
6. Refusal to report to the doctor a doubtful case. Death from typhoid of the patient.
7. Roughness in bed-making. Immediate death of the patient from heart attack.
8. Roughness, despite remonstrance, in moving a patient for the bed-pan. Death within ten minutes from hæmorrhage.
9. The nurse absent from the ward. Death of a delirious—not lunatic—patient from drinking a poisonous lotion left standing in the ward.
10. Neglect of aseptic precautions in child-birth. Death of the mother from sepsis.
11. Suicide of a lunatic under the nurse's eyes, with the nurse's own scissors left beside the patient despite the suicidal mania being known.
12. Puerperal infection conveyed to a maternity case by the nurse. Death of the patient.
13. Murder of an infant by a nurse's mother.

Are these instances sufficient? asks Miss Brodrick. Add to them the long list of medicines wrongly administered, of abortions procured, of sepsis introduced by the nurse, all resulting in the death of the patient. These, she points out, are merely the known cases. "What about those which are occurring daily throughout this most Christian country, of which we see and hear nothing?" She instances district nursing, especially in country places, where, with the doctor miles away, so much responsibility rests on the nurse. "If she is a first-rate nurse and a capable woman she may win

through without mishap. . . . It she be untrained, or semi-trained, as so many district nurses are, she will pass on, sublimely unaware that anything has happened which might have been prevented. And the doctor, bless him, has no time to find it out. An unskilled nurse is not even aware that typhoid depends for a successful issue, all things being equal, upon the finest shades of nursing; still less is she competent to give it."

The greater includes the less. All nurses will realise that the instances given by Miss Brodriek are by no means over-stated. Read them and see for yourself. "Every one of these things," she says, "has happened. Every one will infallibly happen again unless the nation will stir itself. And then there must still remain a percentage of—'accidents.'"

"The time has come when our collection of practices or malpractices must be consolidated into some general law, when the training of a nurse must compulsorily be such as will reduce to a minimum the probability of murder being done, when hospitals shall be rendered incapable of foisting upon the public certificated nurses—save the mark—whose ignorance is the theme of their fellows; when young women rejected after trial by the hospitals as unsuitable for nursing life, shall, *ipso facto*, be ruled ineligible for the post of 'nurse' in a nursing home, or in private; when ignorant, untrained, or semi-trained women shall no longer be able to do away with their fellow creatures in a becoming uniform, under the aegis of a great profession."

The following dictum laid down by the writer should be assimilated: "A nurse is no more an inferior kind of doctor than the doctor is a superior kind of nurse."

"We have arrived," we read, "at the parting of the ways. The great majority of hospitals will desire to give the pupil each its own private curriculum of training, good, indifferent, or bad, and to impose its own private test of efficiency, high, low, or medium, as the case may be. Personally, in common with the majority of thoughtful women who have had the advantage of the full training at present given, I cannot concur in this view, either in the interest of the public or of the nurse. I know what is the practice of many hospitals, and am sorrowfully acquainted with the results produced."

The remedy Miss Brodriek believes is the constitution of a Central Board, laying down the broad lines of the curriculum, and dealing pitilessly in the public interest with the final test, which should be practical in the widest sense of the word, as well as theoretical. This would in time do away with the greatest drawback existent to-day in many of our nursing schools—the Matron—sometimes ignorant, sometimes untrained, frequently narrow and unjust to an almost inconceivable degree, often a bad manager and a worse teacher. This will seem an impossible word to many. In reply, I have only to mention that the Matron of one of our largest London training schools, and for whom I have a very genuine respect, is a lady without what we know as training."

Concerning the impartial Central Board, it should

be formed of experienced nurses and responsible medical men, and, she adds, "Set a thief to catch a thief, and give the lion's share of the work to those who have themselves been through the same training and the same experiences. This is an examination in nursing, not in medical science."

We have quoted at some length from this article, but it must be read in its entirety to be fully appreciated, and every nurse, and everyone interested in nursing, should either secure a copy of the review or read it at the public library. Miss Brodriek is to be congratulated on her brilliant and courageous handling of the case for registration.

## Calogen Fireless Fumigators.

Most nurses who have, with all due precautions, fumigated a room by the old-fashioned method of placing sulphur or other disinfecting agents on red hot embers, and have then sealed it up, have been anxious to peep through the closed doors to see what was going on inside. The more convenient "candles" were a step in the right direction, and now we have a fumigator which is not ignited at all, and therefore is entirely free from danger from fire.

The Calogen Fireless Fumigators have been designed for the purpose of treating infected rooms with moist Formaldehyde gas, the method employed being to place the Fumigator in a pail, or other wide receptacle with five or six ounces of Formaldehyde solution. A large volume of Formaline gas is immediately generated in such a moist state that it penetrates dry micro-organisms, fabrics, and clothing, and does not become inert. Its capacity for killing pathogenic germs is much greater than the usual dry method, and it has the advantage that furniture, wall paper, curtains, and other articles are not damaged, and may be exposed in the room. These fumigators should, therefore, find much favour with Local Sanitary Authorities, Hospitals, and Public Institutions. They may be obtained, price 6d. each, or post free 7½d., from Charles Zimmermann and Co., 9, and 10, St. Mary at Hill, London, E.C.

## Garrould's Summer Sale.

Messrs. Garrould's Annual Summer Sale opened on Monday last, and numerous bargains are offered which are attracting many visitors. It affords an unusual opportunity for country purchasers, inasmuch as sale goods are sent on approval provided the customer will return them within four days. Nurses will find many bargains in blouses, and robes, which will be most useful to them for holiday wear. They should write for a catalogue, and study it at their leisure, and then take it with them when visiting Messrs. Garrould's establishment at 150, Edgware Road, W.

Every Friday is remnant day, when oddments and remnants of every description are offered at half price. This should be noted, as many useful items can then be purchased at bargain prices.

## Outside the Gates.

## WOMEN



The decision of the Cabinet to give time for a discussion and second reading of the Women's Conciliation Suffrage Bill—too late in the season to grant facilities for its passing into law—satisfies no one. In-

deed, it is a shuffling policy unworthy of statesmen. The crop of insolent leaders in Friday's dailies, after the sapient pronouncement on the suffrage question in the House of Commons, made one wonder if all journalistic womenfolk were the idiotic and degraded creatures presented through the press to the derision of the world in general. Why have the majority of newspaper men idiotic mothers, irresponsible wives, and airy, fairy, brainless butterflies for daughters? It is not presumable that if they had known the devoted self-sacrifice of a good mother, the unselfishness of a clever managing wife, the worship of a sprightly little daughter, who is compelled to earn her own living, that men could deliberately insult the sex to which these dear ones belong! Anyway, the whole thing is as contemptible as it is reprehensible, and of course invites reprisals, which may be of a very serious nature.

The text of the Conciliation Suffrage Bill is now issued. Its two clauses are as follows:—

"Every woman possessed of a household qualification, or of a £10 occupation qualification, within the meaning of the Representation of the People Act, 1884, shall be entitled to be registered as a voter, and, when registered, to vote for the county or borough in which the qualifying premises are situate."

"For the purposes of this Act a woman shall not be disqualified by marriage for being registered as a voter, provided that a husband and wife shall not both be qualified in respect of the same property."

Mrs. H. J. Tennant, Chairman of the Women's Work Committee, in a letter to the press, draws attention to the danger lost the three work-rooms directed by the Central (Unemployed) Body for London should have to be closed for want of funds while 600 women are seeking admission. Mrs. Tennant says that the loss of the expected work would be a calamity to these unemployed women, most of whom have been waiting and hoping for its opportunities for many weeks, and most of whom are widows with young, dependent children. In addition to providing work for poor women, over 8,000 garments have been voted to the London County Council Care Committee for distribution amongst necessitous children in the poorest districts of London. Contributions in support of the Committee's work may be sent to Mrs. Tennant, at 33, Bruton Street, or to the Lord Mayor at the Mansion House.

Bedford College for Women is to be rebuilt in the grounds of South Villa, Regent's Park. The building fund now amounts to about £48,000, and it is hoped to begin building this year.

The Morality Bill which has been introduced by Mr. King is a comprehensive measure which will materially strengthen the law relating to offences against morality and decency. The age of consent under the Bill is 19. Provision is made for the protection of all feeble-minded women and girls, and it is made criminal to obtain consent by any threat or inducement in connection with employment. It is proposed that lads under 19 should be protected from women of abandoned character, and that the existing law with respect to procuration should be greatly strengthened. It is made an offence for any person of either sex to live upon the earnings of habitual immorality; and where the offence is committed by a man it is indictable, and punishable with imprisonment for 12 months, and, although there may be no previous conviction for crime, with police supervision. Fresh provision is made with respect to indecent literature, disorderly houses, and soliciting.

## Book of the Week.

## SIMON THE JESTER.\*

Simon de Gex, M.P., the spoilt darling of fortune, as his opponent in the labour interest called him in the last electoral campaign, tells his own story in these pages. He is, or was, engaged to Eleanor Paversham, a girl with a thousand virtues. There seemed a whimsical attraction in the idea of marrying a girl with a thousand virtues. Before me lay the pleasant prospect of reducing them—say ten at a time—until I reached the limit at which life was possible, and then one by one until life became entertaining. . . . Even now I am sorry I can't marry Eleanor. But marriage is out of the question.

"I have been told by the highest medical authorities that I may manage to wander in the flesh about this planet for another six months. . . . Save for an occasional pain somewhere inside me I am in robust health. . . . They gave it a kind of lingering name that I wrote down on my shirt cuff. . . . but I have always hated people who talk about their insides, and if mine is only going to last me six months it is not worth talking about. But the quaint fact of its brief duration is worth the attention of a contemplative mind. . . . I am not afraid, but having otherwise the prospect of an entertaining life, I regard my impending dissolution in the light of a grievance. . . . It is the dying that is such a nuisance. . . . there should be no tedious process of decay either before or after death. You would go about your daily avocations unconcerned and unwarned, then—phew—and your clothes would remain standing for a surprised second, and then fall down in a heap without a particle of you inside them. It would be so clean, so painless, so picturesque. It would

\* By W. J. Locke. (John Lane, Bodley Head.)

add to the importance of our walks abroad. Fancy a stout policeman vanishing from his uniform . . . and the spirit winging its way truceless through the Empyrean."

So, with delightful humour and exquisite pathos, he faces the great ordeal, and for the small remnant of his life he takes Marcus Aurelius for his guide, where he says: "Let death surprise me where it will and when it will, I may be *eumortuus*, or a happy man, nevertheless. For he is a happy man who in his lifetime dealeth to himself a happy lot and portion, which is good inclinations of the soul, good desires, good actions." He translates this literally by dealing out his fortune to those in need, leaving himself enough only for his short span of life, and by busying himself in the deliverance of his young secretary, Dale Kynnersley, from the toils of a music hall artiste, Lola Brandt.

He then passes a perfectly *unconcerned* week among his friends. "I had stood godfather to my Sister Agatha's fifth child, taking upon myself obligations I shall never be able to perform. I had dined amusingly at Jane's, shot pheasants at Fairfax Glen's place, and paid a charming country-house visit. When I came back, I consulted my calendar with some anxiety, and set out to clear my path. I have now practically withdrawn from political life."

Judge, then, of his dismay, which for the life of us we cannot help sharing, when, after a successful operation performed on him without his knowledge when unconscious, he finds instead of facing Death he has to face Life, stripped of everything that made it desirable.

"The doctor, good, deluded man, does not realise he is the tool of the Arch Jester. He has no notion of the sardonic joke his knife was chosen to perpetrate. . . . That we should come into this world again naked at the age of thirty-eight is a piece of irony too grim for contemplation."

"Yet I am bound to contemplate it. Figuratively, I am naked. . . . Partly by my own act and partly by the help of Destiny (the greater Jester than I), I have stripped myself of all those garments of life which not only enabled me to strut peacock-fashion on the pleasant places of the world, but also sheltered me from its inclemencies."

It is impossible to read without pain the description of his far-well, necessitated by his altered circumstances, to his chambers in the Albany, "to the tasteful furnishing of which I had devoted the thought and interest of many years. Birs of old china, my choice collection of mezzotints, a picture or two—one a *Lancet*, a very dear possession."

Though we leave this dear Jester consoled, we are not a whit satisfied with the manner of his consolation.

Readers who have loved "The Beloved Vagabond" will hail this volume with delight.

H. H.

#### VERSE.

This was the English King, that loved the English ways:

A man not too remote, or too august,  
For other mortal children of the dust  
To know and to draw near.

Born with a nature that demanded  
He took full draughts of life, nor left to fate  
A clay:

But when she passed from vision, who so long  
Had sat alone—  
On the steep heights of an Imperia throne,  
Then rose he large and strong,  
Then spoke his voice with new and grander tone,  
Then, called to rule the State  
Which he had only served.

He saw dear Duty plain, nor from that highway  
Swerved.

And, unappalled by his majestic fate,  
Pretended not to greatness, yet was great.

—*Sable and Purple*, May, 1910.

By WILLIAM YATSON.

#### COMING EVENTS.

July 1st.—Association for Promoting the Training and Supply of Midwives. Annual Gathering of Midwives. By kind permission of Mrs. Penn, 42, Gloucester Square, Hyde Park, W. Badges to midwives will be presented. 3 p.m.

July 7th.—Garden Party and Distributions of Medals and Prizes, Guy's Hospital, 3.15. The Laboratories, Museums, College, and the Henriette Raphael Nurses' Home and Wards will be open to inspection from 3 to 5.30 p.m.

July 8th.—Meeting, Executive Committee, Society for the State Registration of Nurses, 431, Oxford Street, London, W., 4 p.m. Tea.

July 11th.—The Society of Women Journalists. Reception by the President, Lady McLaren, 43, Belgrave Square, S.W. 10 p.m.

July 11th.—East End Mothers' Home. Annual Meeting, The Mansion House, by kind permission of the Lord Mayor. 3 p.m.

July 16th.—Meeting of the Matrons' Council, General Hospital, Birmingham, 3 p.m. Meeting, Addresses on State Registration of Nurses, 4 p.m.

#### WOMEN'S CONGRESS, JAPAN-BRITISH EXHIBITION.

July 4th.—Discussion on "Technical and Domestic Training of Women and Girls." 3 p.m.

July 5th.—Discussion on "Women in Horticulture," Lady Falmouth presiding. 3 p.m. (two days).

July 6th.—Discussion on "Women in Agriculture," Lady Mount Stephen presiding. 3 p.m.

July 7th.—Discussion on "Women and the Fight against Destitution." 3 p.m.

July 8th.—Discussion on "Women in Philanthropy." 3 p.m.

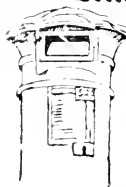
July 9th.—"Physical Training and Organised Play," Adeline Duchess of Bedford presiding. 3 p.m.

#### WORD FOR THE WEEK.

The contempt with which men speak of "a complacent" husband compared with the reverence and deep appreciation with which they speak of "a forgiving wife" is significant of the necessity of raising to a higher level the standard of domestic morality which the average woman demands of the average man.

Mrs. FAWCETT.  
Before Divorce Commission.

## 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.*

### PROVIDENT NURSING.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I am a trained nurse, masseuse, and midwife, and I would gladly address Friendly Societies on the advantages of their adding trained nursing to their other benefits, if some of your readers would put me in the way of doing so.

Yours faithfully,

G. HOVENDEN.

Glenlea, 109, Thimlow Park Road,

Dulwich, S.E.

[We should advise our correspondent to write to the Secretaries of Friendly Societies. A list of these is given in the Post Office (London) Directory. —Ed.]

### "THE MAN IN THE STREET."

*To the Editor of the "British Journal of Nursing."*

DEAR EDITOR.—I thought twice before coming up to London from the country to take part in "the last procession for the suffrage," but thankful I am I came. I would not have missed that march from Temple Stairs to Albert Hall for a year's salary. It was a royal progress for the nurses, and an immense eye-opener. There can be no doubt after such a public ovation from thousands of all classes, for miles along the route, how the public estimate their nurses, and how they regard their uniform. I believe if you organised a Registration Procession, with emblematic banners and mottoes, we should have the support of every "man in the street." It could be made most picturesque, and a few home truths would be convincing, such as "Down with nurse sweating," "Why rob Peter to pay Paul at the London," "Nurses and nursing standards need protection." Then let literature be distributed, stating why nurses need legal protection from hospital committees, which make cent. per cent. on their work. But the "Bart's" case should be presented proving our helplessness even to maintain efficient standards when we have made them; how criminals pose as nurses; something on the exploitation in nursing homes, and any other tasty tit-bits which would tell.

I feel sure, from my experience on Saturday, we could arouse a tremendous wave of feeling in our favour. Quiet and constitutional demands for protection and reform can evidently be snuffed out by social influence by professional philanthropists. I feel sure our wisest plan will be to "come out" and take the man in the street into our confidence. He has a vote, and as the immortal Rhodes remarked, "The vote covers all." I hope you will consider this suggestion.

I am, yours truly,

BART'S CERTIFICATE.

### QUESTIONS RIPE FOR DISCUSSION

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I notice with interest in your valuable Journal that a Conference is to be called at an early date to consider the feeding of hospital nurses. It is needed.

What is also needed, one would imagine, is a conference on the housing of nurses, judging from the Treasurer's statement about the dangerous construction of the Nurses' Home at St. Bartholomew's Hospital, and the appalling conditions made public as to the housing of some of the nurses on the staff of the Hackney Infirmary, under conditions which it accurately reported, would be disgusting in a common lodging-house.

And we might also with advantage have a discussion as to the salaries nurses receive and the money they earn.

As an increasing number of hospital committees are organising private nursing departments, the salaries paid to trained nurses might well form the subject of debate. It would also be to the advantage of nurses to know how they compare with the earnings of nurses working on good co-operations, because some hospitals enter into very unfair competition with such nurses, more especially in one well-known instance, where nurses are corticated at the end of two years, instead of three, and sent private nursing for full fees. Take again the Cottage Benefit Association: It is reported:—"The nurses are all certificated mounty nurses, with training in the elements of general nursing. Charge for nurses' services to benefit subscribers, 2s. to 4l per week for ordinary and maternity cases. Infectious cases double. Nurses' wages, 4l 6 and lodging first year, rising 42 yearly to 430 per annum, with bonus after termination of engagement."

Why committees send out monthly nurses at 42 a week—and presumably in the case of non-subscribers a higher fee—to nurse infectious cases, and how they dare take the responsibility, is not apparent. But as this is done why not in equity pay the nurses what they earn, less the usual 74 per cent. for working expenses?

These points would be extremely interesting for discussion. Why not arrange a conference to include them all?

Yours faithfully,

SUGGESTION.

### NOTICE.

All anonymous letters are put into the waste-paper basket, and no further notice taken of them.

As the Editor gets many letters weekly requiring replies, not on Journal business, for the future no reply can be sent unless a stamp is enclosed.

### Notices.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle-Prize will be found on Advertisement page xii.

# The Midwife.

## On the Value of Test Meals as a Guide to Infant Feeding.

Dr. Ronald Carter, M.R.C.S., writing in the *British Medical Journal*, says in part:—

Three years ago I started "infant consultations" in North Kensington (Notting Dale), with the help of the Kensington Health Society.

The mothers brought their infants once a week for advice, because they were not progressing favourably. The majority were breast-fed, and, as is usual in these cases, friends told the mothers to wean the child. It seemed to me it would be a help in the elucidation of this problem to follow Professor Budin's plan and weigh the infant before and after a breast feed, and so discover at any rate the quantity of milk it obtained, and I have found this method to be of great practical importance. The number of breast-fed infants that "go wrong" is really amazing, and I feel quite certain that a large proportion of the deaths from gastro-enteritis attributed to bottle feeding are in reality breast-fed infants who have been artificially fed as a last resort. I have watched several of these cases, and I can positively say that the initial disturbance in nutrition started whilst the infant was breast-fed, and that artificial feeding was only resorted to when the degree of wasting had become noticeable to friends and relations.

In the case of breast-fed infants there should be some sort of co-ordination between the supply on the part of the mother and the demand on the part of the infant. A strong infant, by reason of its active powers of suction, affords the appropriate stimulus for a parallel activity on the part of the secreting gland, while the feeble nursing, on account of its indifferent powers of stimulation, excites little reaction in the breast. In a considerable proportion of cases there is no co-ordination between the supply and the demand; sometimes there is too much milk, and sometimes not enough. Apart from the physiological test—namely, the progress of the infant—there is no way of finding out how much milk an infant receives unless we weigh the infant before and after feeding on very accurate scales; the amount consumed is estimated by noting the difference in the two weighings. This method is known as the "test feed." The following case illustrates its practical application:—

A woman came to my consultations with a very wasted infant aged 2 months, and weighing 6 lb. She had fed it entirely on the breast, and assured me that it obtained the milk because it sucked for about ten minutes and then fell asleep. A "test feed" was arranged, and two hours after the first feed the infant was put to the breast. The scales proved that it obtained no milk at all. Milk could, however, be easily squeezed from the nipple, showing that an adequate supply was present. I ordered the mother to give 1 oz. of cow's milk with 1 oz. of barley water alternately with the breast feedings. During the following week the test feed showed that the infant obtained  $\frac{1}{2}$  oz. from the breast, and the child had increased  $\frac{1}{2}$  oz. in weight. She continued to feed in this manner for another week and the test feed then showed that 1 oz. was obtained from the breast, the child having gained another 5 oz. in weight. At the end of a month's treatment 2 oz. was obtained from the breast, and the child had gained nearly 1 lb. The cow's milk was now discontinued and the child was fed entirely on the breast till it was 8 months old.

Irregular feeding is a frequent cause of vomiting and diarrhoea in breast-fed infants; the scales have often shown what small quantities these infants obtain, and when the mothers are told to feed "by the clock," the result is that the vomiting and diarrhoea cease and the child obtains often double the quantity of nourishment from the breast. When irregular feeding is persisted in, the child begins to waste, the mother then commences bottle feeding, with of course a bad result; should such a case end fatally, the doctor in attendance, if he had not inquired into the previous history, would naturally assume that bottle-feeding was the cause of death.

Another interesting observation that the test feed has disclosed is that among breast-fed infants it is not always those who are inadequately fed according to our accepted scientific data who suffer from wasting, but often those who receive an adequate or even excessive amount. I have notes of at least forty cases in which the infant appeared to thrive and maintain a good weight curve on half the quantity of food that it should normally obtain; for instance, it is a common experience to find that an infant 3 or 4 months old is fed ten times a day and only obtains 1 to  $1\frac{1}{2}$  oz. of milk at a feeding, or about 12 oz. in the 24 hours. Evidence from an independent source confirms these observations, for Dr. Eric Pritchard at his consultations at the Marylebone Dispensary has come to exactly the same conclusions.

A starvation diet is hardly likely to promote

active nutrition, so that in cases in which the test feed proves that the child is maintaining its weight on such a small amount of milk, I usually supplement the defective supply with additional feeds from the bottle.

I frequently have infants brought to me who have been artificially fed from the first week of life, owing to the belief that the breast milk had "dried up" on the fourth or fifth day. I regret to say that some of these cases came from maternity institutions. I am sure that no one, however skilled in maternity work, can possibly tell, apart from the test feed, whether the infant obtains a small quantity from the breast or not. To show how mistakes can be made, I will quote the case of an infant born in one of our maternity institutions.

The baby was 2 months old when I saw it, very wasted, and was having the bottle. The mother told me that her milk had disappeared on the fourth or fifth day, and that the nurse said she must feed the baby on the bottle. The financial problem on leaving the institution worried the mother a good deal, so she put the child to the breast now and then "when the nurse was not looking." The test feed showed that the child obtained 2 oz. from the breast. I told the mother to stop the bottle and feed only by the breast. The child did remarkably well, and there was no further trouble.

Mistakes such as this could easily be avoided if the test feed was employed in all doubtful cases.

## The Midwives' Bill, 1910.

### WITHDRAWAL OF AMENDMENT BILL.

In the House of Lords last week, Earl Beauchamp, Lord President of the Council, said there had been a Bill on the paper of their lordships' House for some time dealing with midwives. He asked leave to withdraw that Bill, with the idea of re-introducing it with certain amendments which had been suggested, and he should hope that if he did that it would be possible for the Bill to get through both Houses of Parliament in the present Session. Leave was given and the Bill was withdrawn.

### APOTHECARIES AND THE MIDWIVES' BILL.

The Society of Apothecaries of London has addressed a memorial to the Lord President of the Council upon the subject of the Midwives' Bill, 1910, drawing attention to various points in the Bill which it is suggested stand in need of amendment. In Clause 17, dealing with the payment by the Guardians of fees of medical practitioners called in on the advice of midwives, the Society urges that payments should be made to the practitioner not only where he attends the mother, but where, in case of urgency, the newly-born child requires medical assistance.

It is, among other things, urged that before the Privy Council takes any effective action in reference to abolishing the power of appointment of a representative on the Midwives' Board by any body

or person, the body or person in question should have the right of being heard on the matter before the Council. It is also suggested that payment of the travelling expenses of the members of the Board should be made obligatory.

## Golden Rules of Obstetric Practice.

This little book, price 1s., by Dr. W. E. Fothergill, M.A., B.Sc., Clinical Lecturer in Obstetrics and Gynaecology in the University of Manchester, and published by John Wright and Sons, Ltd., Bristol, has now reached a sixth edition, convincing proof of its popularity. It is intended primarily for medical practitioners, but many of its rules are useful to midwives also. Here are some:—

A hot bath during the first stage of labour is most comforting to the patient. It may well be prolonged and should never be omitted if it can be obtained.

Perineal tearing is minimised by extending the legs. This relaxes the skin of the parts which is stretched when the knees are flexed.

When trying to resuscitate, immerse the child in a hot bath containing mustard for a time, and then sprinkle cold water on its chest. Do not immerse the child in a cold bath.

Keep up artificial respiration while the child is in the hot bath, as well as between the successive immersions.

Do not give up until you have worked for one and a-half or two hours.

When you find the breech presenting inform the friends of the fact; explain that there is no increased risk to the mother, but that there is a certain degree of danger to the child.

When the trunk is born . . . wrap up the exposed parts of the child in hot cloths to prevent premature efforts at respiration; but do not interfere unless pulsation flags in the cord, or spasmodic movements of the body commence.

Whatever grip you use carry the child's body well forward between the mother's legs, and see that the chin leads.

Remember that in normal labour there should be no bleeding until after the child is born.

If there is bleeding after the third stage is over do not mistake blood coming from a split cervix, a lacerated vagina, or a torn perineum, for true uterine bleeding (post partum hæmorrhage).

Remember that uterine hæmorrhage cannot occur if the uterus is firmly contracted, and that its prevention consists in avoiding exhaustion of the uterine muscle during labour.

### THE "MARY" WARD, ST. THOMAS' HOSPITAL.

The Queen has given permission that the new maternity ward at St. Thomas's Hospital should be named "Mary" after her Majesty.

### ENDOWMENT OF MOTHERHOOD.

The legislation promised by the New Zealand Parliament, opened this week, includes a measure for State aid in maternity cases.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,162.

SATURDAY, JULY 9, 1910.

XLV.

## Editorial.

### THE ADVANCE GUARD

As mankind gains the mastery of those territories which have been regarded as unfit for human habitation, by reason of their unhealthiness, the world recognises the debt of civilisation to those pioneers who, by their self-sacrifice—a sacrifice often involving even life itself—make the world more habitable for succeeding generations. It is not so universally recognised that amongst these pioneers the trained nurse is now constantly to be found, quietly, effectively, and as part of the day's work, taking the risks, enduring the discomforts, and sharing the hardships inseparable from life in an unhealthy and undeveloped country, with a cheery optimism which puts heart into all with whom she comes in contact.

One of the latest territories to be reclaimed, as all the world knows, is the Isthmus of Panama, formerly a mosquito-ridden swamp and a white man's grave. Now, according to Mr. W. H. Magee, who describes, in the *Daily Telegraph*, a recent visit after an absence of thirty-four years, "a veritable inferno has been changed into a paradise, where white men can work and live with their wives and families in peace and comfort. Many look forward with regret to the time when the work shall be finished and they are forced to seek new homes, new occupations, and perchance less kindly climates."

But this change has not been accomplished without sacrifice; and what has greatly impressed the writer of the article—though they, no doubt, would be the first to repudiate it—is the heroism of the many young doctors and nurses who so nobly risked their lives in the first taking hold of the country by the Americans. "In the face

of the enormous death-rate in the French camps, where hundreds and even thousands were swept off by small-pox, chagrie fever, yellow fever, and pernicious anemia, they came," he writes, "and the few devoted survivors are here still. Those who have taken vacations to northern lands come back looking well, but those who have remained constant show the pallor and wasting-away due to a system charged with malaria." He describes the work of one young nurse, newly graduated, whose first task was the charge of a ward of forty negro small-pox patients, with only an adjoining tent to sleep in. "Many such instances could be repeated, and it is only to the untiring constancy of these ministering angels that numberless poor fellows have lived to tell the tale. The respect and love that is shown for the whole medical forces—doctors, nurses, and orderlies—are witnesses of the good work they have done and are doing."

We acclaim the courage and endorse the honour bestowed upon those medical men and nurses who have shown conspicuous gallantry and devotion in the care of the sick and wounded when serving with armies in the field, or during naval warfare; but the civilian Services also have their heroes and heroines, and those who work on cheerfully and maintain the courage of those around them, when their health is undermined by malaria, and inertia, depression, and constant weariness follow in its train, display courage of an unusually high order. None but those who have worked in a mosquito-ridden country know how hard it is always to keep a brave front, to discharge the monotonous round of daily duties efficiently. But it is qualities such as these which gain for the nurse on pioneer duty the esteem and respect of those amongst whom she works.

## Medical Matters.

### THE ADMINISTRATION OF THE PUBLIC HEALTH AND EDUCATION ACTS IN RELATION TO THE PREVENTION AND CURE OF DISEASES OF THE THROAT AND NOSE.

Mr. T. Jefferson Faulder, F.R.C.S., dealing with the above subject in the *Lancet*, says:—

"We read a great deal about mouth-breathing, glands in the neck, running at the nose, deafness, discharging ears, backwardness at school, deformities, liability to fevers, and other illnesses. If anyone thinks to avert all these evils by a timely operation for the removal of tonsils and adenoids he will be grievously disappointed. There is no royal road to health in these cases except in a limited number. What is the condition of the patients at the time of operation and what are their ages? The first question is sufficiently answered by saying that practically all are suffering in some way or other. Therefore, theoretically at least, earlier operation would prevent a good deal of illness. Evidences of neglect abound, and many apply for treatment only when permanent damage has already been suffered."

In regard to the age of the patients operated upon, Mr. Jefferson Faulder has collected statistics concerning 4,769 persons, who underwent operations in nine hospitals, and tabulated them according to their ages. In all the tables the percentage rises rapidly from age 1 to age 5, and falls more gradually to the age of 20. The rapid rise of the line up to age 5 unquestionably shows that the causes of these throat maladies begin to act early and before the children come under the notice of the school medical officer. It is clear that any complete system of prevention directed against these diseased conditions of the throat will have to be begun long before the children arrive at the schools, and the writer draws attention to the work done in what are called "infant consultations," which are special clinics dealing solely with infants. He instances the St. Marylebone General Dispensary in Welbeck Street, W., where such consultations are carried on by Dr. E. Pritchard, the pioneer of this kind of work in London, and says that such work might with obvious advantage to the public be more widely extended and ultimately joined up with the school medical service, and that only by some such means shall we arrive at a sound method of preventive medicine.

"Coming now," he continues, "to the actual treatment of the conditions found when the children have entered school, it should be postulated that unless this work be well done it had better not be done at all. Otherwise the whole scheme must fall into disrepute, and

everyone—general public, ratepayers, and the medical profession—will be dissatisfied. It is absolutely certain that whatever the cost may be the best will be the cheapest.

"Existing institutions are to be utilised as far as possible. But are existing institutions at all suitable for what is now needed? Is a crowded outpatient department a suitable place for the treatment of chronic discharging ears? Is such a department a favourable place for the cure of simple inveterate mouth-breathing due to bad habits or uncleanness? Is the ordinary dental outpatient department the best venue for the preventive treatment of decay of the teeth? In these three groups the main and essential part of treatment is of necessity routine, prolonged and more or less tedious. And it will be found that the greatest and the most valuable part of "school doctoring" will be of this very nature.

"Many out-patient departments at the present time are so crowded that it is physically impossible for this quiet methodical diagnosis of each case to be carried out. It is certain that as operation is practically the only method of treatment here available, it is applied to numerous cases where other simpler and better, though more tedious, means of remedy could be devised. Hence discredit is cast by some upon the operation for tonsils and adenoids. In the cure of chronic discharging ears it is of practically no use to supply the patients themselves with lotions or drops for purposes of syringing and disinfecting the ears. To obtain satisfactory results there must be skilled, specially trained nurses available. A surgeon should personally instruct these nurses and generally exercise supervision. Exactly the same applies to cases of nasal obstruction, nasal discharge, etc. Those cases which are subjected to operation as well as those deemed unsuitable for operation should be attended to by skilled trained nurses under the general instruction and supervision of a surgeon. Here also it is often a simple matter of cleanliness, but besides that there is the inculcation of proper breathing habits—i.e., breathing exercises systematically carried out. In connection with breathing exercises the development of the chest ought to be observed. This is best done by means of callipers. Two diameters of the chest are taken, the transverse and the antero-posterior at the same level, and the ratio between them determined. What may be called the normal development of the chest is known, and deviations from the normal are best found by the calliper ratio. Is an outpatient department of the present day a suitable place for such treatment?"

## Hygiene and Morality.

(Concluded from page 4.)

### THE PREVENTION OF VENEREAL DISEASE.

In previous issues we have dealt with the two first Sections of Miss L. L. Dock's book, "Hygiene and Morality." This week we propose to deal with the third, "The Prevention of Venereal Disease."

Dealing with the Underlying Principles of Prevention, Miss Dock says that "The genuine prevention of venereal disease is only made possible by the prevention of prostitution. Prostitution cannot be retained, and the diseases fostered in it be eliminated. Prostitution must be rooted out unless modern civilised states are content to look forward to the same fate which befel ancient Rome. . . .

"Even if the immoral projects of some writers could be realised in the use of immunising vaccines or serums to enable men to continue indulgence with greater security, venereal diseases would continue to exist while prostitution exists, and unless every man and woman in the world could be so vaccinated there would be no security that the reckless, the unthinking, and the unsuspecting innocent would not continue to fall victims to, and to become carriers of, these deadly scourges. Nor is it credible that the aroused moral sense of humanity would consent to the general compulsory vaccination of syphilis and gonorrhoea as it does to that of smallpox, because moral sense, or even every day common sense, will distinguish between diseases which cannot be extirpated by moral living, and the exertion of self-control through the power of the intelligent will, and diseases which can be so extirpated. The deliberate use of immunising substances with the intention of making it hygienically safe for men to continue a brutal misuse of women such as falls far below the practices of animals in vileness, could only be tolerated in a society that was ready for its own ruin. . . . Dr. Prince A. Morrow, President of the American Society of Sanitary and Moral Prophylaxis, says:— 'It is not a question of making prostitution safe, but of preventing the making of prostitutes.' This lofty teaching is now being reiterated by ever larger numbers of the foremost leaders of medical science. There are in truth no other diseases whose absolute prevention lies so wholly in human power as these."

The writer then points out that "the first essential in a campaign of prevention is full, open, and serious instruction for all classes of society, upon the situation as it exists to-day; instruction without exaggeration, but also without concealment, of the present extent of disease

of venereal origin, and with the most important and positive information upon the real source of danger in prostitution. . . . As in combating typhoid fever and the plague the first and needful is that all shall know that there are such diseases, whence their origin, and how they may be cut off at their source, so it is essential that every citizen shall know that there are venereal diseases, where they arise, and how they may be exterminated. . . . Extreme difficulties meet this movement at the outset, arising from the peculiarly personal origin of these diseases, the prevailing false modesty as to the reproductive functions, and the generally dense ignorance of the physiology and hygiene of the generative organs. . . . The vulgar prudery and hypocrisy of a past age compelled all such subjects to be tabooed, as being indelicate and improper. Perhaps this point of view has been encouraged by those whose interests were selfish or evil; certainly nothing could better serve such interests than the veil of silence and the cloak of embarrassment drawn over subjects so vital, pertaining to functions by nature so sacred, but by man so horribly debased. The function of reproduction, for which the organs of generation have been evolved, though it has been dragged through the mire of vulgar thoughts and cruel abuse, is yet the noblest, as it should be the most held in reverence, of all human powers. Reproduction is natural, and should no more be regarded vulgarly than are the changes of the seasons. It is a type and symbol of immortality. It is indeed a present and visible immortality, and its humble physical phenomena should never obscure its exalted significance. The generative act should only be performed in the sincerity of aspiration to bring a new being into the world. Such being the truth, the depravity of exercising so miraculous a power for the sole desire of a passing pleasure of sensation, often combining with it drunkenness and orgies in which all human dignity and decency are cast away, is so complete that the decay and fall of nations would seem to need no further explanation. . . .

"The education of fathers and mothers must, in the future, include the principles of heredity, the toxic effect of unbody passions upon temperament and character, and the study of eugenics, the new science for the improvement of the race of man. . . .

"First and last, women need to be encouraged to revolt against a status of political and legal inferiority, which is the direct cause of their economic and social degradation."

Concerning the Practical Means of Prevention, Miss Dock writes:—"These may be divided into two classes: One, the means of in-

lividual care or personal prevention of disease as such; the other, the means of social or deep lying prevention of the *causes* of disease. The former is the more immediate, the latter more fundamental."

In regard to personal prevention, the writer advocates the prevention from earliest childhood of all stimulation of the delicate nerve centres and fibres that are connected with the genital organs. "Such habits may arise even with babies, in complete innocence, of course, and if not checked may be less innocently continued by older children with grave danger both to health and morals . . . for older children there should be definite warnings of the dangers they may meet, as carefully and explicitly given as directions in taking a perilous journey. To leave little girls, especially, in ignorance of what these dangers are is as wicked as it would be to expose them to wild beasts. Such warnings should be given at an early age. The little girl of twelve has a simple seriousness and sagacity, which may be looked for in vain if she remains untaught and undisciplined up to sixteen or seventeen, when youthful gaiety often runs into recklessness."

"Equally criminal is it to let the boys go to boarding school or college without the most serious and intimate counsel and warnings against the horrible diseases lurking amidst the 'wild oats' that they may thoughtlessly sow. . . . The writer has learned from the personal knowledge of the head of a large hospital in a great university centre, of the numbers of young men who come in for treatment for loathsome diseases. A painful feature of this calamity is that 'the mothers are never told the truth; the fathers come and some reassuring falsehood is sent home.' It is thus evident that in such cases the mere fact of the mother knowing the truth is greatly dreaded. Therefore, if it could be certain that all mothers would learn the truth, is it not likely that a powerful deterrent to evil courses in university life might be brought into play?"

The writer regards the present repudiation by eminent physicians of the ancient heresy of "physical necessity" so long upheld by men and tacitly assented to by women, as a most hopeful sign. She writes: "To maintain it has been, indeed, an insult to all those men whose lives are and have been pure, and one must wonder that such men have so long permitted so detestable a doctrine to go unchallenged."

Concerning marriage, the writer holds that "no parent should allow a daughter to marry without securing authentic proof that the pro-

mised husband is free from disease. This is incontestably a duty of parents of the utmost gravity and importance, neglecting which all their previous care, expense, and nurture lavished on the daughter may go for naught. An honourable and virtuous man will willingly give such testimony, and might rightly demand on his side assurances from the parents as to their daughter's inheritance. Such enquiries are not impossible. They could all be conducted by the trusted physicians of one or both families with entire privacy and dignity. Fathers find ways to inform themselves of the business standing of prospective sons-in-law, and health is far more precious than money."

In regard to the nursing care of cases of venereal diseases, the writer points out that "nurses should observe as rigid a technic of disinfection as in diphtheria or other acute infectious fevers. . . . It is the right of every nurse, for self-protection, to know what she is taking care of, and it should be impressed upon all nurses that they must invariably insist upon knowing the diagnosis in the cases they care for. It has not infrequently happened that nurses, kept by the attending physician in ignorance of the venereal origin of patients' maladies, have contracted them. It is also true that if all nurses were sufficiently well taught and trained, it should be second nature with them to avoid all infectious contact. The proper precautions being observed, nurses and all others should clearly comprehend that there is no danger whatever from the simple presence of cases of venereal disease amongst other people, and no more danger in caring for them than there is with cases of ordinary sepsis. Accidental infection arises solely from ignorance; this cannot be too strongly emphasised."

After dealing with the Social Methods of Preventing Prostitution, Miss Dock concludes: "A new ideal needs to be formed; an ideal of the worth and dignity of human life, and of a commanding place and power that must be assumed by women in all that pertains to the cherishing and emending of the race. This ideal must be built upon the single standard of sex morality, and it must be attained by a gradual process of assumption of knowledge and authority by women, to the end that they may finally produce a nobler and a finer race of men."

The appendices to the work contain much useful and interesting matter, including the paper read by Miss Mary Burr at the International Congress of Nurses, giving "Statistics of Criminal Assault upon Young Girls."

Once again we commend this book, published by G. P. Putnam's Sons, price 6s., to all nurses.

## Care and Control of the Feeble-minded.

The present issue of the *Nineteenth Century and After* contains an interesting article on the "Care and Control of the Feeble-Minded," by Mrs. Hume Pinsent, one of the members of the Royal Commission on this most important question.

Mrs. Pinsent states that the Report of that Commission shows that "the number of mentally defective persons in England and Wales, apart from certified lunatics, is estimated at 149,628, or .46 per cent. of the population. Of these 66,509 are at the present time urgently in need of provision, either in their own interest or the public safety. In the latter figure we are told only such cases are included as are, in the opinion of a competent investigator, 'improperly, unsuitably, or unkindly cared for, or who, by reason of particular habits and characteristics, are a source of danger to the community in which they live.' If we add to the former figure the number of certified lunatics, the total number of the mentally defective may be estimated to be 271,607, or 0.83 per cent. of the population."

"The great majority of these two hundred and seventy thousand people need support, care, and control, and can never pay back to the community, in any way, the equivalent for the time, energy, and money which must be spent upon them. Not only are they a burden upon the resources of this generation, but they are producing children who in turn will have to be supported and cared for by the labour and at the expense of the next generation." This condition of affairs is sufficiently serious, and though, as the writer points out, "the certified lunatics are already provided for, much of this provision is unnecessarily expensive, and in some cases of an unsuitable nature." Added to this do we really realise our barbarous treatment of many mentally defective persons?

The Report of the Royal Commission states:

"We find large numbers of persons who are committed to prisons for repeated offences, being the manifestations of a permanent defect of mind, there is no hope of repressing, much less of stopping, by short punitive sentences. We find lunatic asylums crowded with patients who do not require the careful hospital treatment that well equipped asylums now afford, and who might be treated in many other ways more economically and as efficiently. We find also at large in the population many defective persons, adults, young persons, and children, who are, some in one way, some in another, incapable of self-control, and who are, therefore, exposed to constant moral danger themselves, and become the source of lasting injury to the community."

We regret at the importance of measures suggested by bygone generations, and the treatment of the insane, and now consigned to the institutions of asylums. What will future generations say to the standard of civilisation and humanity in the 20th century when we punish the mentally defective by imprisonment for offences which being the manifestations of a permanent defect of mind there is no hope of repressing by punitive sentences. While this crime against humanity is perpetrated could there be a stronger plea for the employment of trained nurses in prisons?

The Commissioners have recommended to remedy this state of affairs, a new "Act for the Care and Control of the Mentally Defective," the scope of which Mrs. Pinsent explains in the article under consideration. In the course of the article she describes the difficulties which beset parents who endeavour, through the Poor Law, to obtain assistance for their mentally defective children. "It is not too much to say that, as things are at the present time, everything is done to discourage a respectable working man in his attempt to obtain care and training for a mentally defective child." Yet consider the result of letting these children grow up untrained and uncontrolled. We read:—

"The imbecile, however unfit to do so, must associate with the rest of the family. I have seen them tied into a chair or under the kitchen table. I have seen them kept almost naked in the back room. I have seen sane children neglected because the imbecile monopolises the mother's time. It cannot safely be left for one minute. I have known the mother unavoidably called away, to find on her return that the imbecile had burnt himself, another had put the cat on the fire, another had locked the baby up in the cellar, another had undressed herself and rolled under a horse's feet in the street. Many escape from home, causing hours of anxiety to their parents before they are brought back by the police. To complete this description, we must bear in mind the fact that the parents of such children are frequently themselves mentally defective, or highly excitable, unstable, neurotic individuals. I have hardly ever seen a mother that I should consider a suitable person, either by capacity, temperament, or education, for the training of her own mentally defective child."

The two important new powers suggested under the proposed Act are (1) to compel the parent to allow a defective child to go into a residential institution if suitable training cannot be provided at home. (2) The power to detain such a defective in an institution after school age if he or she is unfit for liberty.

Study the tables given in this article of the family history of mentally deficient persons. Thus the history of a mentally defective woman, a drunkard, and a prostitute, is as follows:—The father of her eldest child was a burglar, the child, a daughter, mentally defective, has been four times in the workhouse, twice in lock hospitals, and also in four charitable homes; she is now maintained by the Guardians at a training school for the mentally defective. The father of the second child was deaf, mentally defective, and very violent, and died in the workhouse. The child, a daughter, almost an imbecile, has been committed under the Industrial Schools Act.

Again, the Commissioners were informed that in one workhouse sixteen mentally defective women had produced 116 illegitimate children. How many mentally defectives will they in their turn produce, and what nation can stand either the resulting physical deterioration or the expense of maintaining a constantly increasing number of degenerates in workhouses, prisons, and asylums?

The remedy proposed is to restrict the production of degenerates by the continuous control of the mentally defective. Mrs. Pinsent concludes a most able and interesting article by saying that "the passing of the suggested Act for the Care and Control of the Mentally Defective would at once reduce drunkenness, crime, prostitution, illegitimate births, and disease, and it would be the first preventive step in dealing with a great evil which threatens us with a steady deterioration of national efficiency, both mental and moral." M. B.

### The Matrons' Council.

Arrangements have now been made for the visit of the Matrons' Council to Birmingham on Saturday, July 16th. The members will have the advantage of travelling by a non-stop excursion train, which leaves Euston Station at 11.45 a.m., and returns from Birmingham (New Street), at 7.35 p.m., the return third class ticket to cost 5s. As the time of arrival in Birmingham will be 2.15, and the Business Meeting will be held at the General Hospital at 3 p.m., it will be wise to take a picnic luncheon on the train. Mrs. Walter Spencer, 2, Portland Place, London, W., who is making arrangements, will be pleased to hear as soon as possible from members and friends who intend to go to Birmingham, and will secure tickets and seats for those who notify her that they wish this done.

Miss Munson, with her usual kindness, is preparing to give the Council a hearty welcome.

### The Nursing School of the Assistance Publique.

#### VISIT OF THE QUEEN OF BULGARIA.

The School of Nursing of the Assistance Publique, at the Salpêtrière Hospital, Paris, recently had the honour of a visit from H.M. the Queen of Bulgaria.

Her Majesty, who was accompanied by Madame Fallières, admired the order and the refinement of the arrangements throughout the building. She insisted upon seeing everything, and inspected the dining-room, the kitchen, and the laboratory, where she questioned several pupils. She took great interest in the massage department, where Miss G. Procopé, the Professor, explained the cases under treatment, and the Queen had a kind word for each sick person.

After seeing the bathroom, she inspected the schoolroom, the cupboards, and the surgical instruments; and, in the library, the dolls in the uniforms of Sister, nurse, and pupil, which obtained an award at the Nursing Exhibition in London last year attracted general attention.

The party then proceeded to the first floor, where several pupils had the pleasure of showing their rooms.

But a surprise awaited the Queen. She took tea with the pupils in the drawing-room, and a monitrice, Miss Gosselin, shyly came forward and asked her Majesty to sign a photograph enlarged from a snapshot in Manchuria. The Queen is in the Nurse's uniform which she wore when, as a Red Cross nurse, she superintended the nursing on a surgical train. This seemed to please her Majesty, and when she went to the lecture-room and found all the teachers, certificated nurses, and pupils of the School gathered together, she expressed her satisfaction and pleasure.

Before leaving the School her Majesty was presented with a bouquet of flowers.

The pupils were particularly touched by the Queen's kindness in bringing three lovely baskets of flowers.

It is the first time that the pupils have had the opportunity of receiving such a distinguished visitor in their Home, and they were greatly delighted by the Queen's visit. Her Majesty was heartily cheered by a crowd of old women, inmates of the Salpêtrière, to whom her visit gave great pleasure.

It must be a great gratification to M. Mesureur, the Director-General of the Assistance Publique in Paris, and his Chef du Cabinet, M. André Mesureur, that the School has now more than justified its existence, and that the good work will continue to extend.

## The Battle of the Standards.

### QUOTES FROM THE PRESS.

This month's *Nursing Notes* devotes an editorial in large type to "The Matron and the Training School." It is, of course, a highly orthodox contribution to the burning question of the hour. It expresses the belief that the "Bart's" election of Matron was "a perfectly conscientious selection" (we beg to differ), and then proceeds to point out that

"Any hospital that has been training long enough for its probationers to have passed through all grades of the profession, and to have shown their capacity in good outside appointments, should be able from amongst its own pupils to select the blue ribbon of its training school, or it does not speak well for its selection of the woman or its training of the nurse; hence the acute feeling that has been aroused among Bart's nurses."

"What would the world of St. Thomas's Hospital say to a new matron not a 'Nightingale'? The position is unthinkable. St. Bartholomew's and the London are the two hospitals whose matrons have not been trained within their own walls, but the matrons of both have been long enough there to have trained many generations of nurses. Is it possible that the authorities at Bart's are dissatisfied with the training of their nurses, and desire to see another system introduced? To the outside world it would appear so, and therefore it is easy to understand the feelings of St. Bartholomew's graduates."

"One cannot but feel that the appointment to a long-established training school of a matron not trained there is not a good precedent for the popularity, influence, or solidarity of that training school."

The conclusions of *Nursing Notes* are those of the world at large. Thus intended injury is done to the life's work and memory of the noblest of women and to every pupil she trained.

The *Journal of the Victoria and Bourne-mouth Nurses' League* says:—

"From St. Bartholomew's one hears of what appears to be a gratuitous and unprovoked insult to the memory of the late Matron and to the School of Nurses—past and present—who have trained there, or who are now training, in the appointment of a matron from a school whose standard of training is diametrically opposed to all that Miss Stewart held so strongly and courageously, and whose appointment must be distasteful to all most concerned. Every hospital has a right, and is bound to use it, to secure the very best materials for its working, but to make fresh rules with so palpable an object as to exclude those well fitted for the post is a different matter: it is clever, but scarcely an example one desires to see followed."

### ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

The attitude of the medical staff at St. Bartholomew's Hospital is unsparingly condemned

wherever this question is discussed, and the whole nursing staff in and out of the hospital realise that their interests have been sacrificed. The truth is that a reactionary minority of the medical staff are in entire sympathy with the mischievous official policy which has done much—and, if permitted to continue, will do more—to injure the reputation of this hospital in public opinion. It is rumoured that one man of science has stated that "it is not necessary that the Matron should be a trained nurse; what is wanted is someone in the office." Why not apply to Mme. Tussaud's? A smiling wax effigy in the maternal chair would be a decided economy, and, where the nurses are concerned, economy appears to be the order of the day, to judge from the deplorable condition of their Home. Such assurances as "the Matron is to have no power. She will not be permitted to alter this and that" are surely almost as banal.

A Matron has the power of making or marring the reputation of a whole hospital. The patients don't care a fig for the secretariat, and in their ignorance but little for the reputation of the medical staff, but as they come into intimate personal relations every hour of the day and night with the nursing staff and those who control the domestic routine, it is on the management of the nursing department that the reputation of a hospital stands or falls, and the happiness and efficiency of every nurse in it largely depends.

The thorough practical standard of nurse-training, the exquisite standard of cleanliness maintained in the wards, the high ethical code in force in the Home, the loyalty to authority, and good discipline inspired and enforced with so much devotion by the late Matron, are apparently neither to the taste of the office nor the medical staff. Let us hope that a régime of superficial training of nurses, blatant advertisement, and social patronage will produce better results. According to *St. Bartholomew's Hospital Journal*, the medical staff are anxious to try it. It offers compliments and good wishes to the lady, whose interior certificate and method of selection as Superintendent of Nursing of St. Bartholomew's Hospital, are realised by the whole world to be an affront purposely directed at the professional reputation of her predecessor in office, and an attempt to subject the nursing staff by the inquisitorial, anti-registration London Hospital system of control, which Miss Isla Stewart held in such deserved detestation. The attempt to placate Bart's nurses by stating in the same paragraph "that the School ranks amongst the highest in the world" is cold comfort for their world-wide humiliation, and professional damage.

One of the worst phases of this Battle of the Standards is that the majority of the daily papers are apparently closed to the views of St. Bartholomew's nurses. They owe the *City Press* a debt of gratitude that its editor has realised the public importance of their communications, and devoted so much valuable space to the admirable letters contributed by them.

The following letter from India is one in sentiment with many others received. It expresses what all honourable women think on this question.

#### A SACRED DUTY.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM,—May I be permitted to express through your columns my feelings, and those of thousands of fellow nurses, on becoming aware of the new appointment of the Matron of Bart's. My first feeling is one of renewed sympathy with the entire staff, past and present. Was it not enough that their loved and honoured leader should have been so suddenly reaped by the Great Reaper? Yet even in that sorrow there were the consolations of a life nobly lived, of innumerable good deeds done, and an ever fragrant memory of them.

But this dishonour laid on them by the hands of their governors, whom they trusted, is on an entirely different plane of sorrow; rousing feelings of disgust, disgrace to the memory and work of one those very men professed to revere, and resentment at the treatment hundreds of women trained at the historic hospital have had meted out to them.

I only want to add this—that if those who oppose our efforts for progress and professional improvement wanted to fan our energies into a more living, all-conquering fire, they could not have devised a better means; for now the only way those trained in Miss Isla Stewart's Training School, and those who join the ranks of the associations she was such an enthusiastic worker in, can show their loyalty to her work and memory is in rising, every individual member, in her fullest strength, and working as she never worked before to bring to a successful and speedy issue those things needful for our profession for which Miss Stewart worked and gave her life. I am not a Bart's nurse, but I feel what they feel, knowing many intimately and working for the causes they work for, and I say this dishonour is not of our doing. Let us see to it that our departed friend's work for the good of the profession is in highest honour finished, as becomes the love and reverence due to her memory, and show those who want our profession to remain as it is, without proper recognition and status in the world, that Miss Isla Stewart's work lives and flourishes even more with death's hand near us, than it did when she was able in the flesh to guide our steps.

Yours faithfully,

S. GRACE TINDALL,  
Lady Superintendent.

Cama Hospital, Bombay.  
June 17th, 1910.

## The Defence of Nursing Standards Committee.

### SUBSCRIPTIONS TO DATE.

We have received from Mrs. Shuter, Cleveland House, Chiswick Lane, W., the following additional list of subscriptions:—

	£	s.	d.
Brought forward ... ..	48	19	0
Lady Hampden Smith ... ..	2	2	0
... ..		2	6
... ..		2	0
Hospital Sisters. ... ..		1	0
... ..		1	0
... ..		2	6
... ..		2	0
... ..		6	
... ..		6	
... ..		6	
... ..		6	
... ..		6	
E. H. ... ..	1	0	
E. R. S. ... ..		6	
R. M. B. ... ..		6	
M. C. ... ..		6	
N. L. ... ..		6	
H. S. ... ..		6	
P. D. ... ..		6	
P. S. ... ..		6	
M. N. ... ..		6	
M. M. O. ... ..		6	
A. E. T. ... ..		6	
M. N. W. ... ..		6	
R. E. C. ... ..		6	
M. C. ... ..		6	
F. M. R. ... ..		6	
E. B. W. ... ..		3	
... ..		1	0
... ..		1	0
... ..		1	0
... ..		1	0
... ..		6	
... ..		6	
... ..		6	
... ..		6	
... ..		6	
... ..		6	
Nurses in Training ... ..		3	
H. S. ... ..		6	
F. S. ... ..		6	
D. H. ... ..		6	
N. M. ... ..		6	
N. P. ... ..		6	
N. B. ... ..		5	
D. R. ... ..		3	
E. T. ... ..		3	
F. E. E. ... ..		3	
A Keen Supporter ... ..		1	0
An Interested Nurse ... ..		3	

£52 H 6

The more money subscribed, the more widely this matter can be ventilated.

## Progress of State Registration.

Miss Albina Bodrick's paper in the *Fortnightly* is recognised as a most forcible argument in support of statutory registration of trained nurses—the title "Thou Shalt Do No Murder" is very effective. The skilled workers continue to demand legislation, and the employers to denounce it. The truth is that the Bart's business has been a more convincing lesson to the nursing world at large than anything which has previously occurred, and it will bear fruit a thousandfold in the renewed demand for registration, and in the energy with which the demand will be prosecuted.

Mrs. Bedford Fenwick will be pleased to speak during July on the State Registration of Trained Nurses, and explain the details of the Nurses' Registration Bill drafted by the Central Registration Committee to meetings of nurses and others by arrangement, in town or country. She will be glad to hear from others who will take part in this educational work, as every effort must now be made to push this most necessary reform, for the preservation of efficient nursing standards already attained, and the protection of liberty of conscience for professional nurses.

Mr. Sydney Holland in the current issue of the *Nineteenth Century and After*, purporting to reply to Mrs. Bedford Fenwick's article on State Registration of Trained Nurses in that review for June, does not answer her arguments, but offers as "the proper remedy for the present state of things"—which he thus admits needs a remedy—an "Official Directory of Nurses" which suggestion was rejected by the House of Lords in 1908. A Directory is only of value when, as in the case of the Medical Directory, it is based on a previous Register. To place all the different experience obtained by nurses before the public, and ask them to discriminate as to its value—work which can only be done efficiently by an expert professional Board—is not only futile, but a public danger.

Mr. Holland trots out all the old wearisome arguments exploded long ago, and repeats that London Hospital nurses will not register. This is hush; we know they will. The present régime at the London will pass away, and with it one of the most deplorable episodes in the economic subjection of working women.

John Bull continues his exposé of illicit nursing homes, and has something of interest to say about "Nurses and Undertakers."

"Let me now," the Commissioner writes, "refer to another abuse of the profession that Registration would stop. Nurses of a questionable type are much in evidence when death occurs. They consider they have a right to a commission from the undertaker. Bribery and corruption have been so bad in this direction that undertakers have been compelled to take action."

Councillor R. W. Hurry is the President of the Undertakers' Society for the Prevention of Secret Commission. This gentleman is probably one of London's largest undertakers, as he conducts over 2,000 funerals annually.

"Great suspicion should be attached to any nurse who is anxious to introduce an undertaker. He assured me that their usual demand is 10 per cent. on the funeral account. Some of these ladies don't stop at demanding a commission on the funeral account, but that they will, whenever possible, recommend a monumental sculptor and demand a commission from him also."

In discussion of the general question, Mr. Hurry dealt with the burial of infants. Many "Nursing Homes" thrive on maternity cases. It is comparatively easy to destroy life, but it is quite another thing to get rid of the body. It is generally supposed with a child that has lived a death certificate is required previous to burial. In the ordinary way that is so, but with undertakers in league with nurses everything is easy. No death certificate is required. A five-pound note to the undertaker from the nurse would do the trick, and an unused certificate (of which several are usually on hand) is at once forthcoming. How they come to be on hand was explained to me, and it was even demonstrated to me how an adult body might be got rid of at any London cemetery by collusion between the nurse and undertaker. "We must purge our ranks," said Mr. Hurry, "and in my opinion State Registration of Nurses would at least help us to do it, for with that an accomplished rascal we could report any nurse who demanded a funeral commission, and she would then be struck off the rolls."

## "An Open Letter to Mr. Sydney Holland."

DEAR SIR,

The spirit of your reply to my Open Letter is so admirable that it gives point to the wide difference between your reasoning and your reasonableness.

You ask: "Why should I be prejudiced against any suggestion if I thought it would help nurses and nursing?" While the question is one I cannot answer, let me hasten to point out that the contained criticism had no place in my letter. The line taken in it was that, being prejudiced against registration, you assumed it would harm rather than help the cause you have at heart.

And, having read the latter part of your letter with care, I am compelled regretfully to state once more that your opposition must be the outcome of prejudice. For, after all, prejudice is opinion based on unsound or insufficient data, and yours, as was

my unhappy task to make clear, are mere trivialities. As you seem to be hypnotised by the argument of a "continuing guarantee," I doubt if I can bring home its limitations to you. Does it not occur to you that to make the extreme case do the work of the average one is poor logic? Your point is that a registered nurse may become "unfit to nurse a guinea-pig, let alone a human being." It is a pity that your well-known dislike of hyperbole did not save you from this phrase, but its meaning is plain enough. Well, there are guarantees and guarantees. There may be people simple enough to believe that the inscribing of a name in a book inevitably assures life-long efficiency, but I have never met them. The restrictions of a register are sufficiently well understood by those whom it serves. Its absolute guarantee does not extend beyond the fact that a certain training has been received in the past, and has been tested by examination. For the rest, it implies a *reasonable likelihood* that the registered individuals will retain a degree of efficiency thereafter, and be more reliable than those who are not registered because the conditions as regards training and examination have not been fulfilled by them. One admits, of course, the possibility of such degeneration as you describe. Still, the value of your objection depends, not on the possibility, but the probability. What is the probability? Remember that those trained are picked women; that they are subject to a process of weeding-out after selection; and that they are disciplined as well as taught. After registration these women would not, any more than now, remain out of touch with their work for a period long enough to wipe out the impress of their training. It is a question, indeed, whether, normally, the essence of what is valuable in the training of a nurse ever evaporates entirely. Doubtless in the course of their career, after they left their training school, some knowledge would be lost, some grow stale, but the vast majority of them—and we are dealing with a mathematical probability—would maintain an average efficiency in their daily work, whatever its field may be. What then becomes of the probability? Is it not so small, as compared with the average chance, as to merit the term trivial?

You assert that registration would not touch the sham nurse. My answer is that it would place her with the same readiness that the registration of medical men places the sham doctor. The sham nurse would pretend at her peril. She would be declassified to the position of a quack, and could no more hide the fact than a quack can do so. And if nursing homes harboured her, without admitting it, there would be a speedy reckoning in their case also.

You speak of the carelessness shown by medical men in the temporary engagement of nurses. But the engagement of a nurse usually implies an emergency. There is no time for detailed inquiry, and even if there were time, there is a limit to bargaining of this sort. Medical men usually ask for a reliable nurse for a given case, and there the matter has to rest. They may add that they want a certificated nurse, but a certificate under present conditions is an unknown quantity.

The Directory of Nurses, which has your approval, would soon be a scrap-heap of undesirables; for I have heard enough to know that few well-trained women would aspire to a place on a list which opened its pages so wide. Once they are outside large training schools, genuine nurses soon acquire an extensive and peculiar knowledge of the kind of people I have in mind. Moreover, the Directory would allow the riff-raff to assume an official "status." You may be sure they would make the most of it. It is because of the value that attaches to a real register that such a counterfeit would be dangerous.

Finally, may I ask you if you appreciate common sense. You have the experience of the general practitioners against you—the men who work with nurses in the field where registration is specially required. You are one, and they are legion. Still, one respects your courage—and hopes that you may yet have the higher courage to change your opinions.

I am, dear Sir,

Yours, etc.,  
X

## Practical Points.

**Fatal Factors** by Dr. G. Werley, as reported  
**in Pneumonia.** by the *British Medical Journal*, finds the causes of death in pneumonia to be a

failure to recognise the importance of a few underlying principles. The patient will recover if placed under the most favourable conditions for nature to cure him. The great needs of the body in pneumonia are plenty of air, water, food, and proper rest. The first factor in unfavourable surroundings is a close room, not supplied with plenty of cool, fresh air. The second is a failure to aid the kidneys in carrying off the toxins of the disease by giving plenty of fresh water. Overfeeding and wrong feeding are responsible for a loss of energy used up in an attempt to digest, assimilate, and excrete unsuitable foods. Meat broths are not useful, because they make no energy and tax the kidneys. Sugar is a valuable energy producing food, and leaves nothing but water and carbon dioxide to be eliminated. Eggs and milk are appropriate. Fright and worry are responsible for loss of nervous energy. Failure to keep the patient in a horizontal position so as to aid the heart in carrying on the circulation is responsible for many cases of death. Drugs are only necessary to aid the heart and obtain perfect rest. There is no serious infectious disease against which the body has better natural means of defence than pneumonia. If given a good fighting chance, a complete cure in five to ten days is the rule.

**Compresses in Pneumonia.**

A correspondent in St. Petersburg writes: "In his paper upon 'Pneumonia,' in the *Journal* of April 9th,

Dr. Knuyvet Gordon says that there are two kinds of local applications used for this condition—an ice-bag and a hot poultice. My experience, nursing

on the Continent, is of a cold compress, which I consider far superior to either of the others. First, I will describe exactly how it is made, and then give my reason for preferring it.

A small towel may be used, or two large handkerchiefs, something that can be folded several times and made to lie smoothly and evenly exactly to cover the surface indicated by the doctor. This cloth must be wrung out in water that has been standing in a warm room (unless the doctor orders it unusually cold); it must be wrung as dry as possible and put on to a piece of oilskin which is a shade larger than itself; this is put on to a thick layer of cotton wool which is about an inch larger all round. In bad cases of pneumonia, where it is very necessary to husband the patient's strength, I use a many-tailed flannel bandage; then this compress can easily be put into place all together. One movement of the patient on to his healthy side, and the old compress comes off and the new is slipped on, and it will generally remain moist for four hours; when the fever is very high it must be changed oftener, but it helps of itself to reduce the fever. The routine treatment is to leave off the compress for an hour or two every morning; otherwise it is kept on day and night. When it comes off it should be quite damp, and it will, of course, be quite warm; once it dries it is of no use.

The compresses, besides being so easy to put on, are no shock to the patient; they are comfortable and soothing, and do their work gradually; they can be more carefully prepared than a poultice, and be got ready before the old one is taken off, as there is no danger of their getting cold; they cannot leak if properly made; they can always be changed when most convenient to the patient, as half an hour earlier or later does not generally matter at all, and they are not irritating to the skin. When a many-tailed bandage is not used, the compress is usually kept in place by a (flannel) roller bandage; or some people prefer a roller towel with a piece of flannel to keep the warmth in. These compresses are used for every kind of inflammation, and it is wonderful what a relief they are to pain; the usual effect of changing the compress is to put the patient to sleep. A compress will remain quite comfortable all the time, not getting cold and clammy, not even shifting from its position if properly put on.

I have often been astonished at the neglect of this remedy in England; no one that has had experience of it will forget what a comfort it is, and, while it can do no possible harm, a timely application of a cold compress has kept off many and many a serious illness.

#### Disinfection of rooms.

The *New York Medical Journal*, quoting from a German contemporary, says:

Haines recommends the use of formaldehyde produced from a mixture of paraform powder, potassium permanganate, and water in the proportion 1:2:3 as equally as efficient and cheaper than the gas produced by means of an apparatus.

## Appointments.

### MATRONS.

**Edinburgh Royal Maternity and Simpson Memorial Hospital.**—Miss H. W. Barclay has been appointed Matron. She was trained at the Royal Infirmary, Dundee, where she was Staff Nurse in the Gynaecological Ward, Sister in a Medical Ward, Home and Night Sister, Sister-in-charge of the Theatre, and Sister-in-charge of the Maternity Hospital for five years.

**Cottage Hospital, Fleet, Hants.**—Miss A. E. Middleton has been appointed Matron. She was trained at St. George's Hospital, where she has held the position of Sister. She is a certified midwife.

### ASSISTANT MATRONS.

**County Council Training College, Eltham.**—Miss E. Robinson has been appointed Assistant Matron. She was trained at the Portsmouth Poor-Law Infirmary, and has held the positions of Staff Nurse and Sister at St. Mary Islington Infirmary.

### SISTERS.

**Princess Alice Memorial Hospital, Eastbourne.**—Miss M. F. Reynolds has been appointed Sister of the Male and Children's Wards. She was trained at St. Bartholomew's Hospital, London, and has been for a year on its private nursing staff. Before receiving her general training she was for three years at the Royal National Sanatorium, Bournemouth.

**New Infirmary, Edmonton.**—Miss Jennie Masters has been appointed Sister. She was trained at the St. Mary Infirmary, Islington, where she has held the position of Staff Nurse.

**The Sanatorium, Blackpool.**—Miss Mabel Spencer has been appointed Sister. She was trained at St. Bartholomew's Hospital, London, and the City Hospitals, Sheffield, where she held the positions of Staff Nurse and Sister. She has also been Sister at the Combination Hospital, Johnstone, N.B.

### NIGHT SISTER.

**Victoria Hospital, Keighley.**—Miss Lillian A. Parsons has been appointed Night Sister. She was trained at the Royal Infirmary, Bristol, and has held the position of Staff Nurse at the City Hospital, Liverpool, and at the Hospital, Sevenoaks; of Sister at the Isolation Hospital, Hord; of Sister-in-Charge at the Sanatorium, Hill; of Nurse-Matron at the Accident Hospital, Bournemouth; and of Sister and Deputy-Matron at the Isolation Hospital, Monston.

### HEAD NIGHT NURSE.

**Whiston Infirmary, Preston.**—Miss E. V. Loney has been appointed Head Night Nurse. She was trained at the Union Infirmary, Birkenhead.

### CHARGE NURSES.

**Union Infirmary, Wolverhampton.**—Miss Alice M. Clay has been appointed Charge Nurse. She was trained at the Bagthorpe Infirmary, Nottingham, and has been Sister at Gravelly Hill Infirmary, and at Selly Oak Infirmary, both near Birmingham.

### SCHOOL NURSE.

**Reigate Education Committee.**—Miss Ethel Maud Nairne has been appointed School Nurse. She was trained at the Hospital for Sick Children, Grosvenor Street, London, and has done private nursing at Ealing, and been Health Visitor in the Borough of St. Pancras.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The under-mentioned Staff Nurses to be Sisters: Miss M. J. Hepple, Miss S. Richards, Miss M. B. Williams (June 16th). The under-mentioned staff Nurses are confirmed in their appointments, their periods of provisional service having expired:—Miss G. F. V. Temperley, Miss N. Molloy, Miss R. M. Brooke.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE. FOR NURSES.

*Transfers and Appointments.*—Miss Sybil Partridge to Claybrooke; Miss Lois Griffiths, to Hertford; Miss Kate Hartland, to Tottington; Miss Mary L. Stephens, to Bishop's Auckland; Miss Ursula Hughes, to Beckenham; Miss Mary Trevor-Roper, to Taunton.

#### PRIZES AT THE FLEMING MEMORIAL HOSPITAL.

Mrs. J. T. Cackett, wife of the Chairman of the Fleming Memorial Hospital, Newcastle-on-Tyne, presented last week, in the presence of a large gathering, the prizes under the Heath Bequest, and certificates to the nurses who had gained them in the recent examination.

##### PRIZE WINNERS.

*Third year nurses.* Nurses Cockburn and Hendry divided; 1. Nurse Davis, 2. *Second year nurses.* Nurse Rolison, 1. Nurse McLeary, 2. *First year nurses.* Nurse Dunkerley.

##### CERTIFICATES.

Nurses Cockburn, Hendry, Hutchinson, and Leeson.

##### RESIGNATION.

At the forty-fifth annual meeting of the Royal Derby and Derbyshire Nursing and Sanitary Association, the resignation of the Lady Superintendent, Miss Matilda Athill after holding the position for 13 years, was announced by Mr. E. S. Johnson, who warmly eulogised her work.

##### PRESENTATION.

On Monday, Miss Babcock, Matron of the Retford Hospital, who has resigned the position after holding it for ten years, was presented by her friends with a silver basket and purse of gold. The presentation was made by Colonel Denison, and Sir Frederick Milner said he had made a special journey from London to show his personal friendship and respect for the Matron who had done such noble work.

##### LEGAL MATTERS.

Miss Jeanie Anderson, a certificated nurse, 10, Queen's Park Avenue, Edinburgh, has been successful in an action against Mrs. Edith Laing, 15, West Mainland Street, Edinburgh, to whom she had paid £2 10s. in reply to an advertisement, for introductions to private cases. The defence was that the home was a recently established institution, and that it was impossible to guarantee work. Defendant said she had done her best to get work for her nurses. It came out in cross-examination that seven nurses were connected with the institution, and that only two cases had been taken up. The nurses had paid in all £16 5s. to defendant. Decree was given for plaintiff with expenses.

## Nursing Echoes.



The Victoria and Bournemouth Nurses' League is working hard to obtain a pension of £20 at the November Election at the Royal Hospital for Incurables, Putney Heath, for Mrs. Mary Corr, one of its members, and also for Miss Whittford. Mrs. Corr, who is 57 years of age, was two and a half years ago suddenly struck down by paralysis of the right side while engaged in her professional duties, so that she is quite unable to work or help herself in any way. She is quite incurable, and has no means of support. Since her seizure she has been living on her savings, which are now almost at an end. She had 177 votes in May last, and it is earnestly desired that she should poll sufficient in November to secure a pension. The League has voted a donation of £1, which will help to secure votes, and some of her fellow workers are doing the same. A correspondent writes:—"I do beg your readers to use any influence they may have in obtaining votes to help us in this most deserving case." It is strongly recommended by Miss Forrest, Victoria Nursing Institute, Cambridge Road, Bournemouth, and Dr. Milne, 3, Albert Terrace, Biddle Road, Wallsend-on-Tyne.

At the meeting of the House Committee of the Leicester Infirmary, held on Wednesday, June 29, it was decided to name the top ward of the new wing (shortly to be opened for the reception of patients), the "Gertrude Rogers" Ward in appreciation of the long period of devoted service of Miss G. A. Rogers, the Lady Superintendent, under whose direction the nursing of the institution has reached a high standard of efficiency.

The ward contains 33 beds, and will be used for female surgical cases. The association of the name of Miss Rogers with the extensive additions and improvements recently carried out will give the greatest satisfaction to past and present members of the nursing staff of the institution by whom Miss Rogers is held in affection and high esteem, and will also afford appropriate recognition of Miss Rogers' zealous devotion to the best interests of the infirmary.

*The Johns Hopkins Nurses' Alumni Magazine* devotes much of its space this month to Appreciations of the founder of its Nursing School, Mrs. Hampton Robb. Nurses, doctors, and governors all unite in praise of her char-

acter and work, and all within the nursing to her illustrious memory a worthy memorial.

Miss Nutting sends word of the gift of a scholarship in her honour of £50, available in the year 1910-1911, at Teachers' College, New York, given by Mrs. Hartley Jenkins. It is to be awarded preferably to a student who desires to fit herself to train teachers of nursing. Miss Nutting adds: "How I wish that some graduate of Isabel Robb's beloved Johns Hopkins Hospital might apply and get this first scholarship in her name."

What a sympathetic tie there will be between these "memorial" scholars from England and America when they come to meet in New York. Would that we were young enough to be one of them.

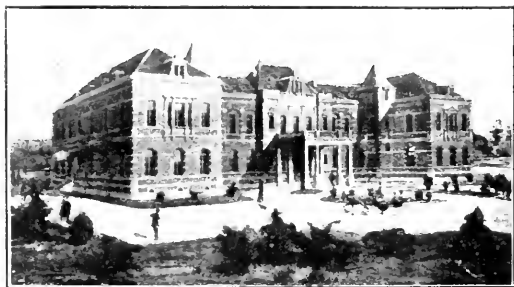
One of the most important positions in the nursing world in the United States of America is that of Inspector of Training Schools under the Education Department, Regent's Office, New York State, a position in connection with the carrying out of the Registration of Nurses Act. Miss Anna L. Aline, who, for several years, has carried out the duties of this office in the most expert manner, highly appreciated by the Regents, has just resigned the appointment, and has accepted that of Superintendent of Nurses at the Homeopathic Hospital at Buffalo. Her successor is to be Miss Annie W. Goodrich, the very able Superintendent of Nurses at historic Bellevue and the Allied Hospitals, New York.

Miss Goodrich is a great educationalist, a bright and charming woman, and eminently fitted for this special branch of work, than which nothing can conduce more to the better organisation of the profession, of which she is such an esteemed member. As President of the American Federation of Nurses, Miss Goodrich attended the International Congress of

Nurses in London a year ago, and in a paper presented by her with a brilliant and successful personality.

A small but interesting exhibit at the Japanese Exhibition, on Shepherd's Bush, is that of the Red Cross Society of Japan in the building devoted to the exhibits of Japanese Government Departments. Our illustration is that of the fine new building in Tokio for the Headquarters of the Red Cross Society of Japan, of which a large picture is exhibited in this section, and a group of the Red Cross Nurses, in which Miss Take Hagiyama is the central figure. There are also many interesting pictures of scenes in the Red Cross Hospitals during the China-Japanese War, and during the Boxer troubles in North China and Japan, and of a ward on a Red Cross ship, as well as a model of the ship, *Hokaido Maru*. The appliances and materials

used in these campaigns are also shown.



The New Buildings for the Headquarters of the Red Cross Society of Japan, Tokio.

There are life-sized models in neat dark blue uniform of a Red Cross nurse with a white brassard bearing the red cross on the left arm, and of a member of the Ladies' Volunteer Association, the latter in a

black alpaca dress, piped with blue. During the Russo-Japanese War the "Relief Staff" of the Society, all of whom are "paid persons, doing their work as contract duty," gave aid on land or sea to a large number of patients, including 28,800 Russian prisoners.

Specially interesting are the insignia and badges of the Society, and the charming gold, silver, and wooden prize cups which are greatly valued by those on whom they are bestowed. The examples of the dainty knitted articles made for the patients by the Red Cross nurses in the hospital ships, and greatly prized by them, attract much attention. In this building are also some very attractive tableaux representing scenes in important national and international wars, the soldiers being in the accoutrements of the period. All the details are carried out with the greatest exactness.

The proposition that the Borough of Hastings District Nursing Association should augment its income by sending out nurses to private cases is rightly objected to by Dr. Holcroft, who states that the Association is starting a "cheap nursing supply company." It, as it is stated, "there is a grave fear of the Association ceasing to exist, for it is an open secret that its liabilities are heavy and its assets practically nil, and that it has little or no money to continue its work," then it should wind up its affairs, and not attempt to finance its work amongst the poor by sweating its nurses for this purpose. The exploitation of nursing labour under the guise of charity is a very sinister phase of the nursing question. It is growing to such proportions that it is proposed later in the year to hold a conference on "Nursing Economics," when this and kindred questions can be discussed. It is time the public understood that it is not charity to finance the nursing of the poor out of the earnings of working women.

The *Bakewell Guardians* have decided, subject to the consent of the Local Government Board to defray out of the common fund of the Union such portion of the legal expenses incurred by Miss Lizzie Smith in defending the action recently brought against her by Mr. W. E. Ponsford, late Workhouse Master, as may be decided upon by the Board. The circumstances of the case will be within the memory of our readers. Mr. Nixon, in supporting the resolution, said the nurse had discharged a public duty against terrible odds—discharged that duty against the risk and danger of being condemned in the eyes of every decent man and woman. Had she failed she would have been cast out of society. She ran the risk of absolutely beggaring herself, and she stood between the Board and a great danger.

The *Coventry Guardians*, who propose to build a new home for their nurses, have adopted the wise course of appointing a Sub-Committee to visit the homes attached to other infirmaries to gain a practical knowledge of the best arrangements, as they believe that they will save expense by so doing, and that this would therefore be the most economical course in the end.

The *Edinburgh Medical Practitioners' Association* propose to start a nursing home of 50 beds to be available at fees of from one to three guineas, for which it is estimated that £10,000 will be required, which the public are to be asked to contribute. The medical profession has intimated its willingness to contribute £800 to the initial expenses.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King has been pleased to become Patron of King Edward's Hospital Fund for London. His Majesty has, on the recommendation of the Lord Chancellor, the Prime Minister, and the Governor of the Bank of England, in accordance with the Act of Parliament, appointed as Governors of King Edward's Hospital Fund for London the following: The Duke of Teck, Viscount Iveagh, and the Speaker of the House of Commons.

The King, Sovereign head and patron of the Order of the Hospital of St. John of Jerusalem in England, has become the patron of the British Ophthalmic Hospital at Jerusalem (belonging to the Order), in succession to King Edward VII. His Majesty has also become patron of Guy's Hospital, and of the British Red Cross Society, the King and Queen have become patrons of the Brompton Hospital for Consumption, and the Queen is graciously pleased to become Patron of the Chelsea Hospital for Women.

Prince Francis of Teck appears to be a model Chairman for the Middlesex Hospital. His Serene Highness has asked for £20,000, and the public seems inclined to let him have it. The Prince visits the wards and out-patient department, and is acquainting himself with every detail of management. There is now no use for chairmen and governors of hospitals who do not know the difference between medical and nursing qualifications, and how important it is for the patients that in both professions they should be the highest obtainable.

The Conference of the National Association for the Prevention of Consumption and other forms of Tuberculosis, which was opened in Edinburgh on Friday last week, has been extremely interesting. Full reports have appeared in the *Scotsman* and the *Glasgow Herald* to which we direct the attention of our readers.

The St. John Ambulance Association has issued details of a scheme for organising ambulance county companies for aid to the sick and wounded of the Territorial Force in time of war. Two classes of local bodies are to be constituted. These will be called the St. John Ambulance Brigade Companies, to be formed under brigade orders, and the St. John Ambulance County Companies, which will be formed by the Territorial branch of the association. Both will be under the ambulance department of the Order, and in case of war in this country their services will be offered to the War Office. The members of a county company must be either registered medical practitioners, pharmacists, trained nurses, or persons who have obtained a St. John Ambulance Association certificate in first aid as regards men, and in first aid and home nursing as regards women. All officers and members of companies, both men and women, will enter into an obligation to serve in their own county with the Territorial Force in case of war.

## Professional Review.

## NEIGHBOURS AND FRIENDS.

Probably none of Miss Loane's books will ever have quite the charm for us of "The Queen's Poor," with its freshness, humour, and pathos, nevertheless, all who are interested in social problems should read her latest book, "Neighbours and Friends" (published by Edward Arnold). Voluntary workers will do well to study attentively the first chapter, in which the author endorses the view of the Poor Law Commissioners that "one great cause of pauperism is that Voluntary and State Aid compete with one another, instead of dividing out their respective territories, and establishing a firm and uniform system within those boundaries. . . . Where we are going is as important a question as where we are, even more so; to take long views will at least, to use an old-fashioned Americanism, 'solenise' us, and compel us to realise that all dilettantism and amateurism in works of charity is little more than mere indulgence in moral sleeping draughts." Without conference and co-ordination there will be overlapping of charitable aid in one place, and a terrible gap in another. Miss Loane says:—"Frequently I have had to beg voluntary workers not to supply alcohol to my patients unless they received a direct request from the doctor in charge of the case as the messages sent them were often not merely fabrications, but in direct opposition to his stringent orders. I have known the following articles demanded (and obtained) for the supposed benefit of the same patient within thirty hours: Wine and brandy because he was 'sinking'; jelly, custard, and broth because he 'must have something light'; roast beef (mutton on no account to be sent) because he 'must have something-strengthening.' Except for a couple of days, when a few pennyworth of milk would have met all requirements, the man was capable of eating ordinary food, and was drawing his usual wages."

We often hear of the wages on which the working classes lived and brought up large families in days gone by. Did they? One of Miss Loane's acquaintances told her, "When I was young people didn't even have enough to eat. How could they? Father was gettin' seven shillin' a week, and there was six of us. I was the eldest, so I had the worst of it, but mother'n father had it still worse when they was young. Wages was about the same, but they went no way at all. Mother's often told me that bread was 1s. 10d. and 2s. for the four pound loaf. But all that's clean forgotten; when I tell people they don't believe me. We wasn't as bad off as some, for if there was a bit extra to be earned for his family, father was the man to get out of his bed in the middle of a winter's night, and go five miles to earn it." Seeing the spirit of his daughter, adds the author, I could well believe it."

"If," says Miss Loane, "we would solve even the simplest of problems, we must be willing to learn from the working classes as well as to teach. I have never forgotten what a respectable woman living in a crowded parish in London, where the local demand for domestic servants was almost nil,

said to me when I asked her if no one ever helped her to find situations for her daughters outside its borders. 'Well, you see, Miss, there isn't hardly anyone but the vicar's wife, and she's so busy with them that's gone wrong that she's no time for the others. And there's Mr. ——— just the same. I'm not one for wishing to push anyone in the dirt, and many's the girl I've helped on the quiet, but to see him acting as if he couldn't make enough of girls who hadn't kep' straight, and not a word nor a look to help the others, fair turns me sick. . . . One side of the results of this exclusive attention to those of bad reputation was rather amusingly brought out by a girl of twenty-three applying to me for employment. I asked if the vicar would give her a reference, and she replied indignantly, 'I've always had a good character of me own. I've never had no need to ask for one!—as if characters were second-hand clothing passed on to those in need.'"

We shall many of us endorse Miss Loane's remarks when speaking of private nurses. "For some reason unknown to me, nurses need more bed-clothing than most people. I have generally found that they like four blankets in winter, and to have a third one at hand even in summer. In many private houses two are considered enough, and the unlucky nurse shivers and shakes half the night."

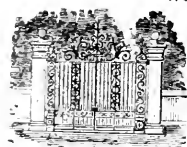
A word as to the 'cured' maniac shows how many homes are terrorised by the early discharge of asylum patients. "Forty or fifty years ago there was a great outcry against the detention of persons in asylums for the insane who might, it was asserted, with safety and advantage have been sent to their homes. Doubtless there was some justification for the complaints, but since then the pendulum has swung too far in the opposite direction; women are discharged when utterly unable to bear the mental annoyances and petty vexations of ordinary domestic life, and this is still more frequently the case with men. Can anyone who has neither endured such Fortune, nor seen anyone else compelled to endure it, imagine what it is like to be day and night in the power of a man who, at any moment, may be attacked by homicidal mania? Of a man who falls into a paroxysm of rage, or broods for days at a stretch over an imaginary insult, who sleeps with a loaded pistol under his pillow, or a sharpened razor in his hand?"

The whole town is horror-stricken when some discharged maniac murders wife and children, but few think of the life of fear which preceded the terrible deed, nor of the many hundreds of families living under similar conditions."

One more story: "The ordinary father has always to 'show cause' why he should not black the boots, and he can rarely do this during the first fourteen or fifteen years of married life. A North Country school teacher told me that she was giving a lesson on the history of Solomon. She could not avoid mentioning his wives, but was trying to pass over that portion of the subject as lightly as possible, when a boy showed his appreciation of the drawbacks of polygamy by the heartfelt sympathy with which he exclaimed, 'What a lot o' boots he must have had to clean!'"

## Outside the Gates.

### WOMEN



All the societies are therefore working all they know. There will be a great demonstration with speeches in Trafalgar Square on July 9th, and another in Hyde Park on July 23rd. Both must be enthusiastic and imposing.

There is to be an Autumn session, so now there can be no possible reason why the Bill should not become law if the House of Commons fulfils its pledges. Intelligent women quite realise that without the vote they have no security in the body politic.

Lady Frances Balfour, who presided at the annual meeting of the Freedom of Labour Defence Association, said that nothing very serious had been directed against women in the past year, but they had one arch-enemy, as she might call him, a personal friend of her own, Mr. John Burns. In these matters she considered him quite one of the most dangerous and most revolutionary of Ministers. He was one of the vicious class of men who were always trying to do good to women without in the least consulting women as to whether they wished to be done good to in that particular form. He was an advocate of that form of benevolent despotism which he himself would have most disliked if it had been turned against himself in his unregenerate days.

*The English woman* is very good this month, and the article on that great pioneer, Dr. Elizabeth Blackwell, who has recently passed away in her eighty-ninth year, by Mrs. Fawcett, strikes a necessary note "because I think that one and all we take for granted far too much, without gratitude, barely even with acknowledgment, all that has been gained for us by the generations that have preceded us. We regard it all as if it were manna dropped from heaven, freely granted by the bounty of Providence, without continuous human effort or sacrifice."

Mrs. Fawcett speaks of her deeply religious nature, and of the spirit in which she approached the relations between immorality and disease, and how to help to establish more worthy relations between men and women, became one of the objects of her life. "I will never," she wrote, "so help me God, be blind, indifferent, or stupid in relation to this matter, as are most women. I feel specially called to act in this reform when I have gained wisdom for the task. The world can never be redeemed till this central relation of life is placed on a true footing."

She felt both as a physician and as a citizen the enormous importance of a healthy family life, and she wrote:—

"The physician knows that the natural family group is the first essential element of a progressive society. The degeneration of that element by the degradation of either of its essential factors—the man or the woman—begins the ruin of the State."

The Albert Medal of the Royal Society of Arts for the current year, the highest honour in the gift of the society, has been awarded to Mme. Curie for the discovery of radium. With the exception of Queen Victoria, Mme. Curie is the only woman to whom the medal has been awarded.

## Book of the Week.

### THE DOP DOCTOR.\*

The scene of this wonderful story is laid in South Africa. Its opening chapters are perhaps its greatest, and the tragedy enacted under the gorgeous beauty of the African sky cannot fail to appeal to the imagination of the reader.

It begins by describing the progress of two large heavily laden waggons.

"Days and days, and nights and nights, of billowing, spreading, lonely sky-arched veld intervened between each homestead. . . . Perhaps there would be rain yet long. There had been rain already in the foremost waggon, not from the clouds, but from human eyes. A Kaffir drove the second waggon. . . . It held stores and baggage belonging to the Englishman, for you would have set down the man who owned the waggons as English, even though he called himself by a Dutch name. The child of three years was his. And his had been the dead body of the woman lying on the waggon bed, covered with a new white sheet, with a stillborn boy baby lying on her breast. For this the man who had loved and taken her, and made her his, had wept such bitter scalding tears. For this his dead Love, with Love's blighted bud of fruit upon her bosom, had given up her world, her friends, her family—her husband, first and last of all. . . . Amid the shouting and cursing of the native voor-loopers, and the Boer and Kaffir drivers, the rain of blows on tortured, struggling bodies, and the creaking of the teak-built waggon frames, he only heard her weakly asking to be buried properly in some churchyard or cemetery with a clergyman to read the Service for the Dead."

When the Englishman learns that it is still three days' trek to the nearest village town and pastor, he made up his mind. "He would bury her since it must be, and then fetch the clergyman to read the prayers. . . . No other hands than his own should prepare a last bed for her, his dearest. It should be deep, because of the wild-cat and the hungry Kaffir dogs. It should be wide, to leave room for him. . . . All the day through and all through

\* By Richard Dehmel. (William Heinemann, London.)

the night of wind-driven mists and faint moon-light, he wrought like a giant possessed."

A few days after this pathetic burial, from sudden failure of the heart, Richard Mildare, for now the Englishman's name was known: Captain the Hon. Richard Mildare, late of the Grey Hussars—was dead. One brief final pang and he had gone to join her he loved."

But the little child is left at the mercy of the brutal tavern-keeper and his mistress.

Years later we find her under the protection of the Mother Superior, in a Convent School in Gueldersdorp, and this good woman, who in former years had been jilted by Richard Mildare for her mother, devotes herself to the girl, and endeavours by love and religion to efface from her mind the terrible experiences of her childhood.

This was at the time when people were whispering in corners of impending war between John Bull and Oom Paul.

It was during the siege of Gueldersdorp that Lynette made the acquaintance of the Dop-Doctor, "Dop" being the native name for the cheapest and most villainous of Cape brandies.

"It did not matter what the liquor was, the bartenders were aware who served the Dop-Doctor, as long as the stuff scorched the throat and stupefied the brain, and you got enough for your money."

How a distinguished Harley Street surgeon came to earn this title, and how, in the end, he wins the affection of the beautiful Lynette, we must leave the reader to discover. But, underneath, the man's character is a fine one, and his cruel disappointments in private and public life go a long way in his excuse. The threads of many romances are interwoven in this remarkable book.

Emmigration Jane, the under-housemaid at the Convent, and young Walt—"true Boer's son that he was, though he did not entertain the idea of marrying Jane, considered she might be made useful in a variety of ways"—are very amusing.

"The young Dopper warmly grasped her hand.

"Mind me bad finger, Lumme! you did give us a squeeze an' a 'art."

"It I shall to hurt you I been sorry, miss! apologise the slabbert."

"All righto, Dutchy!" smiled Emmigration Jane. "Don't tear your features."

"She bestowed a glance of almost vocal disdain upon a Kafir girl in turkey-red cotton twill, with a green hat savagely pinned upon her wholly hair."

"Funny," she observed, "when I was 'ome I used to swaller all the tales what parsons kept pitchin' about that black lot 'aving souls like you and me."

We venture to think that the book is far too long, and that there is too much wading in muddy streams. A great deal could be omitted to its advantage in both these respects, but it is a book to read.

H. H.

#### THE HEALTH VISITOR.

Considerable impetus has of late been given to the development of Health Visiting, and the National League for Physical Education and Improvement, 4, Tavistock Square, W.C., has issued a useful little pamphlet, price 1d., giving practical details as to the necessary qualifications, training, duties, remuneration, etc., of Health Visitors.

#### TO DAISIES.

This month's *English Review* contains a hitherto unpublished poem by the late Francis Thompson—"To Daisies":—

Ah, drops of gold in whitening flame  
 Burning, we know your lovely name—  
 Daisies, that little children pull!  
 Like all weak things, over the strong  
 Ye do not know your power for wrong,  
 And much abuse your feebleness.  
 Daisies, that little children pull,  
 As ye are weak, be merciful!

These hands did toy,

Children, with you, when I was child,  
 And in each other's eyes we smiled.  
 Not yours, not yours the grievous-tair  
 Apparelling  
 With which you wet mine eyes; you wear,  
 Ah me, the garment of the grace  
 I wove you when I was a boy;  
 O mine, and not the year's your stolen Spring!  
 And, since ye wear it,  
 Hide your sweet selves—I cannot bear it!  
 For, when ye break the cloven earth  
 With your young laughter and endearment,  
 No blossom's carillon 'tis of mirth  
 To me; I see my slaughtered joy  
 Bursting its cecement.

#### COMING EVENTS.

July 8th.—Meeting, Executive Committee, Society for the State Registration of Nurses, 431, Oxford Street, London, W., 4 p.m. Tea.

July 9th.—Lady Margaret Fruitarian Hospital, Bromley, Kent. Founder's Day, Garden Party, 4.30 to 7 p.m.

July 9th.—National Union of Women's Suffrage Societies. Great Demonstration in support of the Conciliation Committee's Women's Suffrage Bill. Trafalgar Square, 3 p.m.

July 11th.—The Society of Women Journalists. Reception by the President, Lady McLaren, 43, Belgrave Square, S.W. 10 p.m.

July 11th.—East End Mothers' Home. Annual Meeting, The Mansion House, by kind permission of the Lord Mayor. 3 p.m.

July 16th.—Meeting of the Matrons' Council, General Hospital, Birmingham, 3 p.m. Public Meeting on State Registration of Nurses, 4.30 p.m.

July 19th and 20th.—Penal Cases. Central Midwives' Board. Board Room, Caxton House. 2 p.m.

July 23rd.—The Women's Social and Political Union. Great Demonstration in support of the Conciliation Committee's Suffrage Bill. Hyde Park, London, W.

WOMEN'S CONGRESS, JAPAN-BRITISH EXHIBITION.

July 8th.—Discussion on "Women in Philanthropy." 3 p.m.

July 9th.—Physical Training and Organised Play. Aline Duchess of Bedford presiding. 3 p.m.

#### WORD FOR THE WEEK.

State registration of nurses stands for education of the nurse, and hence for better nursing care of the sick.

ANNA L. ALLINE.

## Letters to the Editor.



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

### OUR GUINEA PRIZE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—This morning a BRITISH JOURNAL OF NURSING came for me, and much to my surprise but with very great pleasure I see that I have won the Guinea Prize.

I like the Journal immensely, and have taken it in regularly for some time.

Yours truly,

HELEN R. FLINT.

224, Kingsbury Road, Erdington, Birmingham.

### THE TEACHING OF NURSING BY NURSES.

*To the Editor of the "British Journal of Nursing."*

MADAM,—I was very glad to see that the St. John Ambulance Association has retreated from an entirely untenable position in regard to the teaching of nursing by nurses. It is, however, sad to think that an Association which professes to be national and educational in scope should prefer to withdraw from such a thoroughly national and educational plan as the Voluntary Aid Detachment Scheme rather than widen its borders, revise its constitution, and generally bring its work up to date.

It seems to me that every society which is to be effective, whether for peace or war, while being well organised, should also be sufficiently elastic in constitution to meet ever improving methods. This certainly cannot be when a society is so bound down by "fundamental rules" that even a suggestion of progress will not be entertained by those in power. I then the Council of the St. John Ambulance Association have chosen the wrong road, and will discover too late that they, at least as an educational body, are not of the running.

I remain, dear Madam,

Yours faithfully,

MARY BERR.

Ebford, Topsham, S. Devon.

### THE INTERDEPENDENCE OF MEDICINE AND NURSING

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM, At the annual meeting of the Cottage Benefit Nursing Association, held last week, at 12, Belgrave Square, S.W., when the Countess of Ancaster presided, Miss Broadwood, Hon. Secretary, said that they had been experimenting for many years to supply to cottagers the class of nurse they required, not the class that some people thought they ought to have.

"The class that they ought to have" is the thoroughly trained nurse, efficiently educated for

her duties, not a monthly nurse with a smattering of general nursing picked up outside a hospital. If the Cottage Benefit Association restricted itself to supplying Cottage Helps it might serve a useful purpose, but to claim that it is a Nursing Association, and that its so-called nurses are the most suitable for cottagers is an arrogant claim which must be exposed in the interests of the poor who are entitled, when ill, to as good nursing as the rich. To train nurses in the East End slums, as an additional experience to their hospital training, would be useful to those intending to nurse the poor in their own homes, but to substitute work in the slums for that training, is to create a class of workers who, whatever they are, are not trained nurses, and have no right to be sent out as such. It is natural that the anti-registrationists should be welcome on the platform of the Cottage Benefit Nursing Association. It is always those with "vested interests," that is to say, those who maintain inefficient standards of training, who make money out of nurses' labour, who oppose efficient education and organisation for nurses. Last year the Hon. Sydney Holland found an opportunity for expressing his anti-registration views on the platform of the C.B.N.A. This year, Sir William Allchin, who said he had been an opponent of registration from the first, spoke against the movement. Registration would, he said, neither protect the public nor benefit the nurses themselves. So the anti's have said for years, but failed to convince a Select Committee of the House of Commons, and later the House of Lords, on this point. Nursing, said Sir William Allchin, was not a profession, and "whatever the claims of women to take a medical degree might be, it was obviously undesirable to make her both a nurse and a doctor at the same time." The speaker, of course, showed himself thereby quite out of touch with the value of modern nursing in connection with medical treatment. As Miss Albinia Brodriek has well said, "a nurse is no more an inferior kind of doctor than a doctor is a superior kind of nurse," and the nurse of to-day is far too well aware of the interdependent relations of medicine and nursing, and too happy in her work, to wish to be, or pose as, an inferior member of any other.

Yours truly,

A SUPERINTENDENT OF TRAINED DISTRICT NURSES

## Notices.

### CONTRIBUTIONS

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii

# The Midwife.

## The Central Midwives' Board.

The monthly meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, June 30th.

At the beginning of the proceedings Mr. Parker Young moved the following resolution of congratulation to the Chairman of the Board, Sir Francis Champneys, on whom the honour of a Baronetcy was conferred amongst the Birthday Honours:—

"That the hearty congratulations of this Board be accorded to its Chairman on the distinguished honour conferred on him by the King, an honour they feel he so well deserved for the dignity, courtesy, and impartiality with which he has presided over the Board's deliberations since its commencement."

Mr. Parker Young said he counted it a pleasure to move a resolution which any member of the Board would have been only too proud to move. When the administration of the Act first commenced, eight years ago, and it became the duty of the Board to elect a chairman, the members met as strangers to one another. The late Dr. Cullingworth moved the election of Dr. Champneys as Chairman, and the speaker, not knowing Dr. Champneys, and realising how important it was to have the right chairman, felt it his duty to move a rider that the appointment should be *pro tem*. Since that time, year after year, they had re-elected the chairman, and he hoped it would be long before they lost his services. The honour conferred upon him added lustre to the Board, and they felt it an honour to have Sir Francis as their chairman.

The resolution was seconded by Miss Paget, who endorsed all that Mr. Parker Young had said, and thought that midwives owed the Chairman a debt of gratitude for his fairness and impartiality.

It was supported by every member of the Board present, Mr. Golding Bird saying that there was no man upon whom his college would sooner see this honour conferred than upon Dr. Champneys, who introduced into all his professional relationships the high tone on which a liberal profession should be based. The resolution was carried unanimously.

Sir Francis Champneys, in acknowledging the resolution, thanked the members of the Board for the exceptionally kind way in which they had spoken of his work, and said that the honour which his Majesty had seen fit to confer upon him would be of comparatively little value to him unless it had been endorsed by those who knew him. He would distribute the honour amongst the members of the Board. He had rowed stroke, but no boat ever won a race unless the crew all rowed together. He referred to the eminent services Miss Jane Wilson had rendered to the Board. They would never forget her extraordinary public spirit. Nor would they forget what they owed to the late Mr. Heywood Johnstone, and the late Dr. Cullingworth.

He thought that the action of his Majesty would promote the dignity and usefulness of the Central Midwives' Board, and might be taken as a proof of the Royal estimation of its work.

The Board's opinion of the value of the work of its Chairman will be generally endorsed. We appreciate his generosity in dividing his honours with his colleagues, but may we hope in some future Birthday Honours list to find that Miss Paget and Miss Wilson are awarded some personal recognition for their work in promoting the Midwives' Bill, in that most trying period before it became law, and the Board was constituted. May we hope also that some day, in the near future, the Chairman of the Central Midwives' Board, who realises the benefit conferred upon the public by the registration of midwives, will also realise that it is for the public good that the qualifications of nurses should be tested and registered?

### REPORT OF PENAL CASES COMMITTEE.

On the report of the Penal Cases Committee it was decided to cite twenty-nine midwives to appear before the Board, and that special meetings should be held on July 19th and 20th for this purpose.

### REPORT OF THE STANDING COMMITTEE.

On the recommendation of the Standing Committee the Board decided to reply to a letter from Miss F. M. Bernard Boyce, Inspector of Midwives for the County of Norfolk, stating that the period of suspension for the purpose of disinfection in that county has now been reduced to seven days, that "the Board considers that it is unfortunate that the arrangements for disinfection in the County of Norfolk are so far from adequate, and hopes that they will be provided without delay." As regards the period of quarantine, the Board referred to their original communications on the subject.

In reply to a further question from Miss Bernard Boyce it was decided to reply that the Local Supervising Authority has power to suspend a midwife for the purpose of preventing the spread of infection when she has been in attendance on a case of puerperal fever as a maternity nurse and not as a midwife.

In reply to a letter from the Right Hon. G. W. Palmer, of Marlston House, Newbury, as to the difficulty of maintaining midwives in country districts by voluntary efforts, and the necessity of their provision by the State, referred to the Board at the instance of the President of the Local Government Board, it was decided to reply that the Board "thinks it desirable that the State should subsidise midwives for poor and sparsely populated rural districts."

In reply to a letter from the British Medical Association as to the danger of midwives employing pupils as their substitutes, and suggesting that a midwife should be made directly responsible for any misconduct on the part of her pupil, the Board agreed to inform the Association that a midwife employing a pupil is already responsible to the

Central Midwives' Board for any breach of the rules by her pupil.

A letter was considered from Sir Donald MacAlister, president of the General Medical Council, as to the practice of midwifery by unqualified men, and it was agreed to forward in reply a copy of the Board's resolution of May 26th dealing with this question.

#### REMOVALS FROM AND ADMISSIONS TO THE ROLL.

Twelve midwives were removed from the Roll at their own request, and 100 names added to it under Rule B 2.

Fifty-eight applications for admission were refused.

#### APPLICATIONS APPROVED.

The application for the approval of the Lambeth Union Infirmary as a Training School was granted. Dr. Thomas Evans was approved as a teacher. The following midwives were approved to sign Forms III. and IV. Emily Diana Curtis, No. 23321, Jennie Davidson, No. 2468, Elizabeth Dyson, No. 23516.

It was decided to forward to the Privy Council a memorandum drafted by the Secretary on the Board's objections to certain clauses of the Midwives' Bill, 1910.

July 28th was fixed as the date of the next meeting.

## The Training and Supply of Midwives,

At the annual gathering of midwives working in connection with the Association for promoting their training and supply, held by kind invitation of Mrs. Eric Penn at 42, Gloucester Square, Hyde Park, on July 1st, Mrs. Wallace Bruce, who presided, said that the Association has the patronage of the Queen Mother, and Princess Christian also took a deep interest in its work. It was a great pleasure to the members to meet the midwives gathered there, as it was their object to keep in intimate touch with those engaged in such difficult and arduous work.

The Duchess of Montrose, before presenting badges to the midwives who had qualified for them, said that before the passing of the Midwives' Act an enormous number of preventable deaths took place owing to the ignorance of uncertified midwives, but this state of things was being steadily remedied. Her Grace gave an interesting account of the experience of a midwife in the Hebrides. In a shepherd's hut, while in attendance on a case, she counted twenty-four hens and a cat and kittens, in addition to a hen which was sitting on her eggs in a corner of the bed. A smoke fire was in the centre of the room. In this case the nearest doctor was fourteen miles away.

She thought that a longer training in midwifery should be the aim of the Association, and expressed a hope that the Act would soon be extended to Scotland, where it was wanted just as much as in England.

Mrs. Eileen read the list of the recipients of the badges, the majority of whom were, unfortunately, not able to be present. They were:—

Miss Minnie Dunster, Leekhampton; Miss Edith Ellis, Aintree; Miss Rose Gardner, Berkeley; Miss C. E. Glenn, Potter's Pury; Miss Ada Jellicoe, Hastings; Miss Helen Kitt, Plymouth; Miss Amelia Madgwick (Midhurst); Miss Martha Masters, Hanley; Miss Jane Murray, Candahar Barracks; Miss Florence Reader, Upper Baddlon; Miss Matilda Smith, Martock; Miss Emily Wickens, Welford Park; Miss Annie Williams, Beckford. Of these, Miss Jellicoe, Miss Madgwick and Miss Reader were present, and they received their badges from the Duchess of Montrose.

Miss Lucy Robinson expressed her disappointment that comparatively few of those entitled to receive badges were able to be present, and a brief speech was also made by Lady Beaumont.

At the conclusion of the meeting the midwives were most hospitably entertained, and sat down to a table so loaded with good things that the absentees should have been sent a vote of condolence.

## The Union of Midwives.

The Union of Midwives are holding a Concert and Sale of Work on Wednesday, July 27th, at the Cavendish Rooms, Mortimer Street, London, W. For sale will be found garments suitable for mothers, babies, midwives, and nurses, and the doors will open at 7 p.m. Tickets are free to midwives; 6d. and 1s. to others.

## Pupil Midwives and Professional Secrecy.

The Paris correspondent of the *Lancet* reports that at a recent meeting of the Society of Legal Medicine M. Thoinot discussed an interesting case which had arisen at a hospital where there was a school for midwives. An unmarried woman had been delivered of a child in presence of the pupils. When a deserted infant was found soon afterwards suspicion fell on her, and the examining magistrate wished that all the pupil midwives should see the deserted infant so that they might, if possible, recognise it. The medical director of the school protested against this, saying that the pupil midwives were present at the delivery in a medical capacity and that they were therefore bound by the rules of professional secrecy, but the magistrates to whom the matter was referred did not share his view. M. Thoinot then resolved to lay the facts before the Society of Legal Medicine, which was unanimously of opinion that the pupil midwives being cognisant of the circumstances in a medical capacity were bound by the rules of professional secrecy.

Do not use ice or cold water for checking post partum hemorrhage. Hot water works better, and stimulates the patient, while cold lowers vitality and increases shock.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,163.

SATURDAY, JULY 16, 1910.

XLV.

## Editorial.

### THE MATRONS' COUNCIL AT BIRMINGHAM.

The invitation given by Miss Musson, Matron of the General Hospital, Birmingham, to the members of the Matrons' Council to hold their summer meeting at that institution, by the kind permission of the authorities of the hospital, will afford the members an opportunity of seeing something of the great capital of the Midlands, and of meeting their colleagues from its many hospitals.

The idea, which originated with the Hon. Secretary, Miss Mollett, that the Council should meet in various centres, instead of always in London, is a very happy one, and now that Scotland and Ireland have each their own Matrons' Association, we hope it may be possible for the members of the Association of Matrons in the three countries to meet occasionally in the capital of each.

The time to be spent in Birmingham is too short for more than a passing glimpse, and presumably most of the visitors will not attempt to do more than see the General Hospital, which is a most up-to-date and interesting building, on this occasion; but it is probable that they will be inspired to return to see more of the city, and of its institutions and surroundings, on a future occasion. The city is noted for its public spirit, and its hospitals, poor-law infirmaries, and other institutions are well worth visiting. Added to this, Birmingham itself has many interesting sights to offer. It is a cathedral city and a most progressive university centre; it is a hive of industry—firearms, electro-plate, and buttons being amongst its manufactures; it has a famous Art Gallery containing many beautiful pictures, and in the suburbs an old Elizabethan mansion, Aston Hall—now the

property of the public—will well repay a visit, as will also the beautiful pleasure grounds which adjoin it. If this is not enough to inspire a visit to the capital of the Midlands, within easy reach are Warwick and Kenilworth Castles, Worcester and Lichfield Cathedrals, Stratford-on-Avon, Bournville, and the Malvern Hills.

English men and women are sometimes reproached that they take their pleasure outside their own country and are ignorant of much that would be profitable and pleasurable for them to know concerning its beauties and its industries. Nurses who come into intimate contact with the people should make a point of studying the conditions under which they live, especially in the great industrial centres, and a holiday spent in the neighbourhood of Birmingham, which, being in the centre of the map of England, is most accessible, might be very enjoyable.

It is quite a mistake to suppose that because of its proximity to the "Black Country" that the neighbourhood of the city is unlovely; on the contrary, it is set in the midst of some of the most attractive scenery in England, and the Black Country itself affords many points of interest to the thoughtful student of social economics, amongst whom many nurses are numbered. A day spent in studying the conditions under which our fellow men and women work at Cradley Heath and other Black Country towns would afford food for thought, and would be a unique and interesting experience.

We hope that the visit of the Matrons' Council to Birmingham will be the prelude to others, which will increase our knowledge of the localities in which our members are working in different parts of the kingdom.

## Medical Matters.

### HEAT IN THE TREATMENT OF SHOCK. ESPECIALLY AFTER SEVERE BURNS.

In an address on "Certain Subjects of Surgical Interest," delivered before the annual meeting of the Sevenoaks Division of the British Medical Association, and reported in the *British Medical Journal*, Dr. Herbert F. Waterhouse, F.R.C.S., Lecturer on Surgery at Charing Cross Hospital, and Senior Surgeon to the Victoria Hospital for Children, said in regard to heat in the treatment of shock, especially after severe burns, "I believe that the method I am about to bring under your notice is quite novel; I am convinced that it is of real value as a means of life saving, and I wish to make it clear that I can lay no claim to the merit of having introduced it. The whole credit is due to my excellent Ward Sister at the Victoria Hospital for Children, Miss Alexandra Gray. I may perhaps best describe the method if I relate the story of its origin. A few months ago, when I was making my ward visit at that hospital, I was shown a child 2 years of age who had sustained a truly awful burn. The child was pulseless and collapsed, and I remarked to the Senior Resident Medical Officer, Mr. A. C. D. Firth, M.B., B.C. Cantab., one of the most able and experienced resident officers I have ever known, 'That child will die before midnight.' Mr. Firth agreed with my opinion. I left the poor child to die as an entirely hopeless case. My Ward Sister, however, felt—and all honour to her—that she would, as I had abandoned hope, endeavour to save the tiny life. She had, she subsequently told me, noticed that children in intense collapse after burns, are invariably cold and restless, and that warmth soothes and quiets them. She therefore dressed the burns with my usual lotion, a 1 per cent. solution of aluminium acetate, and covered the small body with a single blanket. Then she placed a cradle over the child, and inside the cradle inserted a 32 candle power electric lamp, covering the cradle with a blanket. A thermometer inserted inside the covering blanket enabled the temperature to be maintained at an average of 103 deg.; the temperature was never allowed to fall below 100 deg. or to exceed 105 deg. To cut a long story short, the child made an excellent recovery, and in my opinion owes its life to Miss Gray's care and ingenuity. Since this case every burn has been thus treated.

Mr. Firth kindly wrote me in answer to my inquiry: 'We have had this year seven severe burns. The oldest child was only 1 years of age, and in every case the shock was very

marked. All seven children recovered.' I am convinced that Sister Gray's discovery will have far-reaching results, and will prove of life-saving value in the treatment of profound shock. In a case of gastro-enterostomy performed for congenital pyloric stenosis in an infant 9 weeks old, both Mr. Firth and I consider that the infant's recovery from grave shock was largely due to the application of this heat treatment. I purpose in future to make extended use of this treatment, of whose efficacy I am convinced, as it has been frequently employed at the Victoria Hospital with excellent results in the case of children suffering from severe shock due to many causes."

### TUMOURS PRODUCED BY SURGICAL DRESSINGS.

The Paris correspondent of the *Lancet* reports that M. Paul Reynier is of opinion that certain kinds of dressings applied to wounds may lead to the formation of inflammatory deposits simulating tumours, and at a meeting of the Academy of Medicine, held on June 21st, he gave clinical details of two cases which supported this view. He said that such mishaps were more common than was generally supposed, evidence to this effect being readily obtainable by those who took the trouble to look for it. As the gauze which was supplied to hospital wards sometimes had a fleecy surface and was overheated in sterilising, when compresses made of it were used for absorbing the fluids present in wounds it was very difficult to prevent them from leaving fragments of vegetable fibre in the tissues. It would be desirable to have all these compresses hemmed. The larger sizes of these fibres remained on the surface of the wound and were harmless, but the very small ones might be taken up by the capillary lymphatics and carried along until they were stopped by an abrupt bend, where they gave rise to defensive processes of phagocytosis and sclerosis, which might be mistaken for a relapse or a metastasis. The diagnosis of this condition was particularly difficult, but could be made when there was a very short interval (less than 20 days) between the operation and the pseudo-relapse, and especially when the size of the growth was out of proportion to its duration. It ought to be remarked that in the cases described by M. Reynier the presumed embolism of fibres from the dressings occurred in patients already suffering from tumours, and that the condition of the tissues in which the pseudo-relapses made their appearance might be of importance. This, however, was a hypothesis which would have to be tested by the subsequent course of events.

## Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.

### NEPHRITIS.

We now come to some diseases of the kidneys, and though, as will be seen, not all of the wrongdoings of these organs are due to inflammation of their substance, it will yet be convenient to describe them all under the generic name of nephritis, and to point out the exceptions to this classification subsequently.

In order to understand what happens when the kidneys go wrong, we must first see how they do their work in health, and the key to this is to remember that they are essentially filters where certain waste products, which are circulating in the blood, are removed and passed out of the body in the form of urine. There, however, the resemblance ceases, for a filter in the ordinary sense of the word is a lifeless machine, while one of the most marked features of the kidneys is the way in which they are constantly altering their rate and manner of the filtration under the control of the nervous system, as will be seen subsequently.

We know that as the blood circulates through all the different parts of the body—the tissues as we call them—it not only gives up to them its fresh food, the result of digestion, but is also continuously receiving the waste matter which is the outcome of the wear and tear all over the body, just as ashes are the product of a burning fire: obviously a mechanism is necessary for removing these ashes.

Now these waste products are of many different kinds, though they all contain nitrogen, and, as the blood circulates, they reach the liver, where they are converted into a substance called urea, and the kidneys have to take this out of the blood along with waste water and some salts and a little colouring matter, which all together make up the fluid urine. In a healthy adult, the quantity of this which is passed in the twenty-four hours is about fifty ounces.

How do the kidneys do this? Omitting details, we may consider each kidney to be made up of a number of separate filtering systems, each of which consists of a tube with its attendant blood vessels. Each tube is lined with a layer of cells, and receives blood from a branch of the artery going to the kidney—the renal artery—so that the blood passes from the little artery through the substance of the cells and out again into the renal vein; in its passage through the cell water, salts, and urea are sucked out of it by the cell, and passed into the tube which ultimately joins a collecting tube called the ureter, which conveys the urine

into the bladder, where it is stored until it can be conveniently passed. Each cell has also a tiny nerve filament, whereby its action is regulated by messages from the brain and spinal cord; in practice the rate at which the kidney works is determined by the nerves which act on the blood vessels, causing them to expand (and so give the cell more blood) when a great flow of urine is required, and to contract when less work is demanded of the kidney.

Another point which we must bear in mind is that the skin is also an excretory organ, and that the kidneys work with it, so that when the skin is acting freely, as in hot weather, the kidneys are comparatively idle, and *vice versa*. If anything happens to cause the skin to stop working temporarily, such as the sudden immersion of the body in a cold bath, the kidneys have a great deal of work suddenly thrust upon them, so we can see the necessity for the nervous mechanism which regulates their action.

So much for the healthy kidneys; let us now see how and why they can go wrong. In the first place, they can either become acutely inflamed, or they can gradually lose their power of efficient filtration as the result of continual strain or ill-usage: let us take the acute inflammations first.

These occur either as the result of a chill, or from the action of the poisons produced by certain diseases, notably the acute infections such as scarlet fever, enteric fever, and the like: Other poisons, such as turpentine, often have a like effect. When the disease is due to chill, the cells lining the tubes are affected, and we have the so-called tubal nephritis, but in scarlet fever, the change is mostly between the tubes—interstitial nephritis—and the disease is usually not so intense, for in the latter case, the tubes are only pressed upon (though rendered inactive for the time) while in the former they are themselves damaged, and the mischief is more frequently permanent.

Now, the effect of the inflammation, wherever it is, is that the tubes instead of being living things with the power of selection which we have described, become inactive, so that we have a two-fold effect, in that they do not take out of the blood the things that they should, and they let unchanged blood pass through them. The circulating blood has, therefore, an excess of urea in it (and the urine contains but little urea), and also blood itself, or the serum albumen which the blood contains, is found in the urine. Beyond some degree of anaemia from loss of blood, the latter process is not as important to the patient as it is to the physician, to whom it is a valuable means of detecting the disease, but to the patient the

retention of urea in the system is fraught with many and great dangers. Inasmuch as the water also is not extracted, the quantity of urine passed is very much diminished.

We will now consider the symptoms of an acute nephritis as they occur in practice, and they may be divided into those which show that the kidney is inflamed and those due to the effects of the retained urea and water on the system. In the former class we have a rise of temperature, headache, shivering, and pains in the back, which latter instead of ceasing after the onset of the illness has passed (as in other febrile ailments), settles down into a continuous aching in the loins. As aforesaid, there is a great diminution in the amount of urine passed, or there may be even total suppression of the flow, and the urine that is passed contains blood and albumen and much less urea than normal. On examining the sediment from the urine under the microscope, we find clumps of dead epithelial cells which have come from the interior of the inflamed tubes and are therefore known as tube casts.

Then the effect of the retention of water is shown by the occurrence of swelling of the face and feet—dropsy—and in severe cases the fluid collects also in the peritoneal cavity—ascites—and in the pleura, where it gives rise to pleurisy; sometimes there is a local swelling at the outlet of the larynx so that the patient is unable to breathe and may die of suffocation in consequence. The effect of the retained urea is seen in persistent headache, drowsiness, sometimes going on to unconsciousness and general convulsions from the irritation of the brain by the poison: these together make up the condition which we call uræmia.

Death may take place at the outset from complete suppression of urine, or later, from the pressure of the accumulated fluid on the internal organs, or from uræmia. Recovery is always slow, and liable to be interrupted by relapses due to fresh inflammation, the outlook being much better in the scarlatinal form of the disease, than in the tubal variety for the reason previously given.

(To be continued.)

## The Battle of the Standards.

The "Bart's" appointment has had one good result. The appeal of the Defence of Nursing Standards Committee has compelled the Governors to take a personal interest in the conduct of business at that institution. It is almost incredible that men who are no doubt inspired with the most philanthropic motives, so far as the patients are concerned, know absolutely nothing of the medical and nursing departments. Where a medical school exists, the medical staff may safely be left to care for the best interests of their own profession, and the qualifications of the medical staff are printed in black and white. But how different it is with the nursing department. For the Matron and Superintendent of Nursing no standard is defined in the rules, and presumably a woman semi-trained or not trained at all is quite eligible for the responsible duty of superintending the education of the nursing staff and their professional work in the wards! The absolute necessity for standards defined by statutory authority has been borne in upon every "Bart's" nurse of late, and we hope upon all the Governors, some of whom confess they do not know the term of training, or curriculum demanded for the training of the nurses for whom they are responsible to the public.

We learn that the fact that the lady selected as Matron had only a two years' certificate of training was not brought to the notice of the Election Committee, as it should have been, in printed form by those responsible for setting out the qualifications of the candidates, so that the majority of those present did not realise that they were ignoring their own three years' standard of certification. Surely this omission was not intentional!

It would be interesting to know if, as vehemently stated, the election was *bona-fide*, how it was that a member of the medical staff was able to inform a ward sister, who was to be appointed two days before the election took place—information which, moreover, was widespread and instigated the withdrawal of more than one fully trained Matron candidate, who did not wish to be superseded by a Matron's assistant, and her status and qualifications thus depreciated. We learn that the interrogation of some of the candidates was so superficial as to amount almost to discourtesy, and certainly to justify the assumption that it was not a genuine competition.

In our opinion one of the most reprehensible features of the whole discreditable affair was the manner in which the strongest "Bart's"

Dr. Paul Ehrlich, as reported in the *Times*, has made a statement concerning a cure for syphilis which he has discovered and prepared with his collaborators, and which is already being used in some hundred clinics. Work for the perfecting of the cure is still proceeding, but Dr. Ehrlich considers that high expectations of the healing power of the preparation are justified.

candidates were deprecated personally. One was described as a "chronic invalid," another "too ill-tempered," another "lacking in tact," and so on. Who primarily made these intentionally damaging statements. The more this matter is considered the more unscrupulous it appears.

We regret to learn that several Sisters at St. Bartholomew's Hospital have sent in their resignations, to take effect on October 1st, as they do not wish to work under the new regime. Their action can cause no surprise, and indeed self-respect naturally prompts such a course.

*The Week End* has a very pertinent article on the Bart's scandal, and asks how the Treasurer, Lord Sandhurst, can reconcile his approval of the new appointment with the fact that he, as Chairman of the Select Committee of the House of Lords on Metropolitan Hospitals, in 1892, recommended that the three years' training standard should be adopted.

### The Matrons' Council.

A meeting of the Matrons' Council of Great Britain and Ireland will be held at the General Hospital, Birmingham, on Saturday, July 16th, at 3 p.m., at which the new President and Vice-Presidents will be elected. Tea will be at 4 p.m., after which an Open Meeting will be held at which Mrs. Bedford Fenwick will speak on The Educational and Economic Aspects of the State Registration of Trained Nurses, and Miss Mollett will discuss the clauses of the Registration Bill now before Parliament. Miss Musson, the Matron of the General Hospital, will be pleased to welcome any who are interested in the subject, and will be glad if any nurses who have not received notices will notify to her their intention of attending the meeting. The wards may be visited during the afternoon.

Seats will be reserved for all those members of the Council who have notified Mrs. Spencer that they intend to travel by the non-stop excursion train leaving Euston Station for Birmingham at 11.45 on Saturday, 16th inst., the compartments will be marked "Matrons' Council, reserved." The return ticket is 5s. It is hoped there will be quite a representative party, and no doubt it will be full of life and spirits as the members of the Council usually are. Miss Mollett returns from Germany in time to take part in the meeting, and the President elect, Miss Heather-Bigg, Matron of Charing Cross Hospital, will take part in the proceedings.

### The Society for the State Registration of Trained Nurses.

A Meeting of the Executive Committee was held at the offices on Friday, July 8th, at 4 p.m., Mrs. Bedford Fenwick, President, in the chair.

#### REPORT OF THE PRESIDENT.

"Since the last meeting of the Executive Committee the Annual Meeting of the Society has been held, at which the Lady Helen Munro-Ferguson presided, and gave an address which was eloquent testimony to the work and personality of our late President, Miss Isla Stewart. The attendance at the meeting was the largest on record.

"A resolution passed at that meeting, calling the attention of the public and of Parliament to the injury done to well-trained nurses by the exploitation of their uniform, and to reputable nursing homes and nurses by the use of bogus nursing homes and massage homes for criminal and vicious purposes, has been sent to every member of the Government with a covering letter which pointed out that the lack of educational standards and status for nurses is acting most detrimentally on the quality of candidates for training, and that until means are established whereby nurses who have given evidence of having satisfactorily passed through an adequate professional education and training are dissociated in the public mind from inefficient and unskilled workers, as well as from criminal and immoral persons, many carefully brought up girls of the high standard required will naturally hesitate to adopt nursing as a profession, to the loss of the community, which requires highly conscientious service upon the part of its nurses. It was intimated to the Government that it added to the Statute Book the Nurses' Registration Act would be a measure of the greatest public utility to the credit of any Government during whose term of office it became law.

"It is a pleasure to record that Mr. R. C. Munro-Ferguson, M.P., who has charge of the Nurses' Registration Bill in the House of Commons, has been appointed a Privy Councillor by the King.

"The Special £100 Registration Fund has now been closed, £104 7s. having been received.

"The appointment of a lady holding only a two years' certificate of training from the London Hospital to the position of Matron and Superintendent of Nursing at St. Bartholomew's Hospital, where the three years' standard of training and certification has been in force for close on thirty years, places in the hands of registrationists the very strongest argument possible for the establishment by Act of Parliament of a governing body for the nursing profession, empowered to define and maintain efficient nursing standards which cannot be trifled with by irresponsible and ignorant persons to the serious depreciation of a nursing school and the status of its nurses.

"The Council of the British Medical Association, through the good offices of Dr. Goodall, has courteously consented to the request of this Society to hold a meeting on the question of the

State Registration of Trained Nurses during the annual meeting of the British Medical Association in London at the end of July, if thought advisable.

"The nurses in the State of Massachusetts, U.S.A., have, after a prolonged struggle, gained their legal status, an Act for Registration of Nurses being now in force. This success is greatly owing to the efforts of Miss Riddle, Matron of the Newton Hospital, and President of the Nurses' State Association. Another star is thereby added to the firmament of American registration.

"It is with great regret I have to report the death of the Lady Victoria Campbell, a Vice-President of our Society, who always took a most intelligent interest in nursing, especially in the efficient training of district nurses."

ETHEL G. FENWICK,  
President.

The report having been adopted, a vote of thanks to the British Medical Association, proposed by Miss Cox-Davies, and seconded by Miss Sidney Browne, was passed unanimously.

The President was asked to convey the congratulations of the meeting to Mr. R. C. Munro Ferguson upon becoming a member of the Privy Council, proposed by Miss Barton, and seconded by Miss Pell-Smith.

The congratulations of the meeting were also to be conveyed to Miss Riddle, President, and the Nurses' State Association of Massachusetts upon the victory they had attained in the State Legislature by the passing of the Nurses' Registration Bill, proposed by Miss Heather-Bigg, and seconded by Miss H. Hawkins.

#### REPRESENTATIVE OF THE NATIONAL COUNCIL OF WOMEN.

Mrs. Bedford Fenwick was invited and consented to represent the Society at the meeting at Lincoln in October. Other business having been considered, the following new members were elected:—

#### NEW MEMBERS.

No.	Name.	Where Trained.
2838	Miss E. E. Gibson Hill, cert.,	St. Bartholomew's Hosp.
2839	Miss E. T. Clegg, cert.,	Royal South Hants Hosp.
2840	Miss K. M. Roe, cert.,	St. Bartholomew's Hosp.
2841	Miss T. Stubbs,	" "
2842	Miss L. C. Cooper, cert.,	Central London Sick Asylum, Hendon.
2843	Miss L. A. Boulmer, cert.,	St. Bartholomew's Hosp.
2844	Miss O. Bennett,	" "
2845	Miss S. M. Alvis, cert.,	General Hospital, Birmingham.
2846	Miss W. Hardy, cert.,	Hawera Hospital, Saranadi, N. Z.
2847	Miss E. Kinsopp, cert.,	Royal Free Hosp.
2848	Miss T. Lawton, cert.,	St. Bartholomew's Hosp.
2849	Miss G. K. S. Robson,	" "
2850	Miss E. Jones,	" "

2851	Miss L. Farley, cert.,	General Hospital, Rotherham.
2852	Miss T. M. Hayes, cert.,	St. Bartholomew's Hosp.
2853	Miss A. Campbell,	" "
2854	Miss R. V. Irvin,	" "
2855	Miss M. H. Gibson,	" "
2856	Miss G. Cowlin,	" "
2857	Miss G. Farquahar,	" "
2858	Miss N. Hunter,	" "
2859	Miss E. Bannfield,	" "
2860	Miss M. Saffrey,	" "
2861	Miss E. Hall,	" "
2862	Miss H. Scrase,	" "
2863	Miss H. M. Harper,	" "
2864	Miss K. F. Wilkinson,	" "
2865	Miss E. Dearbergh,	" "
2866	Miss F. S. Oldfield,	" "
2867	Miss B. M. E. Hesketh,	" "
2868	Miss M. O. Crown,	" "
2869	Miss M. M. Davis,	" "
2870	Miss M. C. Barker,	" "
2871	Miss L. M. Symonds,	" "
2872	Miss A. O. Manson,	" "
2873	Miss E. Newton,	" "
2874	Miss R. MacEwan,	" "
2875	Miss G. M. Simms,	" "
2876	Miss M. K. Minet,	" "
2877	Miss M. Drury,	" "
2878	Miss A. M. B. Taylor,	" "
2879	Miss E. B. Haynes,	" "
2880	Miss J. McGregor,	" "
2881	Miss M. L. Marsh,	" "
2882	Miss E. Griffiths,	" "
2883	Miss F. E. Evans,	" "
2884	Miss F. M. Loveband,	" "
2885	Miss M. MacLavery,	" "
2886	Miss A. E. Taylor, cert.,	East Dulwich Inf.
2887	Miss E. W. Taylor, cert.,	East Dulwich Inf.
2888	Miss H. M. Hollier, cert.,	St. Bart's Hosp.
2889	Mrs. E. M. King, cert.,	Liverpool Royal Inf.
2890	Miss C. W. Clapham, cert.,	Royal Free Hosp.
2891	Miss K. Bowerman, cert.,	Bristol General Hosp.
2892	Miss C. Heron, cert.,	St. Bart's Hosp.
2893	Miss E. Orchison, cert.,	Dundee Parochial Hosp.
2894	Miss L. M. Crump, cert.,	St. Bart's Hosp.
2895	Miss W. Crown,	" "
2896	Miss M. E. Maclean,	" "
2897	Miss A. K. Wallis,	" "
2898	Miss L. Ellis, cert.,	Westminster Hosp.
2899	Miss I. MacNay, cert.,	Royal Infirmary, Manchester.
2900	Miss M. Davitt, cert.,	Royal Hosp., Sheffield.
2901	Miss E. Spicer, cert.,	St. Mary's Infirmary, London, N.
2902	Miss L. K. Evans, cert.,	St. Mary's Infirmary, London, N.
2903	Miss L. A. Bolloch, cert.,	Fulham Inf., W.
2904	Miss E. Hartnack, cert.,	St. Marylebone Infirmary, W.
2905	Miss M. Packer, cert.,	Portsmouth Inf.
2906	Miss J. J. Dynam, cert.,	St. Vincent's Hosp., Dublin.

MARGARET BREAY.

Hon. Secretary.

## Nurses of Note.

### MISS S. GRACE TINDALL.

Miss S. Grace Tindall, Matron of the Cama and Allbless Hospitals, Bombay, and a member of the Matrons' Council of Great Britain and Ireland, is the youngest daughter of the late Rev. H. Woods Tindall, M.A. She began her training as a nurse at the Metropolitan Hospital, Kingsland Road, London, but the rush of a London Hospital as an introduction to work proved too great a strain, and a serious breakdown followed necessitating cessation of work, but throughout this enforced rest Miss Tindall kept one aim in view, to return to the life which seemed best worth living, and later she gained the three years' certificate of the Croydon Infirmary under the able Matronship of Miss Julian. On gaining her certificate she took up private nursing, and then worked for a year for Sir Frederick Treves, for the most part as a Sister in Miss McCaul's Nursing Home in Welbeck Street, W.

Then came a sudden call to Egypt, and in 24 hours London was left behind, and two winters were spent by Miss Tindall as Sister in Dr. Milton's English Hospital and Victoria Nursing Home when it was in its old quarters, varied by occasional rushes up to Assouan (a 24 hours' journey), and

other parts of Egypt to nurse private patients.

A return to England followed, during which Miss Tindall gained the certificate of the City of London Lying-in Hospital, and then, in the companionship of a Sister, also a trained nurse, began a never-to-be-forgotten varied nursing

experience in almost every part of Egypt.

On the formation of Lady Minto's Indian Nursing Association in 1907, Miss Tindall was offered the superintendence of one of the branches, and fifteen months later the Matronship of the Cama and Allbless Hospitals, Bombay, which are under Government, was offered to and accepted by her.

These hospitals contain over 100 beds, and form a Training School for 30 or 40 nurses—European, Eurasian, and high caste natives. There are five Charge Nurses, and two native Staff Nurses. Attached to the hospital is a small Private Nursing Institute, which supplies Indian nurses with three years' training to Indian families. Although only opened last year, this Institute is meeting a real need that is growing among the natives, and there is also a certificated



MISS S. GRACE TINDALL.  
Member of the Matrons' Council of Great Britain  
and Ireland.

"Bazaar Nurse," who visits patients who cannot afford to pay fees.

The Midwifery School of these hospitals was recognised last year by the Central Midwives' Board as a Training School for Midwives.

Miss Tindall is a member of the Army Nursing Service Reserve, the Royal British Nurses' Association, acting as its Lady Consul for Bombay, one of the early members of the Society for the State Registration of Nurses, and the Matrons' Council of Great Britain and Ireland also numbers her amongst its members.

In India she is a member of the Association of Nursing Superintendents of India, and of its Executive Committee; she is on the Central Committee of the Bombay Presidency Nursing Association, and is Hon. Secretary for the Guild of St. Barnabas for Nurses.

The Committee of the Countess of Dufferin's Fund who pay for the training and maintenance of some of the nurses have recognised the efforts of the Lady Superintendent to raise the standard of teaching, and of the whole tone and organisation of the Training School and work in the Cama and Alibless Hospitals, by adding a monthly bonus to the insufficient salary allowed by Government.

The dog who appears in the picture travelled from Egypt with his mistress, and is her most faithful and devoted companion and friend. It was not intended that he should "sit," too, but he is not to be persuaded to leave his accustomed post at his mistress's side (unless she is busy in the hospital, when he awaits her in the office with his ever ready welcome!) and so the best attention of all was concentrated on getting his picture!

### Presentation.

At the annual meeting of the Leicester Infirmary Nurses' League, Miss M. H. Sherlock (Sister Lena), who is shortly leaving the Infirmary to take up the position of Matron at the Home of Recovery, Hunstanton, was presented with a gold watch and a purse of money. The watch bore Miss Sherlock's monogram and was engraved with the following inscription:—

"To Miss Sherlock on leaving the Leicester Infirmary after 24 years' work as Sister, from the resident Nursing Staff, and members of the League, June, 1910."

On the following Wednesday the members of the Committee, and the Hon. Medical Staff presented Miss Sherlock with a travelling case in green crocodile leather, with silver fittings, inscribed as follows:—

"Presented to Miss Sherlock (Sister Lena) from members of the Board, and of the Hon. Medical Staff, on the occasion of her leaving the Leicester Infirmary after 25 years' devoted service. June 29th, 1910."

Miss Sherlock will carry with her the good wishes of many friends for her success and happiness in her new work.

### Practical Points.

Experience is a great teacher, and perhaps some of the following "points" picked up during many years' private work may be of use to some of the younger nurses.

Those who have any choice in the matter of outdoor uniform will find a white lining to the cloak looks well, and is a great saving to the dress sleeves.

Made quite separate of nun's veiling or cashmere, and tacked into the cloak, it is easily removed for the wash, and takes only a few minutes to replace.

A stuff dress for travelling and those times when cotton is not necessary if made of alpaca will wash many times without looking shabby. It seems rather extravagant to use a clean cotton dress for a journey only, and yet, of course, one worn in common cabs and railway carriages is not fit for a patient's room, so should be put aside for like occasions.

A trunk of the Saratoga type seems to stand the constant banging better than any other, and may with advantage have a cotton lining fitted to the inside with drawing pins.

A tin is a most useful sponge carrier. Painted inside and out it will go on for years without rusting, and should be tall enough to take a tooth-brush. It is surprising how much will go into an ordinary coffee tin, sponge, loofah, tooth powder, soap, tooth and nail brushes will all easily find a place.

A point which seems often overlooked is that a nurse's dressing-gown needs frequent washing. Cotton ones are simple enough for the summer, but for cold weather nothing seems more satisfactory than a fairly good flannelette (red and dark blue wash best). It should be lined to a little below the waist with a loose cashmere lining. Again, how often is a bed-pan picked off the floor and put straight under a patient, carrying probably a large and varied crop of germs which are rubbed off on the patient's sheet. After being properly cleansed a pan should be wrapped in a clean towel, and when brought to the bedside should be left on the towel while any necessary arrangements of bedclothes, etc., are made.

E. M. DICKSON.

### L.C.C. School Nurses.

Six nurses have been approved for appointment as School Nurses under the London County Council by the Section of the Education Committee charged with their selection. They are:—Miss A. C. Marshall (cert. Chelsea Infirmary), Miss R. E. Marshall (cert. General Infirmary, Worcester), Miss M. K. Herbert (cert. Shoreditch Infirmary), Miss M. E. Windemer (cert. Guy's Hospital), Miss M. Stewart (cert. Camberwell Infirmary), Miss M. Goodlass (cert. General Hospital, Cheltenham). The first four are already doing temporary duty as School Nurses.

## Appointments.

### LADY SUPERINTENDENT.

**General Hospital, Toronto, Canada.**—Miss Robina Stewart has been appointed to succeed Miss Snively as Lady Superintendent of the General Hospital, Toronto. She was trained at the Johns Hopkins Hospital, Baltimore, where she had charge of the private wards for some years; afterwards she spent some time in the study of training schools in the middle West, and for the past three years has been Superintendent of Nurses at the Allegheny General Hospital, Pittsburgh.

### MATRON.

**Bristol and Clifton District Nurses' Society.**—Miss Hodges has been appointed Matron. She was trained at the Bristol Borough Infirmary.

### SISTERS.

**The Dispensary, York.**—Miss M. S. Ferens has been appointed Sister. She was trained at the Royal Infirmary, Glasgow, where she also held the position of Sister. She was also Sister for four years at Princess Louise's Hospital, Rosneath, and has had experience of private nursing in connection with the Glasgow and West of Scotland Co-operation and the Ayr and West of Scotland Co-operation. She is also a certified midwife.

**Isolation Hospital, Morton Banks, Keighley.**—Miss H. M. Goulder has been appointed Sister. She was trained at the General Hospital, Rotherham, and the Isolation Hospital, Keighley, and has lately been engaged in private nursing.

**General Hospital, Rotherham.**—Miss F. W. Johnson has been appointed Sister. She was trained at the Walsall and District Hospital and has held the position of Sister at the Jessop Hospital, Sheffield.

### CHARGE NURSE.

**Mahmehann Home, Bournemouth.**—Miss Kathleen Pomeroy has been appointed Charge Nurse. She was trained at the St. Marylebone Infirmary, and has held the positions of Night Sister at the Gravesend Hospital, of Midwife and Staff Nurse at the Brighton and Hove Hospital for Women, and of Sister-in-Charge of the District Nurses' Home, Hanham, Bristol. She is a certified midwife.

### HEALTH VISITOR.

**Corporation of Blackpool.**—Miss Annie Kate Waller has been selected by the Health Committee for the position of Assistant Lady Health Visitor. She was trained at Sir Patrick Dun's Hospital, Dublin, and at the Rotunda Hospital in the same city. She is at present District Nurse in connection with the Oldham Town Mission. Miss Waller is expected to take up her duties as soon as the Town Council have sanctioned the appointment. She will be attached to the department of the Medical Officer of Health.

Miss M. F. Reynolds, who was appointed Sister at the Princess Alice Memorial Hospital, Eastbourne, has accepted a post at Margate, and will not take up her duties at Eastbourne.

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

**Transfers and Appointments.**—Miss Annie Morrison, to Taunton, as training midwife; Miss Maria Latenstein, to Stockton; Miss Gwenllan Norris, to Holywell.

### RESIGNATION.

The news of the resignation of Miss Elizabeth M. Jones, Lady Superintendent of the Royal Infirmary, Liverpool, will be received with great regret not only by the pupils and graduates of the school, but also by the nursing world at large. Miss Jones was trained in the institution of which she was ultimately appointed Lady Superintendent, having entered the Liverpool Nurses' Training School, connected with the Royal Infirmary, in 1889. She subsequently held the positions of Ward Sister, Night Superintendent, and Assistant Lady Superintendent, and had practical experience in hospital housekeeping, and in the management of private nurses. Before entering the Royal Infirmary for her general training, she trained at the Pendlebury Children's Hospital. During her term of office the syllabus of lectures at the Liverpool Royal Infirmary has been revised, and is very comprehensive and admirable. Miss Jones is interested in the international movement, and is also a supporter of the movement for the State Registration of Trained Nurses.

### THE PASSING BELL.

We regret to record the death of the Lady Victoria Campbell, a Vice-President of the Society for State Registration of Trained Nurses, who always took a deep interest in the skilled nursing of the sick, and herself often an invalid realised the importance of thorough training.

Preaching at St. Columba's last Sunday morning, Dr. Fleming said, according to the *Times*, that it was more than 20 years since Lady Victoria Campbell became a member of that church, and now, if health permitted, was she a Sunday in London without worshipping there. He remembered her telling him how, long years ago, she was looking out of the ruined windows of the Cathedral at Iona, and it was there and then that the "call" came to her to dedicate her life to the islands. Thenceforward that fragile frame was made servant to an indomitable will and purpose. In the open boat, on the stormy seas, in the drifting sleet, she crossed her barries and sought her ports—always with a cheerful smile and a heart that quailed before nothing, the heart of a cheerfulness, and without the heart of a woman.

"From the lone shieling on the misty island,

Mountains divide us, and a waste of seas;

Yet still the blood is warm, the heart is Highland,

And we in dreams behold the Hebrides."

Three years ago he had occasion to go out and in for a day or two among some of the cottars and crofters on one of her beloved islands—places where a race from the mainland was the rarest vision. There he found people who would have kissed her very shadow, who blessed her name, and who upped the ground she trod, who knew through her what self-forgetful love could be.

In her will Lady Victoria Campbell directs her trustees to pay £700 to the County Fund of the Argyll Nursing Association, the interest to be sold for the support of Queen's Nurses in Tiree and Ross of Mull.

## Nursing Echoes.



We are not surprised to learn that public opinion has been a good bit roused over the question of bogus nursing homes, and that an Incorporated Federation of Nursing Homes is projected. The intentions of these public-spirited people, who are interesting themselves in this intricate question, are to be commended.

We are entirely in sympathy with them in their ultimate aim, of affording the public adequate information concerning the character and capacity of Nursing Homes, and to effect the repression of bogus institutions, but the scheme as it stands is, we fear, doomed to failure.

The Federation of Nursing Homes, for their own protection, would not have the desired effect, although the present agitation, the result of abuse in their midst, is, we fear, calculated to injure some excellent institutions in public estimation. What is required is that every citizen should urge County Councils to deal effectively with the registration and inspection of all Nursing Homes, and, if necessary, to project legislation for the purpose.

We have no wish to discourage anyone who realises the present discreditable condition of affairs, and who has time to agitate in the matter, but the federation of Homes governed by unprofessional people will, we feel sure, not provide the remedy.

Miss Ethel McCaul, R.R.C., who was sent on a mission to inspect the Japanese Red Cross Society's work, has had bestowed upon her the Russo-Japanese war medal. She was also honoured by a decoration from the Japanese Red Cross Society. At the Women's Congress at the Japan-British Exhibition Miss McCaul read a paper on the Red Cross Society of Japan.

The pretty patriot whose picture appears on this page is the little daughter of a nurse on the staff of No. 1 General Hospital of the City and County of London, who aspires to be a future member of the Territorial Force Nursing Service. She is wearing the badge of the Service presented to her mother by Queen Alexandra in March last.

A public meeting, arranged by Miss E. R. Wortabet, Lady Superintendent of the Hindhead Nursing Home, was recently held at Hindhead under the presidency of Mrs. Lionel Phillips, for the purpose of explaining the objects of the British Red Cross Society, when Colonel Grier, R.A.M.C., the County Director, gave an interesting address, and explained the War Office

scheme for the organisation of voluntary aid for the sick and wounded in the event of war in the home territory. Colonel Grier said that Miss Wortabet had most generously and patriotically offered to provide accommodation for twelve wounded officers in the event of invasion, and to allow her Home to be the training centre for the Hindhead district. He explained the details of the scheme, and said that the duties of the voluntary aid detachments would be to receive the sick and wounded from the field ambulances and remove them to the general hospitals. Men and women would have to be trained for that work. The great



A Pretty Little Patriot.

difficulty throughout the country was with regard to practical training, but at Hindhead, thanks to the kindness of Miss Wortabet, that difficulty would not exist.

Miss Wortabet also spoke, and the Rev. G. P. Trevelyan, in proposing a vote of thanks to the speakers, said that the zeal, energy, and business capacity which Miss Wortabet had already displayed were things of which they could rightly be proud.

The Lady Inspector who has been sent down by the Local Government Board to inspect the Holbeck Union Workhouse Infirmary, con-

siders that the infirmary is understaffed, and advocates the appointment of two additional nurses. That this recommendation is justified is apparent if, as is stated, the present proportion is one nurse for 32 patients, which means that on both day and night duty each nurse has the full care of 64 patients, and if one nurse goes off duty it is at the expense of the other who has to relieve her. The cases include patients with phthisis, septic legs, and cancer. Councillor Ratcliffe, on the other hand, states that in the event of two extra nurses being appointed, another must by law be appointed to supervise them. This would be, we imagine, for the great benefit of the patients under the care of the Holbeck Board of Guardians.

We are glad to observe that Dr. Holcroft is still contesting the proposal of the Borough of Hastings District Nursing Association to attend patients for small fees, and in reply to a letter to Dr. Haviland, Chairman of the Committee of the Association, published in the local press, protests against an organised charity competing in what he considers an unfair way with the local nurses, and considers this action tends to lower the status and emoluments of a most deserving class of women, and is ill-advised with regard to the success of the Association.

Dr. Haviland defends the position by saying that all other means having failed, the Committee decided to charge small fees to certain patients, which fees would help to provide funds for gratuitously nursing the very poor, and adds that the Queen Victoria's Jubilee Institute, "the recognised champion of nurses' rights throughout the kingdom sanctions the practice." But we may point out the object of the Q.V.J.I. is to supply nurses for the sick poor in their own homes, not to champion the rights of nurses.

Dr. Holcroft rejoins that "a charity that helps to maintain itself by sending out nurses for hire is in a delicate position," and adds "for a committee of well-to-do people to finance their charity in this manner is, in my opinion, the acme and quintessence of everything that is mean." The "charity," which takes the form of helping to finance institutions out of the earnings of working women, is, unfortunately far too common.

On Saturday, July 9th, Founder's Day, was celebrated with a Garden Party at Lady Margaret's Fruitarian Hospital, Bromley, Kent. The wards were bright with flowers, and the Sisters in their picturesque head-dresses were

busy with their guests, pointing out objects of interest, and ready to answer the many enquiries as to the mode of their working. In support of their principles it was shown that there had been no death after operations though a large number of major operations have been performed there. The little theatre with its white tiled floor looked very business-like. The long verandah with its glass roof admits of open-air treatment for phthisis cases. There is a tiny chapel with oak stalls facing north and south. As may be supposed, the chief interest centred round the kitchen, where the Sister of that department showed us many cunning dishes prepared according to the principles of the institution. Sausages and cutlets made from dark beans, blanc manzes made with vegetable gelatin, pastry mixed with nut fat instead of lard, etc. As the kitchen has to serve for a refectory as well it must require much forethought and method to secure comfort during the meals as well as efficiency in the serving. It is a quaint room with doors opening into the garden, and the floor laid with red tiles, and it is adorned with clever panelling in poker work. Tea was served here for the visitors, and afterwards music was given in the women's ward, and a stall of needlework for the benefit of the funds of the hospital was at one end of the verandah. There was a good number of visitors present.

A most successful Garden Fête and Sale of Work recently took place in the grounds of the County Hospital, Bedford, which was organised by the Bedfordshire Hospital Guild, and planned on a scale of attractiveness worthy of the cause it was intended to benefit.

The opening ceremony was performed by Adeline, Duchess of Bedford, and Lord Amphil, Chairman of the Hospital, expressed the great pleasure of all present in welcoming the Duchess again in Bedford where at one time she played so important a part in the life of the county. The little son of Lord and Lady Amphil then presented to the Duchess a beautiful bouquet of flowers, and Miss Munro, the Matron, on behalf of herself and the nursing staff, presented some lovely carnations to Lady Amphil.

Her Grace was then conducted round the hospital by Lord and Lady Amphil and the Matron, and distributed flowers to the adult patients and toys to the children. She was delighted with her visit, and gave much pleasure by saying that the Children's Ward was the sweetest she had ever seen. As a result of the day's proceedings the Guild have over £600 to give to the funds of the hospital.

## The Hospital World.

### FOUNDER'S DAY AT GUY'S HOSPITAL.

The Distribution of Prizes to Medallists and Prize-men at Guy's Hospital is always the occasion of a very pleasant garden party, for which the hospital with its picturesque colonnade and quadrangles and central park offers exceptional facilities. In the centre of the front quadrangle, by which one obtains access to the hospital, is a statue of Thomas Guy, the Founder of this great charity, in his "livery gown." The west wing, overlooking this quadrangle, is formed by the Matron's House—and no other Matron in the Kingdom has such charming quarters—and the chapel, in which may be seen the tomb of the Founder. On oaken panels round the walls are inscribed the names of the doctors, nurses, and students who have died in the service of the hospital, while the colonnade is the memorial erected by past and present students to their comrades who fell in the South African war.

On the east side of the front quadrangle is the old Court Room, approached, as is the Great Hall at St. Bartholomew's Hospital, by a fine oak staircase, and on the walls hang the portraits of distinguished medical men connected with the school.

Thomas Guy, who was born in 1614, was the son of a lighterman in Southwark. After being apprenticed to a bookseller, he started in business on his own account, and for many years printed Bibles for the University of Oxford, but he is said to have amassed his fortune principally from the purchase of seamen's prize tickets in Queen Anne's war, and from dealing in South Sea stock. A quaint story is told of him that in his old age he arranged to marry his maid-servant, and previous to the wedding ordered the pavement in front of his door to be mended to a certain spot which he marked. The maid noticing another broken place told the pavers to mend it, and on being told it was beyond the mark to which they were limited by Mr. Guy's orders, told them to mend it nevertheless, as her master would not mind. Mr. Guy, however, was so greatly incensed to find his orders exceeded that he broke off the match and resolved to build hospitals with his money. He built and furnished three wards at St. Thomas's Hospital, built his own hospital at a cost of nearly £19,000, besides leaving over £269,000 to endow it. He just lived to see the roof in position.

### THE DISTRIBUTION OF PRIZES.

The Distribution of Prizes, at which Viscount Goschen, the recently appointed Treas-

urer, presided, took place in the new School Buildings. Viscount Goschen succeeds Mr. Cosmo Bonsor, who has been appointed President of the hospital in place of his Majesty the King, who, on his accession was obliged to resign from this office but who has now become Patron of the hospital.

Viscount Goschen, who was supported by the staff of the hospital and others in their academic robes, said that as this was the first occasion of his appearance as Treasurer, he availed himself of this public opportunity to express his appreciation of the great compliment paid him, and his earnest desire to further the interests of the hospital. He expressed regret at Mr. Bonsor's absence, and the general pleasure that he had only moved on from one post to another, and that his advice and assistance would still be available. Lord Goschen spoke warmly of the great services rendered to the hospital by its present President, of his untiring energy, constant kindness, and power to sustain interest, and in conclusion hoped he might count on the same support from the staff of the hospital which had been so generously given to his predecessor.

The Dean then presented the Annual Report of the Medical and Dental Schools to a crowded audience, consisting not only of members of the School, but of their relatives and friends.

Amongst the honours gained by the School the report recorded its congratulations to Mr. H. I. Jannmahomed, who obtained the University Gold Medal in the Examination for the M.D. London.

At the conclusion of the Dean's Report, Lord Goschen invited Professor Howard Marsh, Professor of Surgery at Cambridge University, to distribute the Medals and Prizes. As the prize-winners received the well-earned rewards of their hard work they were warmly applauded, and a special ovation was accorded to Professor E. H. Starling, M.D., F.R.S., who won the Astley Cooper Prize of £300.

Professor Howard Marsh spoke of the great pleasure which he had had in accepting the invitation to present the prizes to Guy's men, and said that though there was keen competition and healthy rivalry between Guy's, Bart's, and St. Thomas's men, their relations were always most friendly. Addressing specially the "gentlemen who are students," Professor Howard Marsh said that their profession afforded them ample opportunities, their future depended upon themselves, with the externals of good health and good fortune. He had a strong belief in good and bad luck, but individuals could largely influence these if they were ready to seize a chance when it came to them.

They must not be like the English nurses, although in those days nurses were no longer foolish, even though they had taken matters into their own hands. If they had in reverse they should remember that a mistake might do them a world of good. Whatever happened they must never say do, but remember it is "dogged as does it." Many a man had given up when he was close to the winning post, though he did not know it. The personal qualities of kindness, sympathy, and magnanimity were important, and honest hard work, based on an intelligent estimate of circumstances would carry them far. Their work would be congenial and they were fighting with weapons which were constantly becoming more efficient. Some men thought that if only they could have a good start they would do great things, but most great men had started at the foot of the ladder and climbed it laboriously. The speaker said that medicine had been entirely recast in the last 30 years, and no longer consisted in prescribing a series of drugs supposed to be beneficial in the hope that one of them would hit the mark. Now medicine was a department of biology, and no one could doubt that the destructive diseases would eventually be wiped out. Spending of scientific research and its possibilities, the Professor gave his hearers as a good working axiom the advice of John Hunter, "Don't think, go and see."

A vote of thanks to Professor Howard Marsh, proposed by Dr. Hyde White, and seconded by Mr. Symonds, Senior Surgeon to the hospital, concluded the proceedings, after which refreshments were hospitably served in the colonnade quadrangles, and on the terrace in the Park, after which many of the guests visited the wards and other parts of the building thrown open for inspection. The new Out-patient Department came in for much admiration, and its spacious hall and convenient arrangements must add greatly to the smooth working of the hospital. The walls, lined with green and white tiles, were very harmonious.

The tessellated floors of some of the wards were especially worthy of note, and the colouring was delicate and beautiful, especially in one case where pink and blue predominated. The wards themselves, needless to say, looked as bright, fresh, and restful as only hospital wards can look when under the management of well-trained Sisters and nurses.

The Matron, Miss L. V. Haughton was indefatigable in her efforts to extend a cordial welcome to the guests, providing tea and strawberries in her beautiful Georgian house, and a very happy afternoon was spent.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King has become patron of St. Mary's Hospital, the Great Northern Central Hospital, and also of the Norfolk and Norwich Hospital.

The Queen has consented to continue her patronage of the Children's Happy Living Association, of which Mrs. Brand Sutton is the energetic hon. secretary. For twenty years this Association has laboured to brighten the lives of children whose parents can do little more than provide them with the bare necessities of life.

The Government have undertaken to contribute to the Palace of Peace at The Hague the four large upper windows of stained glass of the Great Hall of Justice.

The value of the site of Westminster Hospital is so great that its removal to Battersea or other outlying district of London would be a great advantage from an economic point of view. With St. Thomas' in close proximity, and Charing Cross Hospital not far away, it is thought that Westminster can be spared from its present district.

Active steps are now being taken to give effect to the project of erecting a Jewish Hospital in East London, and if the Jews wish for a hospital of their own why should they not have one? Tremendous opposition is being worked up against the scheme by the managers of hospitals containing Jewish wards. Surely these institutions have no right to take this line. There are, especially in the East End, enough Jews to go round, or is it the financial competition which is feared?

As the result of a special inspection shows that the Chester and West Sussex Infirmary buildings are inadequate for the increased work and for modern scientific requirements, it has been decided to make important alterations and additions, estimated to cost £20,000 to £24,000, which it is proposed to term as a memorial to King Edward VII.

The Secretary for Scotland announces that, acting under the powers conferred by the Prisons (Scotland) Act 1909, he has appointed 35 ladies to be additional members of the visiting committees of the prisons in Edinburgh, Glasgow, Aberdeen, Inverness, Dundee, Dumfries, and Greenock. Among the ladies appointed are Miss Crombie, Dr. Ann Mercer Watson, Mrs. Montgomery Campbell, Mrs. Wardlaw Ramsay, Mrs. Gilbert Beith, and Lady Alice Shaw-Stewart.

That the Edinburgh Maternity Hospital requires rebuilding on modern lines is well known. It is too small, and is old fashioned. It is to be hoped when this is done it will be erected on a more suitable and airy site. The proposal has been made that it should be rebuilt as a fitting memorial to Edinburgh of the late King.

## Our Foreign Letter.

### A LETTER FROM THE COLONIES. THE JUMPING-OFF POINT.



it, having only been ill twice myself. I will tell you about those illnesses—it will be of use to you, as you will learn from my experiences what *not* to do.

The first time was when I had the “flu.” There are few things that can make you feel so like a bankrupt worm as the flu. I was with friends, and they said a fever should be starved. I don’t know about the fever, but I do know I was starved. It took me months of stoking to get my weight up to its proper standard again.

Once I was sick in a boarding-house. Don’t you ever do that—seek out some remote place and die. The equanimity of a boarding-house keeper will just hold out with healthy boarders, but one sick one will break down that calm reserve, prostrate her nervous energy, and altogether make a devil of a mess of everything.

The first day it was all right. Nobody knew I was sick until 5 p.m., when the slipshod chamber-maid came to make the beds. (On Sundays, when a man would like to stay in bed an hour or two longer than usual, they rout round at 7 a.m.) She promptly bore the evil news to the landlady, and that fair dame came waddling into the room, exuding an odour of stale cabbage and fish inseparable from her class of woman.

She insisted on my seeing a doctor, and wanted to know why I had not told her a week before. She told me of a man who was taken ill in No. 4, just like me, and described his sickness and gradual decline into an early grave—all because he would not mention the fact that he was feeling seedy to this estimable lady.

I apologised with deep humility, and told her I did not know myself a week before that I was hooked for this affliction. It had come as it were like a thief in the night, sought out my weak places, and smitten me therein. The lady merely sniffed (why do all landladies sniff?) and asked me what I would like to eat. As I did not want to eat I told her that a cup of tea was all my soul desired. Of course this was wrong; she insisted on my having a good meal, and said she would send me something up, hoping that I would eat it and try to get well, and so on, *ad lib.* I meekly acquiesced, and waited the arrival of the tea.

The tea was brought by the chamber-maid aforesaid, who put the tray on a chair beside my bed, and told me to hustle along and get through with it, as she was not going to wait all night for me, nor nobody else; she was too much put on as it

was without having to wait on every man who thought he was sick, and so on and so on. I waited until her back was turned, and then fired the stuff out of the window, and so got rid of her for the night.

I lay all the night, and counted the hours and quarters as they were chimed by a clock near by. In the morning the doctor came, and said I had ———; I can’t spell the word, but it was some sort of cholera, caused by drinking bad water. (I always do come to grief if I drink water.) The landlady held up her fat and dirty hands in horror, and hoped it would be a lesson to me. I hoped so, too. The medico sent found a bottle of physic, and I took one dose. That was quite enough. I felt that one dose of that stuff would cure me, and if it didn’t, well, I would sooner have the cholera. A sick man with this peculiar complaint is, I admit, a nuisance in any house; but a man taking that vile stuff would soon become obnoxious, so I refused to take any more. Physic is not much good any way, and a man is in a bad way who leans too heavily upon it.

The next day my head was swelled. I felt swollen all over. It was a comfort to be in bed, for if I had wanted to go out an umbrella would have been the only article I could have worn. I was feeling sick, and very sorry for myself. The bed was hard, the room hot and stuffy; ten thousand odours from the kitchen assailed my olfactory nerves. I fancied I could trace each one back to its particular saucepan or sink. They were all vile, and only differed in that some were more vile than others. Outside, above all the noise of the traffic, could be heard the hideous complaining of a hurdy-gurdy. Who makes these things? Where do they come from, and are there any new ones? I never saw a new one. All that I have seen are apparently about five hundred years old, and very badly worn at that. They are all gone on the top notes, and a bit gassy on the lower ones. In health one can hear them and live, but in sickness—a funeral dirge would be cheerful in comparison.

Of course, the landlady came to see how I progressed, and stayed awhile to cheer me up. She brought a few flowers, too, to brighten the room. She said they would not be wasted in any case, because she could work them into a wreath or cross if anything happened. I smiled as I thought of those derelict fragments of a rosebush worked into a wreath and roosting on my bosom.

She also asked me for the address of any friends I might chance to possess, in case it would be necessary to tell them that I had left this vale of woe. In the course of her cheerful conversation she regretted that I was in that particular room; one of the rooms downstairs would have been so much handier in every way. The last coffin that went down those stairs spoilt quite a lot of paint. I seemed to feel a sort of resentment against her continual harping on the subject of funerals, and was glad when she left me.

I passed a week in that room, and came out a wreck. I had gone to bed a man—wary, it is true, but still I had the outward semblance of a man. I rose—and Heaven help me! I was a ghost. But I had learned much. Long interviews with the

landlady had taught me how poor a thing is man when he is a boarder, and how gracious and kind is woman when she takes in boarders. ("Takes in" may be read literally.) From her remarks I judged that about half of her past boarders were no good; the other half were wandering round the world singing her praises, and offering up continual prayers on her behalf. I offered up a few myself. Ah, well! If ever I am ill again I hope I shall be somewhere near the fringe of civilisation; then I might have a real poultice-slinger to look after me; or better still, go to hospital and have half-a-dozen at once. But I suppose in hospital they would not all be qualified; some would be 'prentice hands. In that case I could give them some valuable hints.

I remember once when we were up in the mountains one of our party took sick—got cold most likely, through sleeping in the open so many feet above sea-level. He had an uncanny craving for physic, was sure if he could get some he would be all right. We had run short of quinine, and having a bottle of Yorkshire Relish in the commissariat we mixed some pepper and a few other things with it and gave it to him in teaspoonful doses. It bucked him up in no time. You might try that on some of the victims in your hospital.

If I come across any more hints that may be of use to you I'll let you have them. Till then, farewell. Don't work too hard. It is bad manners to try to do all the work yourself. Let someone else do a bit.

Every your loving brother,

H.

#### BRITISH ORGANISATION FOR VOLUNTARY AID

The first meeting of the recently formed Advisory Committee to facilitate the working of the scheme for the organisation of voluntary aid was recently held at the War Office, the following members being present:—The Director-General Army Medical Service (Chairman), Lieut.-Colonels F. S. Maude and E. Eckersley (Secretaries), representing the War Office; Sir Richard Temple and Colonel R. B. Colvin, representing the Council of County Territorial Associations; Sir Frederick Treves and Mr. A. A. Bowly, representing the British Red Cross Society; and Colonel Sir George Beaton, representing the St. Andrew Ambulance Association.

#### LADY DUDLEY'S NURSING SCHEME.

At a public meeting held at Sydney, at which the Lord Mayor presided, Lord Dudley, Governor-General of Australia, Lord Chelmsford, Governor of New South Wales, Mr. Wade, Premier of New South Wales, Sir Samuel Griffiths, Chief Justice of Australia, and Vice-Admiral Sir Richard Poore, Commander-in-Chief on the Australian station, supported the Countess of Dudley's Bush Nursing Scheme as a memorial to King Edward, and requested the Lord Mayor to open a subscription list. We understand that the feeling in Australia is that only thoroughly trained nurses should be employed, and the Countess of Dudley well understands the importance of the three years' standard.

## Outside the Gates.

### WOMEN.

The result of the Debate on the Second Reading of the Women Suffrage Bill on Tuesday last was a majority of 115 in its favour, but the Bill was, nevertheless, throttled by the practical refusal of the Government to send it to a Grand Committee. The chief point of interest, as the outcome of the Debate, was the clear proof afforded that one sex cannot speak for, or legislate for, the other. To be most effectively presented women must plead their own cause.

The report has been issued of the Departmental Committee on the Employment of Children Act, 1903, and its recommendations as to child trading would prevent the making of loafers, and sweep away the "bandit life" of the street boy. Street trading by girls is considered the worst of moral risks. "There can be no doubt," says the report, "that large numbers of those who were once street traders drift into vagrancy and crime, and so far as girls are concerned there must be added to other evils an unquestionable danger to morals in the narrower sense. The evidence presented to us on this point was unanimous and most emphatic. Again and again persons specially qualified to speak assured us that when a girl took up street trading she almost invariably was taking a first step towards a life of immorality. On the physical side, the evidence, though not entirely unanimous, emphasises the obvious danger to health arising when children, and especially young girls, often very inadequately clothed, are exposed for long periods to inclement weather."

Miss Olive Hargreaves, who had been carrying on investigations at Sheffield, told the Committee it was quite a common thing for a boy or a girl to make 12s. a week. In most of the cases it was almost impossible to get to know what they did earn. When there was a big race on they would sell a good many papers, and it was a great temptation not to tell their mother what they had earned. These children lived in a state of glorified picnic, and indulged in such things as ice cream. They almost invariably finished the evening at a music-hall. They smoked a tremendous lot of cigarettes. That was specially so in the case of the girls, who would sometimes get through twelve cigarettes a day, and cigarettes of the poorest kind of cabbage-leaf. The report deserves careful study.

The organisers of the great suffrage demonstration of the Women's Social and Political Union, to take place in Hyde Park on Saturday, July 23rd, write to us that "We are very anxious to have a really good contingent of nurses. The public is very sympathetic to them, and is always impressed by the fact that so earnest and respected a body of workers should spare their very scant leisure in order to take part in the suffrage movement."

details of the arrangements for this demonstration will be found in this week's *Votes for Women*, the official organ of the Union, and after the wonderfully sympathetic reception given to the nurses' contingent on June 18th, we hope even a greater number will be present on the coming occasion. The people love caps and aprons, let them if possible be worn.

## Book of the Week.

### THE OTHER SIDE \*

This book presents to us the history of a young musician, David Archdale, and it is with his failure to carry out the high ideals with which he started his career that the story has to do. Under the pressure of poverty he yields to the temptation of vulgarising his art, and using it as a commercial asset. He is punished to this by losing to a great extent his spiritual vision, and on the death of his wife, whom he devotedly loves, he realises that the hopeless sense of separation which he gradually comes to feel is caused more by the inability of his soul to ascend to hers than by the mere dissolution of the flesh.

The prologue tells us how the boy David is adopted by the Abbey organist, Sebastian Fernor, and how his early promise of a great career consoles the older man to a great extent for his own failure to achieve fame. In the first chapter we read of an "audience gathered together to listen to David Archdale's first recital, after his appointment as organist of Sherborne Abbey. The townspeople knew that the young man was succeeding Sebastian Fernor, who had retired after twenty-five years of service. . . . Half way down the nave sat Fernor himself, and by his side a young woman. This was Mary Pignorel, David's future wife.

"The third movement began. Into the spaces of the nave a *misere* quivered, as it from the ambulatory, where the Saxon kings, Ethelbert and Ethelwald lie at rest. The girl pressed Fernor's arm, and smiled. To her death meant the passing to an ampler life, a passage so easy, involving so little change, that apart from the pangs of dissolution it ought to be no more dreadful than falling asleep."

On their honeymoon she tells David that she has a conviction that she will die first, and that it will be soon. He answers her, "If you went it would be very dark," and makes her pledge herself "to come back at once if you go first. If I have the most shadowy glimpse of you I shall believe in a future life."

She answered after a pause, "I will come back if I can. I can at that."

Then he kissed her, straining her to him in a passion of revolt against the law which binds husband and wife together with the knowledge and the power with the intention of rending them asunder."

Little "Marionette" arrives on the scene at the same time that his cantata is finished, and his son-

\* By Horace Amesley Vachell. (Thomas Nelson and Sons, London.)

guine temperament is already dreaming "of a nurse and pony cart, and perhaps a parlour maid, and a gorgeous gown, and pelisse lined with the best white satin." But, alas! the ablest musicians agreed that the cost of its production would be enormous and prohibitive. Crushed by disappointment, he to a great extent yields to the suggestion of a great star of musical comedy that he should "chuck Church music, and concentrate on songs. Excuse me, Mrs. Archdale, this husband of yours can't realise that he has a little gold mine under his nose."

Wonderful financial success crowns this departure, but to Mary it is the breaking up of their old intimate, and to her, satisfying, life. When their little girl as seven years old Mary dies of enteric fever at Spa.

"There was no parting, no last words. She died at two in the morning, passing easily to the other side."

Ten years afterwards, while motoring with Fernor abroad, they meet with a terrible accident, in which Fernor is killed, and David's disembodied spirit hovers for a while round the scene of the accident, calling vainly for Fernor, and unable to reach him or Mary. It is then that he realises that he has neglected his spiritual nature in seeking for mere success. These experiences are accounted for by suspended animation, and in the total blindness with which he is afflicted during the few remaining months of his life he recovers the heavenly vision and at last finds Mary after his long quest.

"Listen!" said David.

He had opened his eyes. They were still limpidly blue, the eyes of the boy who had sung anthems in the Abbey Church.

Then in a loud, clear, joyous tone he exclaimed: "Mary!"

He struggled to sit up, extending both arms and looking straight into the sun. Then his head fell back upon the pillow. H H

### COMING EVENTS.

July 14th.—Annual Staff Tea, Royal Maternity Charity, Eustace Miles Restaurant, W.C., 3—5 p.m.

July 16th.—Meeting of the Matrons' Council, General Hospital, Birmingham, 3 p.m. Public Meeting on State Registration of Nurses, 4.30 p.m.

July 19th and 20th.—Penal Cases, Central Midwives Board, Board Room, Caxton House, 2 p.m.

July 21st.—Annual Meeting, Registered Nurses' Society, 131, Oxford Street, London, W., to receive the annual report and audited accounts. 5 p.m. Tea.

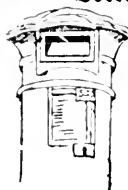
July 23rd.—The Women's Social and Political Union. Great Demonstration in support of the Conciliation Committee's Suffrage Bill, Hyde Park, London, W.

### WORD FOR THE WEEK.

"From my point of view it is a matter of no importance whether a majority or a minority of women desire the change. If our laws are ever to become human and civilised the State requires it."

Mr. Cecil Chapman on Women's Suffrage.

## 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 SACRED DUTY.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—May I be permitted, as one of Miss Stewart's pupils—who holds her memory in sincerest reverence—to thank Miss Grace Tindall, of Bombay, for her generous and inspiring letter, which appeared in your Journal last week?

I feel strongly that recent events will, indeed, as Miss Tindall says, "tan our energies" . . . to bring to a successful and speedy issue those things needful for our profession for which Miss Stewart worked and gave her life."

It is the sacred duty now of all of us who loved and honoured our great leader to strain ourselves to the utmost to further the Bill for the State Registration of Nurses, which is so vitally necessary to our profession. It a trumpet call were needed to stir nurses into energy surely that call has lately been sounded in an unmistakable fashion?

This letter from Miss Tindall, of sympathetic appreciation of Miss Stewart's work and out-spoken criticism of the treatment Bart's nurses have received—coming as it does from a lady who has no connection with St. Bartholomew's Hospital—is specially gratifying to us who loved Miss Stewart, and who feel so keenly the lack of appreciation shown her work and memory by the medical and surgical staff of the Hospital in permitting this appointment to be made without combining in a vigorous protest to the authorities. The many letters received from all parts of the world show that in the opinion of the nursing world Miss Stewart held a very high position, and that her services to the nursing profession were greatly esteemed. These letters also show clearly the world-wide condemnation of this recent appointment.

I am, etc.,

FLORENCE G. STABB.

132, Harley Street, W.

### "CURED MANIACS."

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—In Miss Loane's book, "Neighbours and Friends," what she says about the many homes which are terrorised amongst the poor by "cured" lunatics—poor creatures let loose on their families, after asylum treatment, who are quite unable to attend to them, and save them the worry which keeps them anything like sane, is well known to many district nurses in crowded towns. I have personally come in contact with many such cases, more than one of which has resulted in death, and the courage and devotion with which

the poor accept the terrible risks is quite marvellous. You will hear a man say of his half-demented wife, "Poor critter, she can't bear to be away from us; it worries her terrible; she did so fret after the children." And a few months later he returns from work to find the children with their throats cut, or mother and child cast away in the river, or if the caretaker is the wife, she will sooner or later probably have her brains battered out. Life is very hard for the poor—how hard only those who come into intimate touch with them can know. In this busy Yorkshire mill town, great resentment has been expressed by middle class comfortable people that Sunday is not spent at home as a complete day of rest, and that men and women, young and old, spend money required to keep them out of the House when old, or to bury them when young, in excursions to the sea-side, where they have what they call "a jolly old bust" by the briny. Well, I am of opinion that these "busts" keep the workers sane, and that they counteract the results of the terrible monotony of the factory and lack of light and oxygen in their mean homes. I have been "on the bust" on more than one occasion of these hilarious "hands," and thoroughly enjoyed the experience. Blackpool was our destination, and no need to praise its glorious nerve-reviving air. Fun was rough and ready, but "nuss" was treated like a queen. If there were more "jolly old busts" there would be less lunatics, suicide, and murder.

Yours truly,

A QUEEN'S NURSE.

### THE WOMEN'S HOLIDAY FUND.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—I am so glad to see the claims of the Women's Holiday Fund advocated in your valuable journal. There is no class, I believe, who need a thorough holiday once a year more than London mothers. Just consider what their lives are. At best, with decent hard-working husbands, who bring their wages home, it is a constant struggle to make ends meet, in the one room which usually serves as living and bedroom, kitchen and nursery. Can we wonder that with the children, not too well disciplined usually, all about her, and when she is probably looking forward to the advent of another, a woman gets irritable and impatient as the weary round of the work that is never finished goes on day after day. Is it too much to ask that she shall once a year for a week or two be removed from it all, and in the quiet of country surroundings be thought for, for a brief space, instead of having to think constantly for others? Those who work in the slums learn to appreciate the heroism of these brave toilers.

Faithfully yours,

A DISTRICT NURSE.

### NOTICE.

OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives' Board.

### LIST OF SUCCESSFUL CANDIDATES.

#### JUNE EXAMINATION.

At the examination of the Central Midwives' Board, held on June 15th in London, Provincial, and Welsh centres, 540 candidates were examined, and 147 passed the examiners: the percentage of failures was 72.2.

#### LONDON.

*British Lying-in Hospital.*—E. J. Harvey, H. K. Johnson, E. M. Sutton.

*City of London Lying-in Hospital.*—E. A. J. C. Haas, A. H. Jagenberg, A. R. Lailey, A. M. Merri-man, J. K. Trell.

*Clapham Maternity Hospital.*—M. V. Burgess, E. M. Deane, E. E. A. Fraser, C. A. Hall, C. H. McCracken, L. E. Roberts, D. Spong, E. D. Stubbs, J. Watts.

*East End Mothers' Home.*—F. L. Bracey, E. W. Cope, I. M. L. Du Sautoy, J. Fielden, A. Freeman, E. Johns, E. M. Noakes, E. O'Doherty, L. Scarrott, A. M. B. Simpson, I. Sprott.

*Edmonton Union Infirmary.*—E. E. Saunders.  
*General Lying-in Hospital.*—M. L. Cairnes, H. E. Fairhead, E. L. Jones, E. M. M. Moffat, F. M. Rose, V. M. Stuteley, G. E. Wilson.

*Guy's Institution.*—M. E. Dudding, M. I. H. Gudney, R. M. McMorland, C. M. Stewart, E. C. Strappini.

*London Hospital.*—M. Heather, A. Pointon, E. E. Pollard, J. R. Snaill, D. H. Taylor, T. Wilder.  
*Middlesex Hospital.*—A. Gill, A. M. Hadlow, E. W. Hamblin.

*"Religious Record" Missionary Union.*—L. A. W. Collett, B. A. N. Du Commun, E. Elder.

*Queen Charlotte's Hospital.*—F. E. Bakewell, C. I. Birtles, R. Evans, E. E. Gerard, A. Goulder, E. J. Hourston, E. M. E. Johns, K. R. Peck, E. A. Perrett, F. M. Perry, S. Reynolds, M. A. Riley, I. Smith, H. E. M. Fisher, A. F. Wright.

*Salvation Army Maternity Hospital.*—E. M. I. Davies, M. E. M. Harman, E. A. Waters, A. M. Musgrave.

*Shorditch Union Infirmary.*—D. K. Fussell.  
*Woodrich Home for Mothers and Babies.*—I. M. Bloyd, A. R. Keward.

#### PROVINCIAL.

*Abertash Louise Margaret Hospital.*—E. M. Chambers, L. E. Dawson, G. C. Kirk.  
*Barnford Union Hospital.*—L. M. Hale, G. A. Wharton.

*Birkenhead Maternity Hospital.*—E. Adams, E. Davis, S. Edwards, M. A. Jones, K. Lenthall, F. Lawley, J. Mills, E. Rainforth, A. D. Scott.

*Birmingham, Aston Union Workhouse.*—M. A. Jaquest, M. A. Watson.

*Birmingham, King's Norton Union Infirmary.*—M. Jones.

*Birmingham Maternity Hospital.*—G. Beckett, E. Dudley, E. M. Hooper, E. Hough, G. A. B.

Miller, M. A. Parish, M. Pickering, A. E. Pitt, M. Sherwood, E. Smith, E. Wafer.

*Brighton and Hove Hospital for Women.*—E. H. Amberton, R. D. Ferguson, L. M. Francis, M. Kirkham, G. J. Pitts, E. C. Quin, E. G. Williams, C. M. Willocks.

*Bristol General Hospital.*—A. Gerrard, E. S. Golding, A. Millward, E. M. Moore, E. H. Shergold, M. G. Waitman.

*Bristol Royal Infirmary.*—N. Britten, M. B. Crow, K. L. Kerr, B. Olver, F. H. Robinson.

*Cheltenham District Nursing Association.*—A. R. Davies, M. A. Kelly, G. Page.

*Chichester Benevolent Institution.*—E. H. Coxon, L. M. Hannah.

*Derby Royal Nursing Association.*—M. E. Davies, M. E. Moulds, W. C. Smart.

*Derbyshire Military Families Hospital.*—A. Smith.

*Devon and Cornwall Training School.*—E. J. Burrows, E. A. Conry, A. M. Harris.

*Essex County Cottage Nursing Society.*—E. Blunt, L. M. Johnson, A. Jones, E. A. Vellacott, L. Ventris.

*Gloucester District Nursing Society.*—E. Banister, A. Conduit, A. M. Park.

*Greenwich Union Infirmary.*—A. E. Durrant.  
*Hall Lying-in Charity.*—G. Mitchell.

*Ipswich Nurses' Home.*—E. Buckle, M. W. Moore.  
*Leeds Maternity Hospital.*—M. J. Bonnar, S. Glasby, E. M. Humphris, M. E. Woolhouse.

*Liverpool Maternity Hospital.*—I. Barclay, F. P. Berry, A. Bolton, M. J. Browster, B. M. Brundrit, G. M. Clayton, G. A. Cockburn, E. Fillingham, J. Harvey, E. M. Ireland, A. Lippitt, A. Little, M. H. McNeill, A. Orr, S. M. Phillips, A. Pierce, G. A. Quane, A. Rich, M. A. Rock, E. A. Royston, E. Shore, F. A. Smith, M. Thackwray, H. Tipper.

*Liverpool West Derby Union Infirmary.*—A. Clate, M. M. Pearson, S. E. Smethurst, E. E. Wilkinson.

*Liverpool Workhouse Hospital.*—I. K. Bowie, S. Bruckshaw, L. M. Ghent, E. M. Hudson, M. A. Kinghorn, G. Seadling.

*Manchester, Chelton Union Hospitals.*—E. Smithies, A. Spencer.

*Manchester, St. Mary's Hospitals.*—E. Calderbank, H. Caldwell, E. Cooper, E. Dawson, E. Evans, K. Flint, E. A. French, A. Gallimore, M. Hall, S. A. Hall, A. Howarth, A. Lamb, R. E. Lill, E. Mitchell, C. G. Müller, S. E. Newton, M. A. Oates, A. Pickford, M. Pickup, S. J. Pinches, F. A. Spence, S. L. Yates.

*Manchester Workhouse Infirmary.*—A. Burgess, L. F. Pickett.

*Monmouth Training Centre.*—E. M. B. A. Brotherhood, J. Ellaway, L. M. Fisher, M. Hiscott, C. S. Morgan.

*Newcastle-on-Tyne Maternity Hospital.*—J. Batey, M. J. Black, M. E. Cripps, W. Fitzpatrick, M. Layfield, M. S. Walton, J. Whitelaw.

*Plasgow Maternity Charity.*—M. H. Allen, M.

E. Ashman, A. Bickell, A. Dabo, M. L. Davis, S. I. Dubell, A. Finn, E. J. Geering, M. E. Harries, A. Hedger, I. B. Higgins, E. M. Holmes, A. G. Jones, E. Jones, A. L. May, H. Morris, B. M. Pope, F. Pope, S. Preston, C. H. Price, A. V. M. M. Sanders, C. Smith, M. A. Stallard, S. Tomlinson.

*Sheffield, Jessop Hospital*.—E. Cockbill, A. Collins, J. C. Humphries, A. Nutter, M. Robinson. *Windsor, H.R.H. Princess Christian's Maternity Home*.—R. Burton, E. T. Landells.

*Wolverhampton, Q.U.J.I.*.—F. A. Gorman, M. A. Luckman, K. G. G. Maitland, E. E. Underwood. *Woolwich Military Families' Hospital*.—A. Healey.

#### WALES.

*Cardiff, Q.U.J.I.*.—M. Davies, M. Jenkins, L. M. Richards, M. Samuel, S. Thomas.

*Cardiff Union Hospital*.—M. E. Callaway, M. G. Moseley, M. P. Spence.

#### SCOTLAND.

*Aberdeen Maternity Hospital*.—B. L. McPherson. *Dundee Maternity Hospital*.—F. H. Holmes, M. M. Muir, E. T. Taylor.

*Edinburgh Royal Maternity Hospital*.—J. Brechin, F. A. Dingwall, J. Fyfe, M. M. Mackenzie, A. McLachlan, J. C. Macmillan, E. M. Robertson, M. P. Sims, A. B. Wilson.

*Glasgow Eastern District Hospital*.—E. Murray. *Glasgow Western District Hospital*.—J. T. McIntosh.

*Glasgow Maternity Hospital*.—W. W. Fargie, C. Hagen, M. A. Hall, M. Ingram, M. F. Nichol, H. E. Romer, M. A. Scarffe, M. C. Taylor, J. L. Wilson, J. E. Young.

#### IRELAND.

*Belfast Union Maternity Hospital*.—K. Evans, A. Graham, B. McVeigh, M. Newell, A. Smyth. *Cork Lying-in Hospital*.—J. M. Britton.

*Dublin, Rotundo Hospital*.—B. Crompton, A. B. Denton, M. Fraser, E. L. Gibbs, K. E. Henry, A. G. Hughes, I. E. Joly, A. J. Law, E. K. Midwinter. *Dublin, National Maternity Hospital*.—M. J. Manning.

#### PRIVATE TUTION.

S. E. Allison, A. G. Alves, A. S. Anderson, L. Andrews, M. J. Ashcroft, H. C. Ballantyne, K. L. Bally, E. M. Barker, J. R. Barless, S. E. Boulton, E. Brander, A. M. M. Broome, H. J. Brown, P. Cambell, M. A. Caven, E. P. Chew, C. Clark, E. L. P. Clarke, E. M. Coaker, A. E. Colos, S. Collis, L. E. Cope, L. A. Cracknell, C. G. Craib, F. Cutts, E. A. Dewhurst, L. M. K. Drennan, L. M. Dumbabin, M. M. Dunlevy, J. D. Early, H. Evans, S. K. T. Eyre, B. L. Fairhead, M. S. Ferens, D. M. Fishburn, F. M. Forbergill, M. N. Geekie, F. Gentle, F. L. Giebler, H. Gilbey, M. A. Graham, A. L. Greenaway, J. S. Griffiths, L. G. Griffiths, C. D. Gnest, M. M. Harrington, C. G. Harris, E. Harrison, M. H. Hartland, A. C. Henslowe, I. Hoger, F. E. Holloway, A. Holroyd, E. Holroyd, F. A. Hopewell, D. E. Horn, A. Hozack, M. Humphries, H. E. Hurley, H. E. Hutson, E. L. Jacobson, J. P. Jamieson, L. P. R. Jarrett, A. Jones, G. Jones, J. B. Jones, M. Jones, M. Keel, E. M. E. Kerens, E. Kerr, E. Knib, G. E. Lee, M. H. MacColl, M. M. MacDermott, E. McDonald, Jane A. Macleod, Jessie A. Macleod, A. H. Mason,

M. E. Mayo, M. Mennem, F. Methley, D. Mills, G. Murphy, E. E. Myers, L. Oldroyd, B. E. Osbourn, A. Owens, C. M. Pace, K. Parkes, A. L. Parry, E. E. Parry, A. E. Patterson, E. M. Payne, J. Phillips, M. A. Pickles, A. Powers, H. M. Quarmby, A. E. C. Raiph, E. Rawnsley, D. C. M. Read, R. Reader, E. V. Reay, L. H. Reeve, G. Y. Rigby, M. Roberts, A. E. Rogerson, L. A. Rowbotham, H. L. Ryder, L. Ryder, J. S. Schorn, M. Schulz, E. Sewell, E. M. Smith, M. Smith, W. A. Smith, H. Steele, E. A. Stoeer, E. M. Staff, A. M. Stoddard, M. M. G. Sweet, R. A. Taylor, F. M. Thackray, K. Thirlwell, A. B. Thomas, E. Thomas, A. M. Thompson, E. Tinsey, S. E. Topping, I. M. Waddington, B. Walk, M. Walker, E. M. Watson, S. L. Wheatcroft, A. Whiteley, E. Wilkinson, S. Wilson, E. V. Wood, A. Wright, E. M. Wright, A. Young.

#### THE AUGUST EXAMINATION.

The next examination of the Central Midwives' Board will be held in London at the Examination Hall on the Victoria Embankment, W.C., on August 3rd. The oral examination will follow a few days later.

### The British Lying-in Hospital.

The Queen has consented to continue her patronage of the British Lying-in Hospital, Endell Street.

### The Royal Maternity Charity.

The Annual Staff Tea of the Royal Maternity Charity is to be held at the Enstace Miles' Restaurant, 40, Chandos Street, Charing Cross, W.C., by invitation of the Secretary of the Charity, Major Killick, on Thursday, July 14th, at 3 p.m. This annual festival is a very pleasant one, and is always greatly appreciated by the members.

### The B.M.A. and the Midwives' Act.

The Council of the British Medical Association report that the recommendations of the Departmental Committee on the working of the Midwives' Act have been carefully considered, and the Council is glad to report that in the main they agree with the views which have been expressed by the Representative Meeting, and which were placed before the Departmental Committee by the witnesses of the Association. An important difference between the recommendations of the Committee and the policy of the Association is in respect of the authority which should deal with the payment of medical men called in by midwives. The Association considers this should be the Local Supervising Authorities, and not the Poor Law Authorities, as recommended by the Departmental Committee.

Do not think of eclampsia as a kidney disease, but rather as an *intoxication* which causes temporary renal inflammation, and aggravates pre-existing kidney disease. The most dangerous cases are those in which fits begin after labour is over, or some considerable time before labour is due.

Albuminuric patients whose limbs are much swelled are less likely to have fits than those in whom swelling is absent.

## The East-End Mothers' Home.

The East-End Mothers' Home, 394, Commercial Road, E., the Annual Meeting of which was held at the Mansion House on Monday last, under the presidency of the Lord Mayor, is an institution which is doing an immense amount of good work in an extremely poor locality, and, in addition to the skilled care bestowed on the patients, extends to them a human sympathy and interest which extends far beyond the time in which the women are patients in the institution.

The Resident Lady Superintendent, Miss Margaret Anderson, from whom so much of the homelike atmosphere of the institution emanates, says in her report to the Committee for last year that the poverty in the neighbourhood is absolutely heart-rending. The nursing of out-patients without having recourse to the Samaritan Fund, which sadly needs augmenting, would indeed be hopeless work. She instances the fact that 104 patients who booked to enter the institution were struck off the register, the reason being that in a large number of cases the sole support of the home was the mother. After a certain period the latter could not get work, and the result was that before it was time for the baby to arrive the whole family had been compelled by stress of hunger to enter the workhouse, and again it has sometimes happened that when discharged from the Home mothers have had to join their families in the workhouse, their homes having been sold up in their absence.

It is the normal condition of patients admitted to the Home that they are badly nourished, but until the past winter it has "never had to deal with women whose vitality has suffered by continued want and the absence of the common necessities of life. In this condition they face a most perilous and critical time, and the anxiety caused is tremendous. It is indeed a burning lesson for the bravest heart, and a stern and terrible trial for the strongest faith to witness the patience and endurance of these poor mothers. In ordinary circumstances the coming of a precious baby is a joyful event, but to our poor women the joy must be heavily discounted. Yet who will say that they do not give the new comer love and make much of it while they may.

"This is where our Samaritan Fund comes in. We relieve the immediate distress and feed the mother while she is in bed, at the same time moving to get permanent help for the family from other sources. In this connection we get help from the Stepney Welcome, which aids us with food for the nursing mothers."

Besides the good work which it is doing for the patients, the Home is an excellent and successful training school for midwives and monthly nurses.

At the Mansion House Meeting, the Lord Mayor, who supported the appeal for funds, said that he and the Lady Mayoress had recently visited the Home and were extremely pleased with the excellent management. The Bishop of Stepney, in proposing a resolution, stating that the good work of the Home merits increased support, spoke of the tenderness, affection, and enthusiasm with which the work was carried on. The resolution was seconded by Mrs. Quintin Hogg.

## The Midwives Act and Ireland.

It is announced that at a recent Conference in Ireland, at which representatives of almost all the important corporations and medical societies in Ireland were present, a unanimous decision was arrived at in favour of the extension of the Midwives' Act to Ireland.

The following memorandum has been issued by the Board of Governors of the Rotunda Hospital:—

We beg to draw attention to the serious disabilities under which Irish midwifery nurses are now placed owing to the limitation of the scope of the Midwives' Act of 1902, which applies only to England and Wales.

As this Act at present stands it is quite possible for the Central Midwives' Board to frame rules which will preclude Irish trained midwives from practising in England, and will largely lessen their chances of employment in the Colonies. That this is not hypothetical is proved by the fact that rules actually were framed which had this result; moreover, under the Act, Irish-trained midwives can practise in England only by a special concession from the Central Midwives' Board, a concession which may at any time be withdrawn by the vote of a bare majority of that Board.

Since the establishment of a State Registration for midwives it has been an almost universal requirement in advertisements for appointments in the Colonies that the State degree must be held; unless, therefore, an Irish midwife is prepared to go to the expense and inconvenience of crossing to England, remaining there for ten days, and spending money for a diploma, thus contributing to the support of the English Board, she is practically debarred from receiving a Colonial appointment. Further, the military authorities at the Curragh, when advertising for a midwife in this, the very centre of Ireland, require that she should hold a diploma from the Central Midwives' Board.

Thus the Act is a one-sided and inequitable measure of protection, for while English midwives can practise in Ireland, Irish midwives are prohibited from practising in England. An unmerited stigma is thus cast on Irish midwives, and this, too, in spite of the fact that the time devoted to their training is longer than that required by the Central Midwives' Board, and the standard of excellence exacted from them will bear favourable comparison with any in the United Kingdom. To meet this injustice it is only necessary to extend the scope of the existing Act so as to include this country, giving it adequate representation on the Central Midwives' Board, with a branch Council, to hold examinations in Dublin, Belfast, and Cork, and to grant diplomas.

This extension of the Act has the unequalled support of the Royal College of Physicians, of the Academy of Medicine, and of the other medical bodies in Ireland. It would also contribute largely to the discontinuance of the employment of unqualified women throughout the country districts, and in this way effect for our country what the Act of 1902 has done for England and Wales.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,164.

SATURDAY, JULY 23, 1910.

XLV.

## Editorial.

### THE DUTY AND CHARGE OF THE GOVERNORS OF ST. BARTHOLOMEW'S HOSPITAL.

"It is your duty and charge to acquit yourself in that office with all faithfulness and sincerity, endeavouring that the affairs and business of the said Hospital may be well ordered and managed; and promoting the weal and advantage of the poor wounded, sick, maimed, diseased persons harboured in the said Hospital."—*From the Governors' Charge.*

A General Court of Governors of St. Bartholomew's Hospital has been convened for Thursday, July 28th, and it is announced that at this Court the recent appointment of Matron will be under consideration. Under the circumstances attending the appointment made by the Election Committee, independent nurses holding the certificate of the hospital have considered it their duty to communicate with all the Governors, asking that, before it is too late, they will exert their utmost influence to prevent the appointment being carried into effect, and to secure an Inquiry into the management of the Nursing Department.

Although the nurses have apparently everything against them, they are confident that the large majority of Governors do not understand the wrong which has been done in their name. Every endeavour has been made to keep the matter quiet, and why? Because those who have perpetrated, or consented to, this wrong are afraid of the truth, whereas the nurses desire nothing better than full publicity, and that all the facts should be known.

Why do the nurses desire an Inquiry? Because the appointment, as it stands, is a direct vote of censure upon the nursing in the wards of the hospital and upon the training of the nurses, and in that censure both the living and the dead are implicated. Further, they consider that the Election Committee have by their

action practically passed a vote of censure on the Governors themselves, and their methods and standard of training, and on the medical as well as the nursing officers. Because if the system of training in force does not qualify the pupils of the hospital for the higher positions in the nursing world, and to this the medical members of the Election Committee apparently have agreed—that is practically a vote of censure on the educational system in force.

The nurses rightly hold that here is matter for inquiry. If, as they believe, the system of training will compare favourably with that of any nurse training school in the kingdom; if they can point to pupils of the school, who, trained under its system, have gained, and held with distinction, appointments of first-class importance at home and abroad, then the nurses claim that the Election Committee have subjected the school, and those who have been responsible for it, to unmerited condemnation and injury, in passing over, in the appointment of Matron, not only its own well-qualified pupils, but other applicants with *three years' certificates* who have held the position of Matron, in favour of a candidate with a *two years' certificate of training*, who has merely been a Matron's Assistant and who has never held an independent and responsible charge.

The nurses appeal to the Governors, who include the Queen Mother and the Queen Consort, to institute a searching inquiry into the whole matter, and meanwhile to prevent the appointment being carried into effect. They rely upon the Governors, whom they have always served loyally, to acquit themselves "with all faithfulness and sincerity" at this crisis, and to take such action in the maintenance of justice as will satisfy public opinion and maintain the honourable record of St. Bartholomew's Hospital.

## Medical Matters.

### MISSIONARIES AND THE CAMPAIGN AGAINST MALARIA.

A most interesting and suggestive address, prepared by Major Ronald Ross, C.B., F.R.C.S., Nobel Laureate, and Professor of Tropical Medicine in the University of Liverpool, for the recent Commemoration Day proceedings at Livingstone College, has now been printed in pamphlet form.

Major Ross shows that during the beginning of civilisation in Egypt, Greece, and Rome the priests were also the physicians, and the temple was also the hospital, and that there is no doubt the progress of medical science not only in these countries, but also in India, was due to the ancient priesthoods. The temple was always the centre of local civilisation, at least in rural areas; the priests were the first to collect information about disease, and certainly collected more than we have at present any conception of. Thus in Egypt and Greece they learned the connection between rats and plague, that the bile of a snake is antidotal to its own venom, and that immunity against that venom can be acquired by repeated inoculation.

Major Ross believes that the missionary of to-day may still hold a similar position among the barbarous people he is called upon to educate. To-day, as in ancient times, the mission house and the church and chapel are the centres of local light, that though the priest and the physician now tread separate but parallel paths, they still walk in advance of the civilising army, which has yet to conquer many of the darker areas of the world. He therefore desires to induce missionaries to come to the front again in connection with the remarkable development of science which we have witnessed during the last ten years in connection with malaria and other insect-borne diseases. He believes that the missionary can play a part in the prevention of such diseases which will add both to the greatness of his calling and to the happiness of those to whom he ministers. Often called upon to live in the remotest districts, far from hospitals, municipalities, health departments and officials, he is now exactly in the position of the priest of old, and to him still belongs the double duty of curing both mind and body.

The missionary will have observed, we are told, that numbers of the children whom he takes to his chapel or school are suffering from enlarged spleen or from fever; that many of the infants die shortly after birth; that many of the parents, especially the mothers, suffer from prolonged fevers, and he knows that malaria is caused by a parasite of the blood

which is carried by a certain species of mosquito.

Methods by which he may fight malaria are then detailed. First, he must endeavour to measure the amount of malaria within his domain. If there is a mission hospital, the admissions for malaria should be compared with the admissions for other diseases, and the ratio will give some indication of the proportion (often amounting to from 25 to 50 %) of the total admissions. He should then endeavour to discover the spleen rate of the locality by examining all children of 15 years of age or under, and carefully recording the proportion with enlarged spleens. This is about equal to the proportion affected with malaria. These records are indispensable, because without them it is impossible to judge whether the disease really diminishes in consequence of the efforts made.

The administration of quinine to all children with fever or splenic enlargement is the next step. Major Ross advises one dose every day just before the first meal. The children are the principal homes of the parasites, and from them their elders become infected through the agency of the carrying *Anophelines*.

In regard to the use of quinine as a prophylactic, Major Ross considers that in very malarious districts all white men may take the drug in this way, but he doubts the advisability of giving it to healthy natives.

Of the various prophylactic measures, he is of opinion that for densely populated localities mosquito reduction will probably be the best and cheapest measure in the end, but that quinine is more useful for thin populations. Again, it is best to begin by doing whatever may be done most cheaply. It is absurd to continue forcing quinine down the throats of everyone in a village which is really infected by a small stagnant pool or two, but where the source of infection is a great marsh or river, quinine should be used. An interesting point is that, to reduce malaria, even to banish it completely, it is necessary not to destroy every mosquito in a place, but simply to reduce their numbers below a given figure. Again, quinine and mosquito reduction can sometimes be usefully combined.

The screening of mission hospitals is advocated, and the adoption of mosquito boots.

Major Ross' pamphlet may be obtained from the Principal of Livingstone College, Lexington, E., price 2d., and he is shortly issuing a book, "The Prevention of Malaria," to be published by John Murray. As the duties of many nurses take them to countries in which malaria is prevalent, they should make a point of learning as much as possible concerning this disease.

## The Care of the Insane.\*

By ROBERT JONES, M.D., F.R.C.P., Lond.,  
*Resident Physician and Superintendent to the  
 Claybury Asylum, Lecturer on Mental  
 Diseases, St. Bartholomew's Hospital, London.*

I feel that it is a great honour to be called upon to address the International Congress of Nurses, and it is becoming, in my opinion, and consistent with modern views, that this Congress should devote a special sitting to the care of the insane, for in no department of medicine has progress, during the Victorian Era, been more active and real—indeed revolutionary would not be too strong a term to use—than in the treatment of insanity. The history of this improvement has been the history of nursing, and it would be no exaggeration to state that the confidence in institutions for the insane which is enjoyed to-day is directly due to a better and to a greater knowledge of the nurse's duties, to skill in applying these, and to the sympathy and disposition to treat those suffering from mental infirmity with tenderness which nurses themselves have imparted to their work.

The gratitude of mankind is due in no small degree to the high minded, self-denying, and philanthropic devotion of Pinel, who, in 1792, was the originator of the so-called "non-restraint" system in the care of the insane, and France will ever rank as the first country to accept and advocate the enlightened treatment which is the boast of medical psychology to-day. It was the great Pinel who stimulated the mind of his receptive pupil, Esquirol, whose classic work remains even to this day an appreciated text book and a tribute to the teacher. It was Pinel also who, by his personal influence and teaching, animated and roused Heinroth to follow his lead in Germany, where the work of Grüssinger also will ever be honoured and his memory perpetuated. We owe much also to the United States of America for strenuous advocacy of the cause of the insane. The great names of Drs. Rush, Woodward, and Bell (who issued special directions for the guidance of attendants upon the insane), of Brigham, Cullen, Howe, and Isaac Ray—who himself also issued a handbook for attendants and nurses—are those which will always receive universal acknowledgment; and no less honoured is the great name of Miss Dix, who consecrated the best years of her life to the cause of the insane, and to whose exertions and self-denying devotion some of the best institutions for the mentally afflicted in America owe their origin. The

rest of Europe to an international record is not complete without the names of Guislain in Belgium and Schroeder van der Kolk in Holland, whilst Italy and Spain are to-day in the forefront with scientific investigators into the pathology of nervous diseases and insanity.

In our own country, simultaneously with the teaching of Pinel in France, William and Samuel Tuke at York were advocating the "quality of being human," and urging the like sympathetic personal treatment of insanity. It is interesting to note that the transformation from a recital of prejudice, suspicion, superstition, and castigation in the treatment of insanity to the considerate, humane, and scientific treatment of to-day is a record of only a little over 100 years. Until then the theory of insanity was based upon demoniacal possession, and its practice was strictly in accordance with this theory—a practice of barbarous inhumanity, and such treatment was naturally supported by the full authority of the Church, which encouraged any method severe enough to exercise the Evil One, the acknowledged cause of the so-called "Devil's sickness."

It is satisfactory to note that the treatment advocated by the Tukes at York received sanction and support at the Lincoln Asylum under Dr. Charlesworth, and also at Hanwell under Dr. Conolly; and the London County Council, which is to-day charged with the administration of the Hanwell Asylum, and which invites members of this Congress to inspect one of its most modern asylums at Claybury, deserves recognition for its special and watchful care of the insane in London, a care which may without prejudice be described as the conquest of ignorance, superstition, and cruelty by science and humanity, and one strictly upholding the teaching of Pinel and Tuke in maintaining and enforcing a humane and sympathetic personal attendance. Probably the great initial incentive to, and the mainspring of, the present improved nursing in our asylums for the insane dates back to the influence and example of Florence Nightingale. It was she, of endearing and affectionate devotion—and may she long live to see her work extended—who demonstrated to the world that nursing was essentially woman's work, and fortunately for humanity the inspiration aroused by her devotion has been keenly and strenuously imitated in every country within the last fifty years. It is only since her noble efforts to relieve distress that any serious attempt has been made to educate attendants and nurses in our hospitals and asylums. When Miss Nightingale went to Kaiserswerth, in Germany, in 1849, to extend her knowledge of nursing the

\* Read at the International Congress of Nurses, London, 1909.

sick under Pastor Fliedner and a Lutheran Sisterhood, she found that Dr. Maximilian Jacobi had already been practising and encouraging an intelligent and sympathetic personal attendance at the Mental Hospitals in Siegburg for a period of ten years, and her efforts and enthusiasm have imparted to our own asylums a new embodiment of the spirit of humanity by improved nursing. This departure was first accepted and carried into practice by Dr. W. F. A. Browne, of the Crichton Royal Institute, who first systematically lectured to nurses on the insane. The English Lunacy Commissioners made this question of nursing in asylums a special subject for inquiry and investigation, and in their Report to the Lord Chancellor in 1859 they advocated the engaging of competent attendants and nurses of good character and of superior education, urging as a paramount duty that of adopting every possible means of securing the zealous services of a competent staff upon all who were responsible for the care and treatment of the insane. Twenty years later, in 1879, the English Lunacy Commissioners further pointed out that much of the difficulty, the want of progress, and the scandal in connection with asylums arose from an insufficiency of wages given to the nursing staff.

It is somewhat surprising that although Florence Nightingale's example and precept had been before the world since 1856, yet it took a whole generation for the idea inculcated and implanted by her to bear fruit. As recently as 1880 it is affirmed that there did not exist in any asylum in the world an organised school for the training of nurses for the insane. The plan which Miss Nightingale adopted was to make the hospital a school, and in giving training to nurses the hospital or the institution received in turn its own reward of trained service. The whole of her scheme may be summarised as "training and teaching," and the value of this suggestion was appreciated in many of the best general hospitals, which commenced to train their staff about the year 1876—viz., twenty years after the significant lessons of the Crimean War. It is only fair to some of the Medical Directors of Asylums to state that the advantages of the Nightingale system were fully realised by them, and individual efforts at reform in asylum nursing were put into practice at several asylums, notably in Scotland, which has always been to the fore in the care and treatment of the insane, but there was no united and general effort—and here we see the supreme advantage of organised combination.

(To be continued.)

## The Battle of the Standards.

### JUSTICE DEMANDED.

A General Court of Governors of St. Bartholomew's Hospital is convened for July 28th, and the Defence of Nursing Standards Committee has addressed an appeal to the Governors to use their influence to prevent the appointment of the new Matron being carried into effect, and that a Public Inquiry be held into the management of the Nursing Department.

Every unbiassed person naturally concludes that if the present system of training at St. Bartholomew's Hospital cannot train an efficient Matron in 23 years, a new system should be inaugurated, but that if this supposition can be amply refuted—as it is known that it can be—it is the duty of the Governors to protect their own nurses from unmerited condemnation unheard.

### AN INSULT TO THE DEAD

Miss L. L. Dock writes plainly in the *American Journal of Nursing* what is whispered throughout the nursing world at home and abroad, though we are aware that the large majority of the Election Committee did not realise the wrong which was being done.

"While nurses of all countries are mourning Miss Stewart, a most unheard of insult to her memory in the shameless attempt to wipe out all the influence of her life work has been the action of the Election Committee in selecting her successor. Briefly—for the news has come after our pages have been set—the Election Committee of Bart's has chosen an Assistant Matron from the London Hospital, a woman who has never had a Matron's experience, and one who is evidently meant to be only the tool of the anti-Registration element in the Hospital's Committee, and, doubtless also, of the element who are willing to make huge profits for hospitals out of the sweated labour of nurses. The London Hospital sends out its pupils to private duty, besides running a large private staff for its own profit, and it is the central stronghold of anti-registration and of hostility to self-governing organisations among nurses. Its certificate, moreover, is given for one year less than Bart's, and the women who train there are not encouraged to think for themselves. It is well known that those of them who do, even when engaged in work of great distinction, meet with an icy reception if they venture within the doors. The details of this incident are such as to make one feel certain that a plot has been preparing before Miss Stewart's death; for the knowledge that she was doomed by an incurable disease was general."

## The Matrons' Council of Great Britain and Ireland.

It was a very large party which left London on Saturday morning, July 16th, en route for Birmingham, to attend the quarterly meeting of the Matrons' Council, including

Mrs. Bedford Fenwick, Miss M. Heather-Bigg, Miss Mollett (Hon. Sec.), Mrs. Walter Spencer (Hon. Treasurer), Miss Sidney Browne, R.R.C., Miss H. L. Pearce, Miss M. Breaugh, and others. As

special carriages had been reserved for the members of the Council, they lunched merrily as the non-stop train sped on its way through the rich midland country.

Arrived at the General Hospital, Birmingham, they were warmly welcomed by the Matron, Miss Musson, and found in the beautiful Board Room, kindly placed at their disposal by the Governors,

colleagues not only from Birmingham, but from Wigton, Leicester, Northampton, Kidderminster, Leamington, and other Midland centres. Bowls of roses and pink and white sweet peas gave the room a very festive appearance, and many portraits of celebrities connected with the hospital hung on

the walls. The first business of the day was the reading of the report of the Hospital, which was presented by Miss Fenwick, printed by Scotland's Royal Press.

### THE BUSINESS MEETING.

Miss Musson took the chair at the meeting of the Matrons' Council. The minutes of the last meeting were read and confirmed, and the

correspondence dealt with. Miss Mollett reported over forty letters of regret from members who were unable to be present, and read a letter of regret and sympathy from Miss Emily James on behalf of the Public Health Sectional Committee of the N. U. W. W., on the loss sustained by the Council by the death of its late President, and from the Hon. Secretaries of the American Society of Training Schools for Nurses, and the Nurses' Association of America, acknowledging letters of condolence from the Council on the death of Mrs. Hampton Robb.

The next business was the election of a President, and the report of the Sub-Committee appointed to deal with the question was read.

Mrs. Bedford Fenwick, in accordance with the recommendation of that Committee, proposed the election of Miss Heather-Bigg, Matron of Charing Cross Hospital. The Sec-



MISS MILDRED HEATHER-BIGG

President of the Matrons' Council, Birmingham, 1910.

Committee felt they were paying Miss Heather-Bigg a compliment in inviting her to succeed their dear founder, Miss Stewart, and they would not have done so had they not tested her devotion to the interests of the Council in the past, and felt sure that she would prove a loyal guide and support in the future. Miss Heather-Bigg was full of spirit and charm, and had all the personal qualities most needed to uphold the position, and it was with the very greatest pleasure she proposed her election as President.

The proposition having been seconded, it was carried by acclamation,

Miss Musson then vacated the chair, and Miss Heather-Bigg took her place, and thanked the Council most heartily for the honour they had done her. She said that Miss Stewart's brilliant powers had made her an ideal President, but she would do her best for the Council, and endeavour to justify their choice of a President.

Miss Haughton, Matron of Guy's Hospital, London, and Miss Musson, Matron of the General Hospital, Birmingham, were elected Vice-Presidents by acclamation.

The suggested alterations of the By-laws were then considered, and several minor alterations in the same agreed to.

On the recommendation of the Sub-Committee it was agreed that the President should hold office for a term of three years, and should not be eligible for re-election for a further term of the same period.

The By-Law governing the election of Vice-Presidents was also altered, and is now to the effect that the Vice-Presidents shall not exceed twelve in number, of whom four shall retire annually, but shall be eligible for re-election.

It was also decided that the Hon. Secretary and the Hon. Treasurer shall both for the future retire annually, but be eligible for re-election.

Applications for membership were then considered, and the following ladies were elected: Miss Maud Pote Hunt, Matron, St. Bartholomew's Hospital, Rochester, Kent; Miss Anne McFarlane, Matron, The Infirmary and Children's Hospital, Kidderminster; Miss Winnill, Matron, The Children's Infirmary, Carshalton, Surrey.

Letters of resignation were received from Miss Denne, Matron, East Suffolk Hospital, Ipswich, and Miss Lucy Smith, formerly Matron of the Rochdale Fever Hospital. They were received with regret.

Miss Sidney Browne, R.R.C., Matron-in-Chief, Territorial Force Nursing Service, was elected to represent the Council at the forthcoming meeting of the National Union of Women Workers at Lincoln.

Miss Barton, of Chelsea Infirmary, was elected to fill the vacancy on the Central Registration of Nurses Committee, caused by the death of Miss Isla Stewart.

The Hon. Secretary gave notice that the revised by-laws would be published in the next Annual Report.

The business meeting then terminated, and tea and coffee were served, the Sisters and nurses being untiring in their efforts to secure the comfort of the guests.

A public meeting followed, when the room, which seated over 150 persons, was crowded.

M. MOLLETT,  
Hon. Secretary.

## The Public Meeting.

### STATE REGISTRATION OF TRAINED NURSES.

At the public meeting which followed the business meeting of the Matrons' Council, Miss Musson presided, and said how extremely glad she was to welcome those present. As the time was short she at once asked Mrs. Bedford Fenwick to address the meeting on the subject of State Registration of Nurses.

Mrs. Bedford Fenwick opened her address by thanking Miss Musson for so kindly arranging the meeting. It was twenty years since her first visit to Birmingham in connection with the movement for State Registration of Nurses, and it had passed in a flash. Many people expected to achieve great reforms the day after to-morrow, and were discouraged by delay. This was not the history of the registration movement. It was encouraging to nurses who thought that legislation for the organisation of their profession was long delayed to remember that the medical profession worked and fought hard for 50 years before the first Medical Act was passed, and the editor of the newspaper which voiced the demand for legislation had to fight two duels and had his house burnt down during that period.

Some people were apt to think that there had been no nursing before the Crimean War. This was not so. There had always been noble and sympathetic women who cared for humanity at large, including the sick. From the Crimean War we could date the genius of Florence Nightingale, whose work for sick soldiers was an incident; it was the fact that she founded nursing on a scientific basis which would keep her name illustrious for all time. She realised that medicine and nursing were interdependent, and that nurses must be efficiently educated to keep pace with the progress demanded from them by medical science, therefore she founded the Nightingale School for Nurses in connection with St. Thomas's Hospital, and laid the foundations of the profession of nursing.

Thirty years ago the condition of nursing was relatively as good as that of medicine. Lister and Lund had only just evolved their wonderful system, which demonstrated cleanliness as the basis of the sciences of medicine and nursing. But within the last 30 years medicine has progressed so

rapidly that it was imperative that a suitable education for nurses must be evolved. If so much was expected of them much must be given to them.

It was the thirst for knowledge, the desire of women who entered our hospitals thirty years ago to perfect their services which was the great force behind the evolution of the training schools. Now the three years' standard of training was general, and a pupil who had worked in a good hospital, under supervision for that period, and availed herself of her opportunities, must be a skilful nurse at the end of that time. But standards varied greatly, and a woman desirous of qualifying herself to obtain the confidence of the sick and the public found that the work and standard of teaching varied so much in the different hospitals that it was largely a matter of chance whether she obtained a good education. There should be no element of chance where the safety of sick people was concerned, and if a good practical standard were required by a legally constituted Central Board such great inequalities could not exist.

Medical practitioners incorporated in their Bill the demand for an educational curriculum, and that evidence must be given of having attained a minimum standard before qualification—i.e., they must give evidence of sufficient knowledge before the lives of the people were placed in their hands. The medical faculty now demanded extraordinary skill from their nurses, and after a most critical operation the surgeon could leave the patient with confidence in the charge of a trained nurse. Those who claimed so much from the nurse must see that she was not expected to make bricks without straw.

Mrs. Fenwick then showed that to provide justly for nurses from the educational standpoint a comprehensive curriculum must be defined, and everything pointed to co-operation in the future between groups of hospitals, so that a nurse during her training should have at her disposal the best clinical material in the various branches of her profession. At present there was lack of organisation in this respect, because it could only be perfected from a centre. What registrationists asked was that Parliament should realise that within the last half century nursing had arisen as a profession for women, and that an expert Nursing Board, having State authority, should evolve an educational curriculum which every nurse would have to pass through, and to give evidence of having profited by, before being registered by the State as efficient.

It was useless to contend, as was sometimes done, that the order produced by uniformity would stultify progress. It was, in fact, necessary for progress outside the schools where the important work of nurses was carried on, and where the quality of a nurse's education was really tested.

Turning to the economic side, Mrs. Fenwick showed that when once members of a profession were qualified it was generally acknowledged that they had some sort of corporate rights. What rights had trained nurses in the body politic? On all sides the half skilled and the unskilled competed with them on equal terms, there was no protection for their skilled work. In olden days, in

connection with various Guilds and crafts, apprentices had to perfect themselves very thoroughly, but, when they had done so, their skill was protected.

It was not proposed to make the Registration of Nurses compulsory; there were degrees of sickness and foolishness, and it would be arbitrary to say that no one should nurse who was not registered. The registration of medical practitioners was not compulsory, but the moral force behind the Medical Acts gave them their weight. What thoroughly trained nurses who had given years of their lives to perfecting their work desired was that the State should give them a protected title—the legal title of "Registered Nurse"—if they were worthy of it. They wished to give a guarantee to the public that the public might know what they were paying for, and they had a right to go to the Government, who were the representatives of the people who were the State, and ask for this.

Mrs. Fenwick then dealt with the question of the "continuing guarantee," and the objection that you "cannot register character." The finest characters were, she said, formed by personal responsibility, and this was difficult to estimate without trust. The attitude of mind which concluded that unless under supervision a nurse would fail in moral rectitude was intolerable, and the cry that character could not be registered was a catch word. A system by which a probationer brought evidence to the training school of years of good conduct, who, for a term of three or four years, under keen, trained supervision in the wards and Home, continued in the paths of right doing, placed a lifetime of moral rectitude at the disposal of the Central Registration Authority. Such unimpeachable records would have to be submitted to the Board, and to anticipate that the mere fact of registering technical qualifications in addition would, by some mysterious process, leave the candidate devoid of all moral balance was absurd. Character would count as it had never done before under a system of central and unbiased professional control.

Nurses, like medical practitioners, were the servants of humanity; only fine women could make fine nurses, and to fulfil her destiny a nurse must know humanity and study human environment in its widest sense, and thus bring herself into sympathy with the needs of her kind. Registration did not claim to make perfect; its aim was to improve, and to inculcate in trained nurses a sense of professional responsibility in which the honour of their profession would be in safe keeping.

#### THE NURSES' REGISTRATION BILL.

Miss Musson then called upon Miss M. Mollett, Hon. Secretary of the Matrons' Council, to read and explain the clauses of the Nurses' Registration Bill.

Miss Mollett said she was glad to have something substantial in her hands, as nothing was more difficult than to glean after Mrs. Fenwick had harvested. The Bill in charge of the Right Hon. R. C. Munro Ferguson, M.P., P.C., in the House of Commons, was as it had left the Central Registration Committee, which was composed of delegates from eight important medical and nursing societies

which she enumerated. She said that the Bill was very carefully constructed to meet the just claims of all engaged in training nurses, but primarily the just claims of those who were to be trained, to force the hands of bogus trainers, and to protect the public from shams of whose mistakes and shortcomings they were themselves unable to judge. She showed that the Nurses' Register would comprise a General Register, and also Supplementary Registers of Male and Mental Nurses, that provision was made that the General Council for the Registration of Nurses in the United Kingdom, when fully constituted, should include adequate representation of the nurses through their directly elected representatives, a most important principle, as nothing could ever take the place of individual, personal responsibility, and the pride of the Nursing Profession in its own thoroughness. It was this which would make or mar the profession. "One for all and all for each other" was the motto of registrationists.

It was necessary to provide for the temporary representation of nurses on the Governing Body because it was evident that until a certain number of nurses had been registered there was not an electorate to elect their direct representatives, therefore those societies which had taken a front place in the struggle for registration and certain Government Departments, and societies concerned with nurses, would be called upon to appoint nurses to act temporarily in the place of the direct representatives. They would retire as soon as the Lord President of the Council certified that the formation of the Register was sufficiently advanced to admit of the election of such representatives.

Miss Mollett made it plain that during the three years' term of grace from the commencement of the Act no applicants for admission to the Register would be required to pass an examination, and the fee would be only £2 2s. for registration, and the fee which the maximum fee for both examination and registration would be £5 5s.—a very reasonable one indeed for the benefits received, a much larger sum being paid by apprentices and pupils in many other trades and professions. In conclusion Miss Mollett said she would be pleased to forward a copy of the Registration Bill to any applicant on receipt of 3d. to cover the cost of Bill and postage.

An interesting discussion followed, in which Miss Musson, Miss Hamath, Miss Mary Gardner, Miss Pell Smith, Mrs. Walter Spencer, and others took part.

Speaking on a Central Nursing Examination, Mrs. Walter Spencer pointed out that though the standard of the examination would no doubt be fixed to suit the average nurse, it would be a minimum, not a maximum standard. Her experience was that some of the best practical nurses came from provincial hospitals, where they had greater opportunities than in hospitals with medical schools attached, where many practical details were performed by students.

Miss Musson, referring to the difficulty of passing an examination, dreaded by some nurses, said that nurses who made themselves quite ill in anticipation of their hospital examination often voluntarily

entered quite cheerfully later on for the examination of the Central Midwives' Board, and passed it with credit. She thought the reason was that they were definitely prepared in certain subjects, and that if a syllabus were defined, and definite preparation given, nurses would not look forward with such dread to their examinations, as when they did not know quite what to expect, or whether the questions asked would be more on medical than nursing subjects.

Mrs. Bedford Fenwick thought it might be taken for granted that any Central Nursing Council appointed would move slowly, and would not attempt to impose impossible conditions, and that examinations would be largely practical. The object of such a Council would be to help to provide the very best nurses for the sick, in every class of hospital, and for every class of patient.

The meeting concluded with a cordial vote of thanks to Miss Musson, and to the Governors of the Birmingham General Hospital, proposed by Miss Heather-Bigg, for their courtesy and kindness in lending their beautiful Board-room for the meetings.

Amongst those present, besides the ladies already mentioned, were Miss Macintyre, Royal Infirmary, Wigan; Miss A. Smith, Kingston Union Infirmary; Miss Gaved-Wills, Walsall and District Hospital; Miss Holloway, Victoria Nursing Institute, Walsall; Miss Richmond, Women's Hospital, Sparkbrook; Miss Mossop, Homeopathic Hospital, Birmingham; Miss Marriott, Eye Hospital, Birmingham; Miss Eison Clarke, Children's Hospital, Birmingham; Miss Chessington, City Hospital, Lodge Road, Birmingham; Miss Morrison, City Hospital, Little Broomwich; Miss de Chastelain, Jaffray Hospital, Erdington; Miss Pell Smith, Home Hospital, Leicester; Miss Bryan, General Hospital, Northampton; Miss McFarlane, the Infirmary and Eye Hospital, Kidderminster; Miss Parsons, Guest Hospital, Dudley; Miss Rapson, Warneford, Leamington, and South Warwick General Hospital, Leamington; Miss G. B. Macvittie, London; Miss Clara Lee, Letchworth; Miss L. Parmiter, Ruddington; Miss Warburton, Private Hospital, Newhall Street, Birmingham; Miss Carless, Private Hospital, Cornwall Street, Birmingham; Miss Connell, Eye Infirmary, Wolverhampton; Miss Mary Gardner, Blackwell Sanatorium; Miss Flora Gardner, Heathcote Hospital, Warwick, and others.

The subject of Registration had proved so engrossing that a very short time remained before the guests had to catch trains, but a hasty visit was paid to the fine kitchen, larder, and store-rooms, which are on the top floor of the hospital, which were the envy of many Matrons, and a glimpse into the wards had to suffice. Every one was greatly impressed with the courtesy and kindness of the nursing staff, and the exquisite neatness of their appearance attested to the high standard of good order which is evident throughout the arrangements of the General Hospital, Birmingham.

The meeting was in every way most successful, and the hope was expressed on many sides that in future some of the meetings of the Matrons' Council would be convened in provincial centres.

M. B.

## Nursing in Rome.

## TWO VISITS FROM QUEEN ELENA.

The first was a social affair. Her Majesty had promised to come and pronounce the School which bore her name to be open. She had expressed the wish that as little ceremony as possible should be observed, so only the members of the Committee and the Hospital authorities were told of the day and hour fixed; but the "hospital authorities" alone made up a goodly number, as in Rome there is one Administration over all the public hospitals—*gli Ospedali riuniti*.

We of the School had a very amusing evening previously, reciting the Court courtesy, the mistress of the ceremonies being Miss Clay, Miss Snell acting Queen. Italian girls are naturally graceful, however, and the right movements were quickly acquired.

Two days before several large cases arrived containing 18 engravings in pretty brown frames, and a charming photo of her Majesty, under which she had written in her clear, graceful handwriting, "*Alla Scuola Conviitto professionale 'Regina Elena' per infermiere.—Elena.*"

The engravings were all English; amongst them the world-famed picture of Luke Fildes, "The Doctor," and the less known, but also appropriate, "The Good Samaritan" in top hat and frock coat of W. Small.

There likewise arrived a cartload of magnificent plants, palms, rhododendrons, azaleas, etc., and on the morning of her visit large baskets of lovely cut flowers.

The hour chosen was ten, as being the one most convenient for patients and nurses. The Queen had expressed her readiness to come at nine if that hour had been thought better.

Princess Dora came, Mariani, Mariani's sister, Her Majesty's lady-in-wait, and accompanied her, the Hospital authorities following, to the Convitto, where the night-staff, with Miss Snell, Miss Clay, and myself, greeted her in the entrance hall. She gave her hand to each of us, speaking in French, and receiving a bouquet of exquisite flowers—a companion bunch to one Princess Dora presented to Miss Snell—from Signorina di Noddi, our youngest probationer.

The sitting-rooms were first visited, and in the office of the Directorate, her Majesty wrote her name in a little book, "*Libro agrottum amicum*"—"book of the friends of the sick."

Next the corridors were visited, containing bedrooms of all the staff. The rooms are ad-

ornamented with pale green borders, the furniture all enamelled white, bed-quilts "Barker's" chintz, very bright and cheerful. The variety of taste displayed in the individual arrangements and possessions was of interest to her Majesty. She often said, "*C'est charmant; comme c'est jolie cette petite cham-*



Miss Snell and Miss Turton with Night Probationers.

bre," and noticed especially a water colour sketch done by the grandfather of a half Dutch pupil who had painted war pictures in King Emmanuel's time.

In Miss Snell's bedroom, the Queen was charmed with its harmonies, but looking round, remarked, "Il n'y a pas le fauteuil confortable." This happened indeed to be missing, the right article not having been obtainable.

Finally, Queen Elena walked into the kitchen, and straight up to our good Anna, asking what she was cooking, and looking at the outlets she displayed. In recounting the incident Anna went with emotion at the condescension and kindness of her Queen.

Shortly after a note came asking us to dress from some patterns enclosed the green which would harmonise with Miss Snell's room. This

we did, and a most ideal armchair soon appeared, deep enough to rest the head, the right angle to rest the limbs, and—pour couble—with a cool holland cover to keep its greenness undimmed through the hot summer months.

After visiting the Home, her Majesty proceeded to the wards. Here she was absolutely in her element, bending over the most suffering, saying consoling and cheering words; caressing the children; the Queen of the earthquake terror episodes was clearly before us. She gave her hand to all the nurses and said a

few words in French to most of them. The Mother Superior had been summoned. The ward nuns mingled with the lay Sisters and nurses. The Chief came down from the operating room (he afterwards escorted her Majesty to his precincts between two operations). To an amputated arm boy she offered the best artificial limb he could desire; to a small "Elena," who had not smiled since her legs were placed in splints at a right angle a week before, (congenital hip luxation) was promised whatever toy that was wished for. The child was too shy to answer, but the following morning (a large basket of most delightful toys arrived the same night) Elena at last smiled radiantly when a Teddy bear and a doll with eyes that opened and shut were placed by the Night Sister in her arms.

A few days later mosquito nets of a pattern partly designed (modification of an English one) by her Majesty arrived for several beds. The hospital does not provide them; only pieces of gauze are given to those unable to use fly flickers. This pattern is most practical, and some American visitors have already taken notes of it to reproduce at home.

The second visit was quite unexpected.

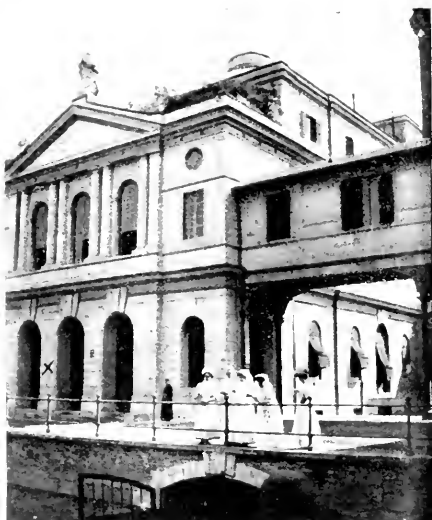
Everyone was hard at work, the Home Sister carrying linen from the ironing room, Miss Snell over in the wards, I in the kitchen writing down the cook's morning expenditure. A probationer ran in breathlessly, "La Regina è in Salone." Dispatching her to seek Miss Snell, I went at once to the Salone, where her Majesty was standing, showing one of her ladies (who had never been to the Convitto) how the room was arranged. She told me she had come in for a few minutes only as she had an appointment with the Professor of the Obstetric Clinique. But she wished to show the

Home to the Contessa della Trinità. She herself, in fact, did show—woman, pointing out the Sisters' Salottina, and the little class-room. It was only 9.30, and our "pros" going on duty at 7 have orders to leave beds to air till they come back for lunch or off duty hours.

Her Majesty, however, is known to wish to see things as they function, not dressed up for inspection, so she will not have minded being accompanied by an Assistant Matron with cook's book in her hand, and finding mattresses exposed to the fresh air.

Queen Elena told us she had heard from the Professor how pleased he was with the progress made, and asked if we were also satisfied, adding, "It will need much patience, but you are sure to succeed, and will find the right pupils to carry on the work; the thing is too much needed." This gave me opportunity for saying Miss Snell wished our probationers to be called "Nurse" when on duty, avoiding the term "Signorina," as the Signorini del Policlinico in white overalls and flowers at the waist, had gained a reputation which it would be well for our nurses of the green and white uniform to avoid, and her Majesty approved the idea.

M. A. TURTON.



Scuola Convitto Regina Elena.  
*Under the Church.*

## "La Soignante."

We welcome the first number of *La Soignante*, the organ of *L'Association des anciennes élèves brevetées de l'Ecole des Infirmières de l'Assistance Publique* (the Association of the certificated pupils of the Nursing School of the Assistance Publique), which has reached us, in a pretty picture cover lettered in mauve, and bearing a picture of the School, and its nurses' badge, in the same colour. It is to be published monthly, and to be written by members of the Association, and devoted exclusively to technical and professional questions.

On the first page appears a group of pupils of the School, and the portrait of Mlle. Germaine Parra, one of the first class of pupils, who was subsequently placed in charge of a children's pavilion, at Brevannes, of convalescents from infectious complaints. In the discharge of her duties she contracted typhus, having devotedly nursed a child suffering from the disease, and, in spite of every care, succumbed to it, to the sorrow of all who knew her. Her name is to be inscribed on the walls of the School as a testimony to the devotion exhibited by pupils of the School from the first, and as an example to generations of nurses yet to come.

As is natural, an article is devoted to the affairs of the Association, and to the place which the new Journal will fill in keeping its scattered members in touch with one another, and for the communication of their professional experiences. In a very sympathetic article reference is made to the death of Miss Isla Stewart, whose portrait is published. Comment is made on the stupefaction felt by everyone at the recent appointment of Miss Stewart's successor from a School which is content with a two years' term of training, while for many years the three years' standard has been in force at St. Bartholomew's. Our contemporary suggests that it is perhaps necessary to see in this unjust and unchivalrous condemnation—for it hits a woman who can no longer defend herself—the retaliation of her adversaries in the struggle for registration, for a State Diploma and professional control.

Of much interest is the constitution of the Association, and the list of the pupils certificated during the past year with the positions they hold.

The journal also records the marriage of the President of the Association, Mlle. Laureuson, who is now Mme. Sarrazin; and Mlle. Jehannin and Mlle. Arnal have respectively become Mme. Pagnan and Mme. Balmette. We wish *La Soignante* a very prosperous future.

## Appointments.

### SUPERINTENDENT OF NURSE TRAINING SCHOOLS.

**Bellevue and Allied Hospitals, New York, U.S.A.**—Miss Clara D. Noyes has been appointed to succeed Mrs. Goodrich as Superintendent of the Nurse Training Schools of Bellevue and the Allied Hospitals, New York. Miss Noyes is a graduate of the Johns Hopkins Hospital, Baltimore, U.S.A., and has held positions as head of training schools in New England, her present position being that of Superintendent of the Nurse Training School at St. Luke's Hospital, New Bedford, Mass. The appointment is regarded as an excellent one, as Miss Noyes' professional reputation ranks very high.

### MATRONS.

**Isolation Hospital, Catherine de Barnes, Southall.**—Miss Ada Copeland has been appointed Matron. She was trained at the Boro' Infectious Hospital, Darlington, and the Royal Infirmary, Edinburgh, and has held the positions of Nurse Matron, Great Ouseburn Rural District Isolation Hospital, 1904-1907, and Matron of the Tamworth Joint Isolation Hospital since 1907.

**Torbay Hospital, Torquay.**—Miss Mary F. Wallace has been appointed Matron. She was trained at the Royal Devon and Exeter Hospital, and has held the positions of Night Superintendent and Assistant Matron at the Royal Berkshire Hospital, Reading.

### ASSISTANT LADY SUPERINTENDENT.

**Royal Infirmary, Liverpool.**—Miss Jane Ainslie has been appointed Assistant Lady Superintendent and Matron. She was trained at the Royal Infirmary for Sick Children, Edinburgh; and at the Western Infirmary, Glasgow; and has held the positions of Outpatient Sister, Night Superintendent, and Assistant Matron at the Leith Hospital.

### SISTERS.

**Hospital for Epilepsy and Paralysis, Maida Vale, W.**—Miss Agnes F. Hampton has been appointed Sister. She was trained at the Royal Infirmary, Sheffield, and has held the position of Sister at the West Ham Hospital, and of Night Sister at St. Mark's Hospital, City Road, E.C.

**Royal Infirmary, Derby.**—Miss Alice Lister has been appointed Sister in the Massage and Electrical Department. She was trained at the Royal Albert Edward Infirmary, Wigan, and has held the position of Staff Nurse at the National Hospital, W.C., and has for a short time been Masseuse at the Royal Infirmary, Derby.

Miss Mary Holmes has also been appointed Sister in the same institution, where she received her training, and has since been a member of the private nursing staff.

**General Infirmary, Macclesfield.**—Miss C. E. Smith has been appointed Sister. She was trained at the Children's Hospital, Pendlebury, and has held the position of Sister of the Children's Ward at the Royal County Hospital, Ryde, and has also been Staff Nurse at the Children's Hospital, Liverpool.

### NIGHT SUPERINTENDENT.

**Royal Infirmary, Derby.**—Miss Evelyn L. Ward has been appointed Night Superintendent. She was trained at Addenbrooke's Hospital, Cambridge, and has held the position of Staff Nurse at the Poplar Hospital for Accidents, of Night Sister.

Outpatient Sister, and Ward Sister at Addenbrooke's Hospital, Cambridge; and of Theatre Sister and temporary Matron at Stamford Infirmary.

#### SUPERINTENDENT NURSE.

**Union Infirmary, Gannock.**—Miss Caroline Woodward has been appointed Superintendent Nurse. She was trained at the Poor Law Infirmary, Birmingham, and has held the positions of Superintendent Nurse at the Pro-stwich Union, and at the Bakewell Union.

#### CHARGE NURSE.

**Fever Hospital, Birkenhead.**—Miss Edith A. Walker has been appointed Charge Nurse. She was trained at the General Infirmary, Leeds and the Fever Hospital, Stockport, and has held the position of Assistant Nurse at the City Hospital, Grafton Street, Liverpool, and at Rosehill Children's Hospital, Torquay.

#### SCHOOL NURSE.

**Education Committee, Mountain Ash.**—Miss Anne E. Wood has been appointed School Nurse. She was trained at the London Hospital, E., and has been Sister at the Fever Hospital, Plaistow, and Matron of the Isolation Hospital, Pontypridd.

#### SECRETARY SUPERINTENDENT.

**Lincoln County Hospital.**—Mr. W. H. Moor, of the Westminster Hospital, has been appointed Secretary Superintendent.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss J. L. Blakely to be Staff Nurse (provisionally) (July 1st).

#### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Maude Weale, as Assistant County Superintendent to Gloucestershire County Nursing Association; Miss Florence Henning, as Assistant Superintendent, to Sheffield; Miss Florence Packard, as Senior Nurse, to Bridgewater; Miss Mary Stephenson, to Brixton; Miss Emily Kate Rawlings, to Bath; Miss Agnes Park, to Beckington; Miss Margaret Spalding, to Rye; Miss Miriam Whiteman, to Grimsby; Miss Alice Rhoda Davies, to Llanegwad; Miss Frances A. Williams, to Gilfach.

#### RESIGNATION.

Miss Kemp, Matron of the Southwark Union Infirmary, East Dulwich, has tendered her resignation and the post is now advertised. The Infirmary contains nearly 800 beds. The Guardians, who are wiser than to set an age limit for applicants, require candidates not only to produce evidence of thorough training, but of their competency to undertake the control and instruction of the nursing staff, of having had practical experience of household management, and in the duties of the office generally.

#### THE PASSING BELL.

**STEEL.**—On the 17th inst., at Anson Road, Victoria Park, Manchester, Agnes Dunlop, the dearly-loved wife of Graham Steel, M.D., F.R.C.P.

Mrs. Graham Steel, before her marriage, held the position of Lady Superintendent of the Royal Infirmary, Manchester.

## Nursing Echoes.



During the visit of the King and Queen to Aldershot last week Queen Mary, accompanied by the Duchess of Connaught, paid a visit to the Louise Margaret Hospital, an institution for the wives of soldiers and their children. They were received by Major Green, the medical officer in charge, and by the Matron, Miss Beesby. Her Majesty spent a full hour in the hospital, and displayed a deep interest in the patients and the provision made for their restoration to health. A visit was also paid to the new crèche, which is nearing completion, and will supply a need much felt at Aldershot by affording the means of attending to children of soldiers whose wives are ill.

The King and Queen also visited the Connaught Hospital, and were received by Surgeon-General Sir T. J. Gallwey (Principal Medical Officer), Lieut.-Colonel H. M. Sloggett (in charge of the Connaught Hospital), and Miss A. E. Cox (the Matron).

The Council of Queen Victoria's Jubilee Institute for Nurses at a recent meeting was in favour of accepting the conditions of the bequest of "Bryn Menai," the house in North Wales left as a home of rest or convalescence for nurses attached to the Institute. The sum of £6,000 was also provided by the late Miss Harriet Hughes towards the maintenance of the home.

The following nursing associations have been affiliated since May last:—Chapel End, Warwickshire; Dunkinfield, Lancashire; Exeter, Devonshire; Finsbury Social Workers' Association, London; Fitzwilliam, Yorkshire; Lingfield, Surrey; Lunley, Co. Durham; Tottington, Lancashire; Wallsend-on-Tyne, Northumberland; Dunvant, Glamorganshire; Holywell, Flintshire; Llanegwad, Carmarthenshire; Mote, Pembrokeshire; Walwyn Castle, Pembrokeshire. The affiliation of associations, to employ Queen's Nurses in connection with County Nursing Associations, were confirmed as follows:—High Wycombe, to the Buckinghamshire C.N. Association; Beckenham, to the Kent C.N. Association; Brierley Hill and Wednesbury Maternity Nurse, to the Staffordshire C.N. Association; and Haywards Heath, to the Sussex C.N. Association.

The Quarterly Meeting of the Poor Law Infirmary Matrons' Association was held by kind invitation of Miss Little on July 16th, at the Islington Infirmary. As the afternoon was fine the Matrons were able to sit out in the garden under the shade of a tree. The subject for consideration was the Poor Law Officers' Superannuation Act, on which an interesting discussion was held. Several new members have recently joined the Association, which now includes almost all the Matrons of the Infirmarys which are recognised by the Local Government Board as Training Schools for Nurses both in London and the Provinces.

Yet another list of nurses and nurse training schools is to be published, "A Nurses' Year Book and Who's Who," edited by Mrs. Davidson, editor of the *Empire and Imperial Review*. It seems a pity when there are already three lists—the Roll of Members of the R.B.N.A.; the Nursing Directory, published by the Nursing Press; and Burdett's Directory—in existence, that a fourth should be attempted, as nurses have shown conclusively that only a Register published under State authority will satisfy them, and that lists not so authorised have no attraction for them. The work of bringing out and keeping such lists up to date is immense and practically useless.

A sale of work in aid of the restoration fund of the chapel of St. John's House, 12, Queen Square, Bloomsbury, was held at the House on Thursday last week, when the stalls were filled with beautiful and useful articles at very moderate prices. The nurses on the staff have for some time been busy in making and collecting the furnishing of their stalls, and these were so well stocked that it seemed a pity there was only one short day in which to dispose of all their contents. Beautiful framed photographs, a finely carved panel from Central Africa, crosses from Ober-Ammergau, dainty tea cloths, cosy woollen vests for tiny babies, which St. John's House nurses are adepts at making, and gloves in black velvet with the word "coal" outlined across them, suggesting their use in the sick room, were amongst the articles on sale at the stalls over which Nurses Davis, K. Walker, Collins, and others presided. In the Hall was the doll stall, where performing Teddy bears and other mechanical toys were also to be found, and a well-stocked sweet stall, where Nurse Herley and Nurse Henry did a brisk trade.

Miss Laura Baker presided over a most attractive frosted cake, and invited the visitors

to pay twopenny and guess its weight, in order to be the property of the first who guessed nearest to the correct weight.

The sale realised over £100 and there are still some articles for disposal.

John Ball's articles on Nursing Homes have come to the last chapter, "at any rate for the present," and few, we imagine, will have read them without pausing to consider how scandalous is the condition of affairs. The articles end with "A Remedy," as follows:—"The remedy, as we have so often pointed out, is to be found in Registration—registration of both nurses and nursing homes, and of masseurs and masseuses, and massage establishments. There is now before Parliament a Bill which aims at some, at least, of these objects," and then follows the constitution of the Central Council for Registration as drafted in the Bill before Parliament.

"Whenever the Bill comes before the House (for second reading) it is the intention of our Editor to move amendments with the object of extending its scope to massage nurses, and including the registration of the homes and institutions as well as the practitioners."

We heartily welcome the interest of the M.P. editor of any journal, and realise the urgent necessity for the registration of nursing homes as well as of nurses, but both reforms cannot be incorporated in one Bill. The scheme was suggested in the first Bill of the R.B.N.A., and found impracticable. Get the Nurses' Act in force, and then it will be comparatively easy to draft a Bill for the registration and inspection of homes, which would be most effectively carried out by the County Councils.

Nurses are prepared, as the medical profession does, to pay for the organisation of their own profession, but the cost of carrying out a Registration of Homes Act must be borne by the rates, and not by registered nurses any more than by registered medical practitioners. The public must pay for its own protection in nursing homes, as it does in other matters of health and hygiene.

Miss E. M. Jones, Lady Superintendent of the Royal Infirmary, Liverpool, whose resignation of that important post we have already chronicled, has been appointed Lady Inspector for Wales and the Western district under the Local Government Board, to assist in the inspection of Poor Law Infirmarys, and to visit committees in charge of boarded-out children.

It is natural that she should sever her connection with the Royal Infirmary with great regret, but she is looking forward with much pleasure to her new work, which affords such a wide field of usefulness.

Amongst the latest developments in connection with the Nursing School, for which the curriculum has been recently revised, is that arrangements have been made to afford facilities to the certificated nurses for leave of absence to obtain training in midwifery, and the theatre service has been increased, and now comprises one Sister, two certificated assistants, and three staff nurses in their third year of training; a certificated nurse now assists in the X-Ray Department in co-operation with an expert electrician under a medical director, and one of the nurses holding the certificate of the School, and also of the Incorporated Society of Trained Masseuses, is resident for the massage of in-patients, and also assists the senior non-resident masseuse in the massage of out-patients. Arrangements are in progress for the new out-patient department, which it is expected will be opened in January next.

We hope Miss Jones has many years of congenial and useful work before her, and congratulate the Local Government Board on having secured the services of so experienced an officer as Lady Inspector for Wales and the Western District.

#### INTIMIDATION OF REGISTRATIONISTS.

Sir Henry Burdett's lay nursing paper slashes out last week with its proverbial savagery and lack of decency into the article entitled, "Thou Shalt do No Murder," by the Hon. Albinia Brodrick in the *Fortnightly Review*. It, in fact, accuses this lady of not writing the brilliant article "which appears over Miss Brodrick's signature." The fact that after exposing the terrible disorganisation of nursing work, Miss Brodrick advocates registration and control by a Central Board is, of course, sufficient reason for this attack upon the honour of the writer of the article. Happily, we may safely leave Miss Brodrick to deal with the writer of this false statement. She is no respecter of persons, and the masterly manner in which she can annihilate perpetrators of the truth is a matter of history. Miss Brodrick will, we hope, demand an ample apology from the journal in question for its latest tactics in intimidation. It is time the anti-registration employers' press was thoroughly exposed so that the public should realise the terrorism to which nurses are subjected who dare to demand nursing and hospital reform.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King has become Patron of St. George's Hospital, and has permitted the new children's wing at Yarmouth Hospital to receive the name of King Edward's Ward.

The Queen has become Patroness-in-Chief of the Samaritan Free Hospital for Women, Patroness of the Chelsea Hospital for Women, and has continued her patronage of the Victoria Home for Invalid Children at Margate.

On Thursday in last week His Serene Highness Prince Francis of Teck laid the foundation stone of the Barnato-Joel Memorial at the Middlesex Hospital. The memorial is to be built and endowed for cancer patients and cancer research, with funds bequeathed by the late Mr. Henry L. Barnato in memory of his brother, Mr. Barnett L. Barnato, and his nephew, Mr. Woolf Joel. On both the first and the second floor provision will be made for wards containing 20 beds, as well as for Sisters' and nurses' bed-sitting-rooms. The Prince gave great satisfaction by the announcement that her Majesty the Queen, who takes great interest in the hospital, has consented to open the new block next year. The public who desire to know how the Special Appeal Fund for the Hospital is progressing have only to walk past it to see the latest figures on the great board outside.

In 1913 the Christian World will be celebrating the centenary of the birth of that intrepid Missionary, David Livingstone, and as he was a student at Charing Cross Hospital the authorities there feel that if would be a fitting memorial of him if they could restore the Hospital to a full measure of usefulness. They are proposing, therefore, to open a David Livingstone Centenary Million Shilling Fund in order that they may be able to re-open the closed wards (containing 87 beds) for the relief of the sick. Livingstone once wrote:—"It was with unalloyed delight I became a member of a profession which is pre-eminently devoted to practical benevolence, and which, with unwearied energy, pursues from age to age its endeavours to lessen human woe."

The Governors of the Prince of Wales's General Hospital, Tottenham, have just received a gift of £250 from an anonymous source. This makes a total of £1,750 given to the hospital by the same person during the last three years.

In order to raise funds for providing a garden roof for St. Mary's New Hospital for Women and Children at Plaistow, a village fête and "Pacemante of Playstowe" was held in the various buildings and grounds of St. Mary's Church for three days last week.

Miss E. Bond, of Lancaster, has left a sum of £10,000 to build a sanatorium near Lancaster, for the relief and cure of consumptives in that town.

Lord Balfour of Burleigh presided last week at 11, Chandos Street, W., over the annual meeting of the Queen Alexandra Sanatorium at Davos Platz, in Switzerland. The object of the institution is to provide treatment for tuberculosis in an Alpine climate for persons of small means belonging to the English-speaking nationalities who are unable to afford the ordinary expenses in the Davos hotels.

Lord Balfour, in moving the adoption of the report, said its keynote was in the sentence, "The Sanatorium has not only been finished, but has been opened free of debt, and has already placed over six months' successful work to its credit." He congratulated Dr. William Ewart, one of their hon. secretaries, who had been instrumental in introducing to them a generous donor of £25,000. He and the doctor shared the secret as to who the donor was, but nothing in the world would induce them to divulge it.

In proposing a vote of thanks to the President, the Rev. D. Harford suggested that the Council should consider the question of providing a chapel at the Sanatorium, but the President thought that a laundry was a more pressing necessity, as services were already being held in the drawing-room. The chapel might possibly be provided by a private effort, and he suggested that a small committee might be formed for the purpose.

## The Children's Sanatorium, Holt, Norfolk.

The Children's Sanatorium at Holt, Norfolk, is one of the few sanatoria for consumptive children in the country. Though it only accommodates 20 children in temporary buildings the results have been so encouraging during the four years it has been in existence that it has been decided to increase the numbers from 20 to 40, and to erect permanent buildings, which it is estimated will cost £6,000. Towards the sum the Council of King Edward's Hospital Fund have given £500, and the Committee is appealing to the public for the rest. Any money given to this object will be well spent. "Happiness," says Dr. Gillam (the visiting medical officer) is such an essential in the treatment of children in any illness. "They are happy under Miss Rumball's care, living in the midst of beautiful scenery and breathing magnificent air."

It is with great regret we record the death of Nurse Laura Davies, who, since the opening of the Sanatorium, has discharged her duties with the greatest devotion.

The following is the time table of the daily routine.

### ROUTINE. Time Table.

- 7 a.m.—Wash.
- 7.30 a.m.—Temperatures and pulses taken.
- 8 a.m.—Breakfast.
- 9 a.m.—Get up.
- 9.45 a.m.—Milk. Occasionally fruit or sweets.
- 10 a.m. to 12 noon.—School, which includes singing lessons and drill.

12.30 p.m.—Dinner.

1 to 2 p.m.—Rest.

2 to 4 p.m.—Play, walk or drive.

4 p.m.—Temperatures and pulses taken.

5 p.m.—Tea.

6 p.m.—Prayers, bath and bed.

6.15 p.m.—Supper, milk, and biscuits.

7 p.m.—Silence until 7 a.m.

Compatible with necessary treatment every effort is made to ensure the continued happiness of the children.

### Meals.

*Breakfast.*—Bread and butter, preserve or fresh fruit, milk, cocoa, with one of the following items, eggs, fish, porridge, bacon, boiled or fried.

*Dinner.*—Roast beef, roast and boiled mutton, soup or fish, two vegetables and pudding (suet and farinaceous), stewed fruit, with cream, custard, or junket.

(The meals are varied as much as possible.)

*Tea.*—Milk and tea, bread and butter, jam, cake, or lettuce and cress in season.

Each child drinks at least two pints of milk a day. They are encouraged to eat as much as possible. Any child unable to take its food, has to take extra rest.

They are weighed once a week.

### General.

The elder girls wash up their tea-things, dust their bedrooms and the shelter. The children live entirely out of doors when weather permits, taking their meals and even having school in the open.

The children wear woollen underclothing and jerseys, under thick serge frocks in the winter and mittens. They wear no additional clothing out of doors, except when driving. They wear washing pockets and use paper handkerchiefs, given out daily when the soiled one has to be given up. Handkerchiefs are burned, also the sputum mixed with sawdust.

The children stay in bed if their temperature is over 100 degrees.

## Summer Comfort.

When once that annual function of discomfort, the spring cleaning, is over, thrifty housewives think twice about ordering a fire to be lighted; chimneys have been swept, and they know that coal dust quickly dims the spotlessness of clean chintzes. But warm weather does not always coincide with spring cleaning, and evenings are apt to be sometimes chilly at all seasons of the year. For this reason it is most comfortable to have a gas fire installed in bedrooms, when, in a few moments, merely by turning the tap and applying a match, the room is warm and cosy. Many people, where there are not many living rooms, use their bedrooms more or less as sitting-rooms also, and the convenience and economy and saving of domestic labour in this case are great. For District Nurses and women workers, who are out a great part of the day, a gas fire is a great convenience. The Gas Light and Coke Co., Horseferry Road, S.W., supply the necessary stores, and will also install them for a small rent added to the quarterly account.

## Legal Matters.

## Outside the Gates.

## WHO IS RESPONSIBLE?

Under the heading "Workhouse Nurse's Fatal Error," an inquest touching the death of an infant at the Horneastle Workhouse, was reported in the press. The Nursery Attendant, who bathed the child, placed him in such hot water that the child was severely scalded, the left leg being raw, and the right leg blistered. The attendant said that she felt the water before immersing the baby, and did not think it was too hot.

The Coroner, Mr. H. Sharpley, advised the jury that they might return a verdict that the child died from exhaustion arising from the scalds, and that "although it was not wise act on the nurse's part in placing the child in so hot water, yet she did it inadvertently, and therefore it was a case of accident." The jury returned a verdict accordingly.

It is important to note that the "nurse" was a nursery attendant, not a trained nurse, and also that if children are not to be scalded to death as the result of unwise acts on the part of their unqualified attendants, someone should be held responsible for the temperature of their baths.

## COULD NOT FACE THE SIGHT.

At an inquest by Mr. John Evans, Coroner, into the death of a lady whose body was found hanging in the bathroom of Brynymor Old Mansion, Aberystwyth, Nurse Margaret Hughes, of the Mental Nurses' Co-operation, 49, Norfolk Square, London, deposed that the deceased went to the bathroom. She followed immediately but found the door locked. She waited for two minutes and then heard a gurgling sound. As she failed to force the door a man broke the bathroom window and obtained access, when the patient was found hanged and inanimate. The nurse sent for a doctor and policeman, but no one entered the room till the constable arrived. She informed the Coroner who could not understand why the nurse did not go in once the room had been opened, that she was "upset," and that she "could not face the sight."

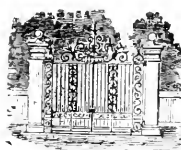
The Coroner said he did not wish to press the matter, but it was rather serious if experienced nurses lost their nerve just when they were really wanted.

The jury returned a verdict of suicide while of unsound mind.

It is an extraordinary fact that persons who would not leave a patient in water to drown until the police arrive will leave them hanging if they attempt suicide. It cannot be too strongly insisted that death by strangulation is by no means always instantaneous, and that efforts at resuscitation should be persevered in until medical help arrives.

## AWARDS AT THE JAPAN-BRITISH EXHIBITION

Jeyes' Fluid has been awarded the Grand Prix—the highest possible award, at the Japan-British Exhibition. This is the 133rd gold medal or other award which this famous disinfectant has secured on such public occasions.



## WOMEN.

The Great Procession of Women to Hyde Park on Saturday next, July 23rd, is to be formed in two sections, as it is expected it will considerably exceed the one of June 18th in size, and no larger procession can be allowed in the public interest. A contingent of mounted police will head each procession. The nurses' contingent will join the East Procession, Group C. 1, on the Embankment east of Waterloo Bridge. It is hoped that, as before, all who can will wear indoor uniform. They are asked to form up at 3 p.m. five abreast. A start will be made at 4 p.m., and the procession will pass by way of Northumberland Avenue, Pall Mall, St. James's Street, and Piccadilly, to Hyde Park Corner, where it will enter the Park. The organiser of the Nurses' Group is Miss Buckley, 4, Clement's Inn, W.C.

The West Procession, which will be headed by the General, Mrs. Drummond (mounted), will form up on the south side of Holland Park and stretch from Notting Hill Gate Station to Shepherd's Bush Tube Station, and will march straight along the Bayswater Road to the Marble Arch, where it will enter the park. In the Park, commencing at 5.30, speeches will be made from 40 platforms, and simultaneously from all the platforms the Resolution will be put at 6.30.

In our last issue the majority in favour of the Second Reading of Women's Suffrage Bill was, by a printer's error, given as 145. The majority for the Second Reading was 193, and that in favour of committing the Bill to a Committee of the whole House 145.

The Women's Local Government Society have issued a leaflet, which has been newly revised, and which supplies information as to the registration of electors of local government bodies. The society points out that besides the importance of the women's vote in local elections there is the fact that only electors can be candidates for County and Town Councils.

Speaking in the discussion on "Women and the Fight Against Destitution," at the Japan-British Exhibition Congress, Mrs. Sidney Webb said the fight against destitution was one of the big objects before women in the next 50 years. The hopeful note which had resulted from the inquiry of the Royal Commission was the realisation that destitution sprung from certain causes, and that we had gradually built up other agencies to prevent persons becoming destitute. It was desirable in the interests of the prevention of destitution that all sickness should be dealt with by the public health authority, that child neglect should be prevented by the education authority, and that the feeble-minded should be dealt with by the asylum authority.

## Book of the Week.

## A MARRIAGE UNDER THE TERROR\*

As may be guessed from the title, this is a romance of the time of the Revolution. The horrors of that awful period are painted with vivid colour and realism, but also with delicacy of touch. The interest of the book is maintained to the last chapter.

Under the most thrilling circumstances the proud young aristocrat, Aline de Rochambeau, weds with Citizen Dangeau, a successful lawyer, an ardent Republican, and a Deputy under the Commune. It goes without saying, therefore, that their love story is of no ordinary character, and it is told with no ordinary skill.

The convent-bred Aline "had been a week in Paris, but as yet she had tasted none of its gaieties—for gaieties there were still, even in these clouding days when the wind of destiny blew up the storm of Terror." She is on a visit to her cousin, Mme. de Montargis, when the storm bursts upon their house, and her only relative in the city is arrested on a charge of conspiracy.

"Alone! In all her nineteen years she had never been really alone before. . . . When she could control her trembling thoughts a little, she began to wonder what she should do. She shuddered and looked wildly round.

"A very fat woman was coming down the street, fatter even than Sister Joséphe, she considered, with that detachment of thought which is so often the accompaniment of great mental distress. Aline gazed at her fascinated, and the woman returned the look.

"In truth, Mlle. de Rochambeau, with her rose-wreathed hair, her richly trimmed with the finest Valenciennes lace, and modish white silk shoes, was a sufficiently arresting figure, when one considered the hour and the place."

This rough woman consents to lodge her when she finds that she is supplied with money, and as Citoyenne Roche, an embroideress, she lives for months in daily peril of discovery and of the awful embrace of Mme. Guillotine. Under the same roof lodges Dangeau, and at first his chivalry and then his love is aroused at the spectacle of this beautiful defenceless girl battling with poverty, and surrounded by dangers of all descriptions.

At her inevitable arrest and subsequent trial Dangeau plays a bold stroke, and the incident is one of the finest in the book.

"Imagine, then, one brisned, tormented human speck, girl in years, gently nurtured, set high in face of a packed assembly, every upturned face in which looked at her with appraising lust, blood-thirsty cruelty, or inhuman curiosity. It was thus that Dangeau, after months of absence, saw her again.

"He swung himself on the platform and came forward.

"Citizen President," he said, quietly, "I claim to represent the accused, who I see has no counsel."

\* By Patricia Wentworth. (Andrew Melrose, 3, York Street, Covent Garden, W.C.)

"What do you know of the accused?"  
"I know her motive for changing her name—a patriotic one. She came to Paris, she witnessed the corruption and vice of aristocrats, and she determined to come out from among them and throw in her lot with the people."

"Mademoiselle turned slowly and faced him. Now it she spoke, it she demurred, it she even looked a contradiction of his words, they were both lost—both."

"I vouch for her, I tell you—I, Jacques Dangeau. Does anyone cast a slur upon my patriotism?"

"What do you know of her, and how do you know it?"

"Explain, explain!"

"Death, death to the aristocrat!"

Dangeau sent his voice ringing through the hall:

"She is my betrothed! She is an aristocrat no longer, but the daughter of the Revolution."

Again Aline's lips moved, but instead of speaking she put both hands to her heart and stood pressing them there silently.

"On the horns of a terrible dilemma the girl, before whose eyes rose not only the horrors of the guillotine, but dishonour worse than death at the hands of the sensual Hébert, has no choice but to submit in silence. The volatile mob, balked of their victim, demands that the wedding should take place on the instant."

"After the wedding what a home-coming! Dangeau led his pale bride through the cheering, applauding crowd, which followed them to their very door."

Pride surging in the girl's heart rises above the love she really feels for him and makes her tell him:

"We can never be—never be! Oh! don't you understand?"

The story by no means ends here, and we can only recommend everyone to read for themselves this book, which is at once instructive and absorbing. For the benefit of those who are unable to obtain this privilege we would say that after indescribable torture and deadly peril Dangeau's love and heroism are rewarded with his heart's desire.

H. H.

## COMING EVENTS.

July 22nd to 30th.—Meeting and Conference of the British Medical Association, at the University of London, Imperial Institute Buildings, and the Imperial College of Science, South Kensington.

July 23rd.—The Women's Social and Political Union. Great Demonstration in support of the Conciliation Committee's Suffrage Bill, Hyde Park, London, W.

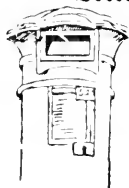
July 27th.—The Union of Midwives' Concert and Sale of Work, Cavendish Rooms, Mortimer Street, London, W., 7 p.m.

July 28th.—Meeting, Central Midwives' Board, Caxton House, S.W., 2.45 p.m.

July 28th.—Ladies' Dinner, Hotel Cecil. Reception, Lyceum Club, Piccadilly, for those accompanying the members B.M.A.

August 3rd.—Examination, Central Midwives' Board, London and Provinces.

## 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 NURSE'S "WHAT'S WHAT."

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM.—The so-called "Reply" by the Hon. Sydney Holland in *The Nineteenth Century* and *After* to your article in the previous issue on the subject of State Registration of Trained Nurses is not likely to appeal to those who value and can recognise common sense. Mr. Holland begins by finding fault with his opponents for using the term "unreasonable" in connection with the Anti-Registration movement, and ends by accusing those who differ from himself as being guilty of "irresponsible and in some cases spiteful chatter." The old and dying argument that an Act of Parliament cannot register character is only a subterfuge. Does the London Hospital guarantee a nurse's character for all time, that she will never become "dotty"—a somewhat wide and indefinite term; that she will never be the victim of an accident which may injure the brain?

Few nurses are professionally alive in old age when "dottiness" (in the ordinary sense of the term) usually begins to show itself.

Mr. Holland advocates a "Who's Who?" for the nursing profession. Dehrett and Burke are most useful and proper publications, I admit, but as you say, a "*What's What?*" is what is required for the nursing profession, not a "Who's Who?" and for this purpose a State Register is required.

There are few, if any, nurses who desire a register solely for the purpose of putting their names on it. Most nurses desire State Registration for the purpose of securing organisation in the profession, a legal status which will secure for trained nurses separation and distinction from quacks and other undesirables, and the protection and efficient care of the sick. Surely Mr. Holland will allow that these are laudable objects.

How the Anti-Registration Protest came to be signed by nurses, as Mr. Holland states, without any organised canvassing, is a riddle hard to read, and in connection with the subject of canvassing it would be interesting to know how much canvassing has been done recently by the Anti-Registrationists in connection with a certain appointment which has called down unqualified condemnation and contempt upon hospital governors and others who know best what their small purposes and petty motives are in decaying a training school and attempting by so doing to belittle the memory of one whose name will be held in honour long after their name have been obliterated by the merciful hand of time.

Mr. Holland is neither a nurse nor a doctor, yet it appears that he has assumed the right to speak

for both. At the present day it is quite too absurd that he should speak for either. If there are those who hold that he has a right to do so, then, I say, he is only one individual—one layman against thousands of professional persons.

These are, in a way, all small points—too small some will say for notice—but as Mr. Holland has been obliged to fall back on small points, exceptions to the rule, and subterfuge, he must be met on his own ground that some of the fallacies which he employs may be exposed.

I am, yours faithfully,

E. A. STEVENSON.

The Valley, Trinity, Brechin.

### THE ASEPTIC SENSE.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM.—I am glad to note that your correspondent, Miss E. M. Dickson, in her useful practical hints to private nurses, published in your last issue, emphasises the necessity for keeping a special dress for wearing when travelling to a case and on similar occasions. Too often, I fear, this is not done, but one is used which will subsequently be worn in the patient's room. The hint that a bedpan should be kept for use wrapped up in a towel, and not put on the floor, is also not unnecessary; but both these points go to prove that the aseptic sense is still very rudimentary in some nurses, and that its development should be a matter of concern to those responsible for their education. If this were not so, would it be possible for nurses to risk conveying all kinds of microbes to patients for whom they honestly desire to do their best? What appears to me most necessary is to inculcate the principles underlying the practice of asepsis, not the elaborate precautions and routine to be observed in certain circumstances, as is often done. If principles are thoroughly assimilated, details may be left to take care of themselves.

As head of a private nursing institution, I find that I have to go very carefully over these principles with nurses joining the staff, as the knowledge of many leaves much to be desired, though the staff is selected from nurses holding certificates from "the best training schools."

I am, dear Madam,

Yours faithfully,

SUPERINTENDENT

## Notices.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

- The International Council of Nurses.
- The National Council of Trained Nurses of Great Britain and Ireland.
- The Matrons' Council of Great Britain and Ireland.
- The Society for the State Registration of Trained Nurses.
- The Registered Nurses' Society.
- The School Nurses' League.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Royal Maternity Charity.

The annual Staff Tea of the midwives of the Royal Maternity Charity took place on Thursday last at the Eustace Miles Restaurant, W.C., by the kind invitation of Major Killick (Secretary to the Charity) and Mrs. Killick. Major Killick was prevented by indisposition from being present, and was greatly missed, as his kindly and hospitable greetings, and appreciative words to the midwives on the staff, in whose good work he sincerely believes, are always welcome on these occasions.

Mrs. Killick received the guests, who then took their seats at small tables covered with bright and dainty cloths, where a bountiful tea was served by deft handed waitresses with the erect and confident carriage characteristic of the Eustace Miles Restaurant, where physical exercises are part of the daily routine. On each table were baskets of ripe red strawberries, nestling in their green leaves, and jugs of cream, to which those present did full justice.

At the conclusion of the tea, Dr. Sunderland, a member of the medical staff, proposed a vote of thanks to Major and Mrs. Killick for their hospitality, and took the opportunity of thanking the midwives for their good work and loyal co-operation and for maintaining the standard of excellence of which the Charity was justly proud. This was seconded by Dr. Swan and carried by acclamation.

After some excellent music and recitations by Mr. Sivor Levey and Mr. Ivan Borlyn, who were introduced to the audience by Mrs. Eustace Miles, there was an interesting demonstration of some of the breathing and other exercises taught at the school, described by Mr. Eustace Miles, and a wonderfully clever performance with clubs, in which the performer kept in unison with the pianist. A feature of the breathing exercises, as taught here, is that while one side of the body is exercising the other is resting, thereby conserving its energy and avoiding unnecessary waste. Mr. Miles also showed some diagrams which illustrated the displacement of the various organs of the human body under certain conditions, and for which he believes stretching and breathing exercises to be the correct solution. He instanced the downward pressure on the abdominal organs in those whose occupations are sedentary, with the consequence that they are often misplaced. To those whose special duty it is to care for the body, the demonstration was most interesting.

## A New Inspector of Midwives.

Miss Barbara M. Cunningham, M.B., B.Ch. Edin., D.P.H. Cambridge, and L.M. Rotunda Hospital, Dublin, has been appointed Inspector of Midwives for Manchester in succession to Dr. Margaret Merry Smith. Dr. Cunningham has had charge of one of the Dufferin Hospitals in India, and administrative control of hospitals at Nagpur and Delhi.

## Events in the Obstetric World.

Dr. W. H. Maidlow, F.R.C.S., President of the West Somerset Branch of the British Medical Association, in his Presidential Address, of which an abstract is published in the *British Medical Journal*, spoke as follows:—

The chief events in the obstetric world which seem to me worthy of mention are:—

1. Removal from our hands of much of what I call lower-class midwifery by the "new nurse."

2. The birth-rate, if we may judge by statistics, seems to be decidedly falling, and I feel pretty certain this is not due to sterility or late marriages, but rather to methods of prevention and abortions.

3. With the advent of the "new nurse" there has been a diminution, and we may expect a still further decrease, of methods designed to kill the child and an increase of those to save its life for the State; and I can conceive a time when the doctor's chief work will be to do Caesarean section when the nurse has failed with forceps or version, with or without our help, and even then with proper examination and improved methods of rearing premature children this might be avoided.

4. A wordy fight has been often waged between those who wait and watch, giving no chloroform till the very end, and with reluctance apply forceps, and those who, rather than wait, give chloroform, dilate the cervix if it is dilatable, and very readily deliver the child and make a good job of the inevitably torn perineum. Women in the upper circles fall in very readily with the last plan, of which I am a disciple, but I have a disquieting suspicion that the argument from saving time and distress is not rather biased, and that those attended by the expectant school have rather lower post mortem morbidity.

5. Scopolamine-morphine injection seems distinctly useful when chloroform is contraindicated and in the earlier stages. It relieves the pain and does not stop labour, is a useful substitute for opium or chloral in relieving spasm and inducing sleep, although for this condition I think a sterilised preparation of eucaine applied to the cervix is best.

## Midwives in Japan.

Miss Wald writes from Japan to the *American Journal of Nursing*:—"We went to the graduating exercises of midwives at Dr. Saito's hospital. Thirty-eight women completed one year's study which, after Government examination, permits the practice of midwifery. These examinations are said to be difficult. Dr. Saito is a graduate of the University of Pennsylvania and a post-graduate student at Johns Hopkins. Most of these women returned to the hospital for an additional year of training to complete the course for a trained nurse's certificate. I addressed them, and the interpreter then made an elaborate speech in Japanese purporting to be my interpretation of marks. The room where we had the exercises was

matted as usual, the students sitting on the floor. On the wall was the picture of the Empress who 1,200 years ago, nursed the lepers.

### The Central Midwives' Board.

A Special Meeting of the Central Midwives' Board was held on Tuesday, July 19th, at Caxton House, when the charges against sixteen midwives were heard. There was a full Board, Sir Francis Champneys presiding.

The following is the result of the hearing:—

#### STRUCK OFF THE ROLL.

Lottie Bloomer (1497), Walsall, charged with failing to obtain medical assistance for patient suffering from severe rigor and abdominal pain, and also with attending as monthly nurse to another woman two days afterwards, being aware that the previous patient was suffering from puerperal fever, without satisfactorily disinfecting herself. The second patient died from infection.

Ann Briggs (8692), West Riding, charged with failing to obtain medical assistance for ruptured perineum, and when patient's temperature was subsequently raised. The midwife said she should never believe that a small wound could cause a woman's death. The Coroner at inquest said she was a dear old woman, but quite incompetent.

Ellen Briggs (18813), charged with neglecting to obtain medical assistance for inflamed eyes.

Sarah Collings (6536), Cornwall, charged with neglecting to obtain medical assistance for serious rupture of perineum and post-partum hemorrhage. Patient, who was only sixteen, died.

Mary Dwyer (11625), West Sussex, charged with negligence on several counts. The doctor's evidence showed culpable neglect of the cleanliness of the patient.

Mary Jane Evans (18436), Birmingham, charged with neglect of two patients, one of whom died of puerperal fever. Midwife wished to resign.

Sarah Hook (17184), Kent, uncleanly and neglectful.

Sarah Jarvis (20549), Kent. Dirty and neglectful. Employed a neighbour to wash and swab patient, who subsequently died in infirmary of puerperal fever.

Susannah Longney (17041), Gloucestershire. Charged with drunkenness and neglect.

Mary Staveley (16283), East Riding. Medical officer reported that after repeated warnings she had neglected to provide herself with a bag, etc., or otherwise keep the rules of the Board. There seemed to be no positive evidence that she was practising as a midwife.

Jane Taylor (12733). Neglecting to summon medical assistance for symptoms of puerperal fever, and for attending another case without having satisfactorily disinfected herself.

Isabella Tinker (506), Kent. Neglected to obtain medical assistance in a case of delayed labour with abnormal presentation, until the following day but one. Patient died after being delivered of a still-born child.

Rachel Yates (1353), Lancashire. Neglect to procure medical assistance, first in excessive

hemorrhage, second for offensive lochia and high temperature. Patient died.

#### SEVERELY CENSURED.

Margaret Aldred (3201), Lancashire. Charged with unnecessarily making five internal examinations, neglect to obtain medical assistance for symptoms of puerperal fever.

Louisa Thomas (12733), Weymouth. Neglect to report inflammation of infants' eyes.

#### CAUTIONED.

Christina Shaw (5741). Neglect to obtain medical assistance for dangerous feebleness of infant.

Mary Warburton (6564), Cheshire. Charged with attempting to remove placenta by traction, and not obtaining medical assistance for severe hemorrhage. Patient died.

Mary Ann Hyfield (17159), Co. of Southampton. Charged with drunkenness and neglect. The midwife attended in person.

### Instruction of School Children in the Care and Feeding of Infants.

In the House of Commons on Tuesday afternoon Dr. Addison introduced a Bill providing that all children attending public elementary schools shall, each week during school term, be provided with simple instruction in hygiene and the care of health, while each girl of the age of 12 years or more shall be adequately instructed in the care and feeding of infants. Every year in this country about 120,000 children die before completing 12 months of existence as the result of improper feeding, while large numbers suffer from inadequate attention and maternal ignorance. "I was talking with Dr. Addison in the lobby," says a *Daily News* correspondent, regarding the measure. "The death rate," he said, "is very much increased in neighbourhoods where the mothers have to go out to work and can only nurse their offspring morning and evening. The infants, between these periods, are looked after by older children of the family or girls hired for the purpose. Nearly one-third of the infant death rate is due to various complaints which arise from improper feeding."

"We have," he continued, "no opportunities for teaching mothers of the present day, although good work is being done in some places by voluntary agencies. I consider it very necessary, in order that the next generation of mothers should understand how to feed their children properly, that instruction should be given to girls at an age when they will not be possessed by various prejudices. We find it very difficult to persuade many women of thirty years of age or more to give up feeding their children on sop and other deleterious substances. Milk is the only proper food for an infant, and I am persuaded if we can get girls to believe this, and to remember even this only, we shall reduce the infant death rate in the next generation by 25 per cent."

The Queen has become patron of the City of London Lying-in Hospital.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,165.

SATURDAY, JULY 30, 1910

XLV.

## Editorial.

### PRISON REFORM.

"Force is no Remedy."—*John Bright.*

We have it on the authority of Lord Kimberley's Commission in 1878, and repeated by a Departmental Inquiry Committee in 1895, that our present methods of carrying out the penal laws not only fail to reform offenders, but produce a deteriorating effect upon them; and the late Lord Justice Mathew stated that our existing system of penal laws is a hundred years behind the times. The statement of the Home Secretary in the House of Commons last week, therefore, that it is proposed to introduce some changes in the treatment of prisoners at once, and that others are to be the subject of future legislation, is welcome. Mr. Churchill submitted that the first real principle which should guide any one who was trying to establish a good system of prisons was to prevent as many people as possible getting there at all. There was an injury to the individual and a loss to the State whenever a person was committed to prison for the first time, and every care, consistent with the maintenance of law and order, must be constantly taken to minimise the number of persons committed. He also expressed the opinion that no boy ought to be sent to prison unless he was incorrigible or had committed some serious offence. It should be possible to discover some form of disciplinary detention or correction for minor offences outside the prison. No youth ought to receive any sentence which had not a definite curative and educative character. Next year, he hoped to submit to Parliament more detailed and definite proposals when public opinion had concentrated itself on the subject.

Another point mentioned by Mr. Churchill

was that forty years had elapsed since the Education Act of 1870 was passed, and we now had a class of men in our prisons, who needed brain food as well as the ordinary nourishment. For some time there had been occasional lectures given in prison, and a few months ago the Somerset Light Infantry sent their band to Dartmoor Prison to play to the convicts. The effect produced on those poor people was amazing, and their letters for months afterwards were eloquent of that fact.

Amongst the reforms proposed by Mr. Churchill is that four lectures or concerts are to be given every year in every convict prison in the country. Also that passive resisters, "suffragettes," and other persons not convicted of offences involving great violence or cruelty, are not to be compelled to wear prison clothing, to be specially searched, to have their hair cut or shaved, to take the regular prison bath, or to clean their cells.

Other reforms are the granting of time to every person of fixed abode in which to pay any fine inflicted, the suspension of the whole system of police supervision, and the abolition of the ticket-of-leave system except in old refractory cases.

The whole of the proposals of the Home Secretary are in the direction of a more enlightened and humane treatment of prisoners. We hope that before he introduces legislation upon the subject next year he may also take into consideration the fact that, as many prisoners are feeble-minded and mentally unstable, it is of great importance that warders and wardresses should be trained to understand and manage these conditions, and that the infirmaries of our prisons should be staffed by fully-trained nurses on the staff of a recognised Prison Nursing Service.

## Medical Matters.

### THE ASPECTS OF DISEASE.

In the *Lancet* of July 16th, 1910, appears a paper by Mr. Warrington Haward, F.R.C.S. Eng., Consulting Surgeon to St. George's Hospital, which was read by him before the St. George's Hospital Hunterian Society on March 10th—a paper so full of clinical teaching of the most practical description for nurses as well as for the doctors to whom it was addressed, that for the many who are not privileged to see the *Lancet* week by week a short digest of its most salient nursing points may prove helpful.

It is Florence Nightingale who says, "the most important practical lesson that can be given to nurses is to teach them what to observe. The necessity for the constant exercise of the faculty of observation is equally as important for the nurse as the doctor, while her opportunities of doing this are far more numerous than his. True, he has many instruments to help him in his observations, of which nurses only know the names, but we all possess in common that most beautiful and delicate of all instruments, the human eye—an instrument which we always carry with us—the use and accuracy of which can be greatly improved by care and practice."

Take first the face. How many nurses could describe with correctness the expression of a person in severe pain? Here we get the "lips retracted, the teeth clenched, the brow contracted, the nostrils dilated and quivering, the whole body restless except perhaps one limb or one set of muscles." And what is the expression of the same patient when the pain is relieved? Now, the "lengthened face expands, the head is held erect, the frontal muscle contracts, smoothing out the wrinkles of the brow and arching the eyebrows, the eyelids are raised and the nostrils and angles of the mouth relaxed. In children prolonged pain often gives rise to a pathetic expression of appeal as though asking for help or relief, and when relief comes the expression of joy is more marked than in adults: the eyes brighten, the mouth rises, and the corners of the mouth are carried to the extent of a smile."

Observe the face of the infant with congenital syphilis: the "distended appearance of the face, the sallow complexion, the snuffling and laboured breathing, the sore lips, and later on the corns at the hairy corner, and the inflamed and puffed teeth. How unmistakable are the features of rickets: the prominent forehead, the small nose, the flat and perforated skull, the open fontanelles, the hunched appearance, and the manifest objection

to being handled." . . . In rickets, too, "the child lies on its back with the legs crossed and the thighs flexed upon the abdomen. . . . Such children kick off the bedclothes at night, and one sees, on looking a little closer, the "beaded ribs, the pigeon breast, the prominent abdomen, the enlarged wrists, and the bowed legs. Contrast this with the child with tubercular meningitis, lying curled up in bed, the head buried in the pillow, the face flushed, the skin hot and dry, the knit eyebrows, the intolerance of light, the squint, the pulsating carotids, the irregular breathing, and the retracted abdomen. . . .

"The child who has been suffering with continued diarrhoea, and from whom you may detect probably the smell of a foul motion, lies in a dozing condition, alternating with occasional restlessness, the face pale, the eyes sunken, the fontanelles depressed, the lips dry and parched, the breathing shallow and hurried. Here the expression is one of vacant indifference, whereas that of the child with meningitis, except in the very late stage, is that of irritability and hypersensitiveness to light, frowning, shutting the eyes, with the lips retracted and the teeth clenched.

"Then, again, the aspect of the child with large tonsils and post-nasal adenoid growth, with its pinched nostrils and open mouth, is unmistakable. . . . Note also the expression of the child who is myopic, the contracted brow and eyelids, and the stooping posture to bring the head near the book or toy. . . . The idiot child, apparently inattentive and stupid, with raised brow and head held upward and forward, has another and equally significant aspect.

"Chorea is a disease which gives a peculiar facial expression to the affected child. . . . an irresponsible, or, in severer cases, a somewhat imbecile aspect, with, of course, the grinning and jerky movement increased if called upon to speak or act. And how striking is the aspect of the child with croup or other laryngeal obstruction: sitting up in bed, the head thrown back, the face suffused and perspiring, with distressed and anxious expression, the lips livid, the chest heaving, the suprasternal and xiphoid surfaces resonating with inspiration, the sibilant breathing, the ringing cough and the hoarse voice. . . .

"The face is usually, even in infancy, recognisable: the small and often immaturally shaped head, rolling about from side to side, the want of specification, of recognition, or of appreciation in the face, the vacant smile, the slackened lips. . . .

"By observing the naked child, various joint

diseases, bone affections, and paralyses may be recognised; for instance, early hip disease prevents the complete flexion of the thigh upon the pelvis, while the sound limb is flexed and rotated with evident pleasure; the stiff neck and avoidance of rotation of the head are indicative of cervical spine disease; the unmoved or carefully held limb may point to epiphyseal or periosteal disease; the inequality of muscular action and the wasted limb may reveal the area of infantile paralysis.

"Turning now from children to adults, we have, of course, to remember that the expression of the face in adults is less reliable than in children, because of their powers of control and even of deception. Still much may be learned by careful observation, and practice will enable you to detect deception and exaggeration, and to make allowances for sources of error. . . .

"We should, most of us, I think, recognise the dyspeptic, with the thin pale face and the red-tipped nose; the albuminuric, with pale putty face and swollen feet; or the neurotic, with furtive glance, quivering eyelids, blushing skin and intense pose. The habitual drunkard, too, is generally recognisable: his fat form, his bulgy face, his bleary eyes, his hypertrophied and reddened nose, are features often accentuated by his hesitating and undecided manner and the smell of alcohol about him. . . .

"That a patient is suffering from hæmorrhage may be indicated by the waxy pallor of the face, the white lips and conjunctivæ. . . . The diagnosis of internal cancer may sometimes be assisted by the sallow complexion and emaciated face of the sufferer." There is also the "staining of jaundice, the patchy redness of leucæ, the pigmentation of Addison's disease, the eruptions of the exanthemata of syphilis and of the various diseases of the skin, which may be mentioned as conditions, the observation of which may at once lead to a diagnosis."

Suggestive of pneumonia are the "dilated and moving nostrils, the distressed and dusky face, the dry hard lips, the dull staring eyes, and the rapid respiratory movements; or the redness and purple tint and swollen lips of chronic heart disease." While the seriousness of the following features is not well applied to every case, we find that they beside many death-bed patients: "the face is sallow, yellow, and sunken; eyes, cold and sunken, closed ears, dry and rough skin, and green, black, blue, or lead-colored vomitings and stools."

"Then how much may be learned from the eyes! Its sensitive, almost insensibility to light, the dilated or contracted pupil, the dilated,

contracted, irregular, or unequal pupils, and from the eyelids, puffy, or shrunken, or paralysed. Besides the protrusion of exophthalmic goitre, one may see the globe pushed forward by tumours of the orbit and of the antrum. And we may see the globe sunken into the orbit by emaciation or by rapid loss of fluid.

"The widening of the nostril, due to the presence of polyp, is very notable, and gives a peculiar character to the face. The drawing of the mouth to one side and the open eyelid may unmistakably indicate paralysis of the facial nerve; as the drooping lid and outward divergence of the globe may point to paralysis of the third nerve.

"The onset of tetanus may be detected by the sardonic expression given to the face by the contraction of the muscles of the mouth. . . .

"The swollen, spongy, purple, and bleeding gums and sallow complexion of scurvy are obvious signs of the disease, and may help towards the interpretation of bruises upon various parts of the body."

Specialty interesting and instructive as the study of the face is, there is much to be learned by the observation of the rest of the body. "The carriage and gait of a patient will often tell you much of weakness and fatigue, of paralysis, of joint trouble, of abdominal tumour, of cerebral disturbance. As the hand is given you, you may see the clubbed fingers of chronic dyspnea, the enlarged joints of osteo-arthritis, or the chalky areas of gout. On looking at the chest you may observe the beaded ribs and pigeon breast of rickets, the flattened infra-clavicular region of phthisis, the barrel chest of emphysema, the bulging lower right ribs from enlargement of the liver. The outline of the abdomen may suggest disease of the contained viscera, the pregnant uterus, or the distended bladder; and the enlarged and tortuous veins on the surface may tell of obstructed vena cava or iliac vein.

"The lower limbs may show evidence of wasted muscles or arrested growth of paralysis of joint disease, or by the red hot, painful, or the gouty distensions; or by the puffy and edematous ankles, or renal distension, or by the pale steel thickening of the skin of syphilis.

"The feet and toes are well studied by the nurse. The red, swollen, and scaly as in a burn of the feet of the patient with scurvy may well be a sign of inflammation of the skin of vessel disease."

The writer concludes his remarks with a quotation from Dr. Keen's *Practical Medicine*, "A better than any follow-up examination of the obvious is recognition of the signs of the unknown, and always present." E. F.

## Clinical Notes on Some Common Ailments.

BY A. KNYVETT GORDON, M.B.  
NEPHRITIS.

(Continued from page 11.)

In the last paper we discussed briefly the symptoms of an acute nephritis, such as might be caused by a chill or the poison of some infectious fever; to-day we will take the more chronic ailments which are due to disease of the kidneys.

Firstly, we must realise that it is not always a case of "kill or cure" with an acute nephritis; a large number of patients, especially children, with this complaint recover completely after a somewhat serious illness, and some die of suppression of urine, or from accumulation of fluid in the pleura or peritoneum, or from uræmia; but others seem never to be able to shake off the disease, and we have then the condition known as chronic tubal nephritis. Sometimes, however, this comes on insidiously of itself, and cannot be traced to any previous acute attack.

Here, as in the acute inflammation, the disease mainly attacks the cells lining the tubules themselves; consequently we have pretty much the same kind of symptoms, but they are not so acute, and the patient, though feeling ill, is usually able to be about his business. Thus we have in the urine a moderate diminution in the quantity passed, and less urea is excreted than in health, but we do not get blood except in very small quantities, nor does the patient die straight away from complete suppression of the flow. The urine, however, contains a large quantity of albumen and many casts of the diseased tubes of the kidney.

Inasmuch as there is a diminution in the quantity of water excreted, some of it will be retained in the tissues, and we find the patient with puffiness of the eyelids and some swelling of the feet, especially at night time. Then the retaining of the nitrogenous waste matters in the system, though not so marked as to give rise to uræmia, causes digestive disturbances, such as vomiting and diarrhoea, and by its action on the nervous system, headaches and occasional attacks of paroxysmal difficulty in breathing resembling those seen in asthmatic subjects. We also get changes in the heart and arteries resembling those seen in the more chronic forms of kidney disease, to be described shortly.

It is very doubtful whether recovery ever takes place from this form of nephritis; usually the sufferers lead the life of invalids for a year or two and then succumb to uræmia, or else

fall an easy prey to any other acute illness which they may happen to contract. After death the kidneys are found to be much swollen and paler than normal, and the cells lining the tubes have mostly broken down into drops of fat and granular debris.

We come now to a very chronic form of kidney disease, which differs in several ways from those previously described, and it is worth while to spend some little time on it, on account of its extreme and probably increasing prevalence. It is known scientifically as chronic interstitial nephritis, or granular kidney, and to the laity as chronic Bright's disease, though this is not a good term, for it may be applied to any disease of the kidney whatever.

As a matter of fact, the kidneys in interstitial nephritis are not really inflamed at all in the ordinary sense of the word, but are affected by a chronic, slowly increasing degeneration of their arteries, which is itself only a part of a disease which attacks the small arteries all over the body, the kidneys feeling it the most, because they contain more small arteries for their size than any other organ.

The first stage of the general disease is known as high arterial tension, and it is found mainly amongst men who live in towns, are occupied in spasmodic mental work, habitually eat more animal food than is good for them, and take little or no physical exercise; often they take alcohol to continual slight excess, though this may never be very obvious.

In other words, it is a disease of prosperity, or rather of money getting; the literary or professional man, whose mental work, though hard, is more or less even, is not so often attacked as the business man whose labour consists of anxious moments, periods of frenzied rushing for wealth or position, alternating with quiet intervals in which he "recuperates" with a whiskey and soda. When he gets home he habitually "does himself well" at dinner.

Let us now see how these various causes combine to injure his arteries. These vessels, as we have seen, are under the control of the nervous system to a marked degree, and as the nerves are in a state of tension the arteries are made to contract instead of being left alone as they should be. Then the combination of a sedentary life with too much animal food means that the blood is kept constantly full of waste nitrogenous matter, all of which has to be excreted by the kidneys. The countryman who habitually devours enormous quantities of meat does not suffer in this way (though he may get a dilated stomach), because his exercise enables him to get rid of his waste products more effectually.

So the arteries are overworked and become worn out before their time—older in fact than the man himself. Instead of remaining elastic and responding to every heart beat, they are tired, and in consequence they hinder rather than help the flow of blood through themselves, so the heart has to work harder, and a higher pressure of blood is maintained in the circulation than formerly.

The next stage is that the arteries become converted into fibrous tubes, and are in consequence rigid, and the obstruction in the small vessels is increased still further, so that if a finger be laid on the radial artery at the wrist, the vessel is felt to be full between the beats instead of relaxing as it should, and in advanced cases the artery feels like a hard cord. This is known as arterio-sclerosis.

In the kidney the arteries run between the secreting tubes, so we get this part converted into fibrous tissue, which contracts, and so pulls on and distorts the tubes themselves, though these are not inflamed as in the diseases we have previously discussed. Consequently there will be no blood and no great amount of albumen in the urine, and, inasmuch as there is more blood than usual (by reason of the increased pressure circulating through the kidney, more, and not less urine will be passed; indeed, what usually makes the patient consult a doctor is the fact that he has to get up at night and pass water.

Now this high pressure—in a way—is a good thing for the patient, for it ensures an adequate—even if excessive—flow of blood to all parts of the body; but it means, of course, that the man will not last so long, nor will he have much reserve force in his circulation to enable him to meet an attack of any acute illness or a severe accident. Ultimately, either a small artery—usually in the brain—gives way, and the patient has an apoplexy, or the heart gives way, the tension is lowered, and the circulation becomes sluggish, and the patient succumbs either to valvular disease of the heart, or perhaps to inflammation of some internal organ, against which the weakened heart can offer but an inadequate resistance.

Meanwhile the subjects of high arterial tension are prone to suffer from giddiness and other vague disturbances of the circulation in the brain, digestive ailments such as gastritis and diarrhoea; failing sight from blocking of the small arteries in the eyeball is not uncommon.

In the kidneys the tubes after a time become so distorted that the work of filtration is interfered with, and we get some of the urea left in the circulation, and uræmia results, which ultimately proves fatal.

Inasmuch as the money making type of man is becoming more and more common, and as the competition for prosperity increases, diseases of the circulation are increasing in frequency, and I have dwelt thus on arterial high tension, with its succeeding arterio-sclerosis, as it affords the explanation of many ailments which nurses—perhaps more in private than in hospital practice—have to deal with.

In the next paper we will discuss the treatment of diseases of the kidney and of this form of arterial degeneration.

## The Care of the Insane.\*

By ROBERT JONES, M.D., F.R.C.P., Lond.

*Resident Physician and Superintendent to the Claybury Asylum, Lecturer on Mental Diseases, St. Bartholomew's Hospital, London.*

(Concluded from page 64.)

Surely in no profession is such a union—call it a trade union, if you please—so necessary as in that of nursing. Has not the legal profession its trade union? Is not the barrister's brief marked with the specific fee for counsel, and is not his clerk also included in a fixed fee? Has not the lower rank of the law the fee of "six and eightpence," and has not the medical consultant his two guinea fee, or "two-thirds of a guinea per mile"? Have not the clergy also their "union rate" for marriage, baptism, or burial, even if not for the Sunday sermon? Surely the nurse is entitled to her proper remuneration and fees? In whatever profession or occupation we may be engaged, unless we organise ourselves and demand our rights there is no one else who will fight for us or guard our interests! I cannot sympathise with those who think that nurses and doctors should remain content with philanthropic personal services. Doctors and nurses, like other people, must live, and they are entitled as by right to wholesome living and to an adequate reward for honest service. There are those who with soft words and smooth phrases will elevate the nurse and doctor to an altitude superior to common mortals, and leave them there, content with the distinction that they are members of a noble and self-sacrificing profession, whose vows are to continue in good work and charity. In every profession, not excluding the Church, I find there exists the motive influence of a wholesome self-interest, and I do not see why the nurse, while she is gaining her livelihood and helping on the world's work, should be ex-

\* Read at the International Congress of Nurses, London, 1909.

pected to display more unselfishness or practice more philanthropy than is expected of the physician, the lawyer, or the ecclesiastic. It is the advantages of combination and union that I see in the proposal for the Registration of Nurses, and if such a scheme by proper organisation ensures for the nurse a more adequate return for her services, or a better marketable value for her labours, or if such Registration only secures a higher recognition and appreciation of her devotion than is now current, then I am in its favour. It is not for self-amusement or entertainment that busy and prominent women like Mrs. Bedford Fenwick, Miss Isla Stewart, Mrs. Spencer, and others have devoted their time and energies in the cause of Registration. They deem it essential that the nurse should be assured of such a recognition as her special calling or employment demands. Possibly this digression is unnecessary, but the mental nurse, like the hospital nurse, has also a career beyond her institution, and her services are more valuable to the public and to herself when it can be certified that she is fully qualified, proficient, and acknowledged. It is not beside the question, therefore, to reiterate and to emphasise the assertion that mental nurses must be trained, that their wages must not only be adequate, but also their comforts must be studied, their future insured by adequate pensions when strength is failing and the day of their useful activity is drawing to a close.

I have heard it argued by members of Committees of public asylums that the systematic training and teaching of nurses should be discouraged, because it only results in their leaving the service of these asylums to better themselves immediately upon obtaining the qualifying certificates. In spite of such an official view, I venture to assert that all the great public asylums of this country should also be training schools for the nurses of both sexes, and from a long and extensive experience I believe that at those asylums in which such training is systematically maintained and practised not only is a higher class of applicant obtained for the service, but the nurses, in consequence of training and as a result of the teaching imparted to them, take a more enlightened interest in their duties, and the especial repugnance to these duties (a very real feeling in asylums) is more readily overcome, and a humane sympathy is quickened by the knowledge of how to relieve suffering, which helps to make a good nurse a better one, and which cannot but react to the advantage of the patients committed to her care.

There is no doubt in my mind that the oppor-

tunities for training with a view to higher rewards after leaving the asylum are an attraction to the best women, who are ready to enter upon a self-imposed education so as to qualify for future success either in private nursing or in filling up distinguished official posts. So universally acknowledged and appreciated are these opportunities that almost every public asylum in England, Scotland, and Ireland is also a special training school for obtaining certificates of proficiency in mental nursing.

There is also another aspect of training which deserves recognition—viz., that those who support our public and voluntarily aided hospitals and asylums are entitled to consideration, and that those of the nursing staff who serve within their walls should be of service to those who either willingly or by compulsion support these institutions. The patrons of asylums and hospitals are entitled to the best services of such staff when the need arises for their experience outside.

It is, therefore, incumbent upon those who serve in asylums to learn their business within the wards and to render themselves as efficient as possible in the work for which they draw their pay.

It is evident that this training tends to the diminution, if not to the prevention, of mental disease, by educating the public to the value of mental hygiene and by directing attention to the mental aspects of bodily illness. This training also tends to promote the public good by encouraging early and skilled treatment of the insane, for insanity is curable in the inverse ratio of its duration.

It is sometimes argued that the establishment of training schools for nurses in connection with our asylums tends to weaken the notion that the asylum exists primarily for the benefit of the patient. The fact that the asylum is also a school for the training of nurses who are desirous of obtaining higher advancement should convince those whose interests are those of the asylum only that the trained nurse is obviously better qualified to render service than the untrained, also that she is a more effective instrument in the asylum in which she is trained, and that her possible future success stimulates her to do in the best way what is expected of her, she herself being the better for having been taught.

The Medico-Psychological Association of Great Britain and Ireland seriously considered this matter, and in 1885 brought out a handbook for the guidance and instruction of nurses and attendants, of which a new edition has just appeared; and the writer of this paper has by gracious permission of her Royal Highness the

Princess Christian dedicated to her a small text book for the study of mental and sick nursing, for which an introduction was kindly written by Sir William Collins, whose services in Parliament and in educational circles are so highly and widely appreciated.

A certificate is granted by this Association after examination and upon the completion of a three years' curriculum in the asylum, and the only regret felt about the period of study is that hospitals do not as yet reciprocate the action of the Association in considering a year spent in a recognised asylum to be the equivalent of a year in a recognised hospital. Already a number of nurses of both sexes hold this certificate for proficiency in mental nursing, and a Departmental Committee has recommended the inclusion of their names in any Register which Parliament may sanction for the protection of hospital nurses. At the Claybury Asylum over 1,100 nurses and attendants have received training, of whom about 400 hold the Medico-Psychological Certificate, and it is a satisfaction to know that the institution at Claybury is widely acknowledged as an active training school. Those who were its alumnae hold the important posts of Matron in no less than seven public institutions for the insane, of which five are in the County of London.

It may not be out of place to sketch briefly the scheme for training arranged by the Medico-Psychological Association. Every nurse (male and female) must be trained in a recognised institution for the insane for not less than 12 months before she is permitted to present herself for the primary examination, and she must have attended a course of twelve lectures with demonstrations on "First Aid," bandaging, fractures, dislocations, asphyxia, poisons and antidotes, emergencies, and be qualified for general attendance upon the insane. A knowledge of bodily structure and functions is requisite, and candidates must qualify in elementary anatomy, physiology, general hygiene, and first aid. The final examination can be taken after the completion of three years' service in one or two recognised institutions for the care of the insane, and the candidate must have attended systematic lectures and demonstrations by the medical staff for two years after the primary examination. Clinical demonstrations in the wards must have been attended, so as to acquire a knowledge of the general features and varieties of mental disorders and of the ordinary requirements of sick nursing. Candidates must show a competent knowledge of the symptoms and bodily disorders, of sick nursing and hygiene, and of mental diseases and mental nursing. Both the

examinations are written and oral, and a good character is essential to obtaining the certificate.

Perhaps I may be permitted to conclude with the following extract from my report to the Claybury Committee of the London County Council:—"Didactic instruction in the form of lectures and demonstrations to the staff is given by myself and medical colleagues. The fact that it is generally known that members of the medical staff of this asylum devote themselves to preparing attendants and nurses for the higher qualifying certificates—which enable the holders to obtain better executive positions in other institutions as well as in private nursing—help us to get a more ambitious and a better class of staff. The work of an asylum nurse is both arduous and constant. The absence of the wider field of usefulness, implied in private nursing, would deter many of the more able, refined, and educated, from applying, and why should those qualities, which are deemed necessary standards for general hospitals, be denied to institutions for treating the mind? Desirable candidates for the position of asylum nurses—male and female—are not too many, and a better class of applicants means a higher moral and intellectual standard, which must react upon the patients themselves, as they receive not only custodial but also curative care, and are by day and night under their care. My experience of over a quarter of a century, and my long and special interest in this question, convince me that efficient nurses are a substantial auxiliary and a helpful element in the treatment of insanity. Training improves the tact of the person trained, it increases skill, and gives greater accuracy to reports through improved observation of symptoms. Training also is a broadening and elevating effect upon attendants, and it develops and confirms what is best and strongest in a woman's nature—viz., tenderness and care for others."

#### THE KING AND QUEEN AT HASLAR.

On Saturday last the King and Queen visited Haslar Hospital, where they were received by Inspector-General F. D. Gimlette, and went round all the wards. Their visit gave great pleasure to the patients, and the kind words spoken, and sympathy shown by the Queen to many of them were greatly appreciated. The King also talked for some time with a seaman who recently had a leg amputated, and with one of the crew of the Royal Yacht. Haslar Hospital contains beds for 1,200 officers and men, but, it is necessary, these can be considerably augmented.

## The Defence of Nursing Standards Committee.

(THE ST. BARTHOLOMEW'S HOSPITAL THREE YEARS' CERTIFICATE.)

The following Petition has been sent by the above Committee to the majority of the Governors of St. Bartholomew's Hospital, E.C. :—

(To the Governors of St. Bartholomew's Hospital.)

SIR OR MADAM.—We venture once again to bring to your notice a matter we believe to be of vital importance to the welfare of St. Bartholomew's Hospital and its Nursing School.

A General Court of Governors is convened for July 28th, and we earnestly appeal to you to be present. Presumably the Election of Miss Annie McIntosh as Matron and Superintendent of Nursing at St. Bartholomew's Hospital will be reported to the Court, with the reasons which influenced the Election Committee to appoint a lady as head of your Nursing School who holds the London Hospital certificate of two years' training only, a professional certificate which does not qualify her to be appointed as a Staff Nurse or Sister at your Hospital, where from the year 1881 your standard before certification has been a term of three years' training in the wards.

We desire especially to bring to your notice that this retrograde step must materially damage the future success of your Nursing School, and that of every nurse holding its certificate, and place the Sisters and Nurses in the Hospital in a position in which discipline will be most difficult to maintain.

Under these circumstances may we plead with you, as a Governor of St. Bartholomew's Hospital, to exert your utmost influence to prevent this appointment being carried into effect, by supporting a motion that the Report be not adopted, and that a Public Enquiry be held into the management of the Nursing Department.

I am, Sir or Madam,

Yours faithfully,

ELLEN SAUTER.

Hon. Secretary.

breach of faith with every nurse certificated by the hospital, and that in the twentieth century the hundreds of women so affronted are to accept such injury without expressing an opinion on their own affairs cannot be conceded for a moment. Such a suggestion is an exhibition of the intolerant temper animating not a few of our hospital managers towards trained nurses, which deserves the widest publicity and unhesitating condemnation.

The few men who have done this wrong in their jealous intolerance of an honourable body of professional women workers are well known, but if they imagine that in these days women will submit to gross injustice without a very forcible protest—well—they have made the mistake of a lifetime, as events may prove.

### SUBSCRIPTIONS TO DATE.

	£	s.	d.
Brought forward	...	...	52 14 6
Certificated Nurse	...	...	1 0 0
Miss Dalglish	...	...	10 6
Miss Webb	...	...	10 0
Miss Cullen	...	...	5 0
Miss Waind	...	...	5 0
Miss Smyth	...	...	5 0
Miss Gregory	...	...	2 6
Miss Le Geyt	...	...	2 6
Mrs. W. Heywood	...	...	2 6
A Sister	...	...	2 0
" " Nurse	...	...	1 0
Staff Nurse	...	...	1 0
F. E. H.	...	...	1 0
A Bart's Nurse	...	...	1 0
M. O.	...	...	1 0
F. C.	...	...	1 0
H. R.	...	...	1 0
M. C.	...	...	1 0
R. N. S.	...	...	1 0
O. S.	...	...	1 0
Staff Pro.	...	...	1 0

£456 13 0

### A Useful Pamphlet.

A very useful pamphlet containing "Suggestions for Nurses on Some Special Points in Connection with Moral and Physical Health" has been issued for private circulation, and can be obtained from the Central Organisation of the Nurses' Social Union, Kingston, Taunton, price 3d., postage 1d. Nurses and midwives come so intimately into touch with these problems that the pamphlet should be of much use to them. It is written primarily for nurses enrolled in a League formed to promote a higher moral standard, of which most of the members are district nurses working in rural areas, but it has also a wider sphere of usefulness.

In an article on this question, which appeared in the *Standard* on July 19th, it is stated in reporting the attitude of the authorities of St. Bartholomew's Hospital towards their nurses that they consider "the present controversy is an unwarranted interference in matters that only concern the administration and the medical body of the institution!"

Coming events, indeed, cast their shadows before them.

We are well aware that the London Hospital restrictions in matters nursing are the aim of the secret and ambitious at "Bart's," but that half a dozen men may do a wrong, of a peculiarly cruel and iniquitous nature, calculated to slander the dead, and amounting to a

## The Registered Nurses' Society.



The sixteenth annual meeting of the Registered Nurses' Society was held at the office, 431, Oxford Street, W., on Thursday, July 21st. Dr. Bedford Fenwick presided. The annual report and audited accounts were adopted, both of which proved the successful year's work of the Society. The balance sheet showed that £10,018 had been earned by the nursing staff, and that since the inception of the Society in 1891, £101,226 2s. had been the sum paid to the members—a very satisfactory result of co-operation.

Sisters Caroline Spreadbury and Clara Manley retire in rotation from the Executive Committee, and Sister M. Beardsley automatically upon her marriage. Sisters A. Butcher, E. Thompson, and B. Holland were elected members to replace them.

There have been twenty-one new members elected during the year, and seventeen resignations, amongst the latter upon their marriage. Sisters M. Beardsley, H. Hopkins, A. Buxton, L. E. Russ, and E. Rhodes.

Sister A. Graham has been appointed Matron of the Much Wenlock Hospital; Sister H. B. Richards, Lady Health Visitor, Monmouth; Sister C. A. Lade, Matron's Assistant, Leicester Infirmary; and Sister E. M. Bickerdike, Sister, at Mount Vernon Hospital.

Very satisfactory reports have reached the office concerning the majority of the nursing staff, both from medical practitioners and patients, and the Society continues to increase its circle of supporters, but it becomes more and more apparent that increased demands are continuously being made on the knowledge and skill of private nurses, and it is most necessary for them to acquire one or more specialities, in addition to general medical and surgical work. Private nurses find it convenient to be well trained in gynaecological, infectious, ophthalmic, or mental nursing, and in massage, with a wide range of experience they can be kept in constant employment. Medical work is now so highly specialised that it is necessary for nurses to be very efficiently trained for success in private nursing.

Both Dr. and Mrs. Fenwick spoke on the increased necessity for effective co-operation amongst private nurses, as it is the only branch of their work in which it is possible to make sufficient income from which to save for old age, and in consequence it is the one which is most exploited.

After cordial votes of thanks to the Hon.

Officers and the indefatigable secretary, Sister Cartwright, tea and talk were the order of the day.

## Progress of State Registration.

At the Annual Representative Meeting of the British Medical Association, held at the Guildhall, London, E.C.4, on Monday, the following Resolution, moved by Dr. E. W. Goodall, and seconded by Sir Victor Horsley, was carried *unanimously*.

"That this meeting of the Representatives of the British Medical Association, reaffirms its opinion that the State Registration of Trained Nurses is desirable, and approves of the Bill which has been recently introduced by the Right Hon. R. C. Munro Ferguson; and that a copy of this Resolution be forwarded to the Prime Minister and the President of the Local Government Board."

Lord Amphilh has a "Rejoinder" to Mr. Sydney Holland's Registration Reply in the *Nineteenth Century and After* for August. Lord Amphilh is so well informed on the registration question, and so admirably logical in all he writes and says on the subject, that his contribution to this important controversy will be invaluable in support of this urgently needed reform, and will, we feel sure, be widely read and approved by unbiassed people.

The Bart's scandal has evidently given an immense impetus to the public interest in nursing questions to judge from the press. *The Spectator*, July 23rd, has an admirable article on "Nurses." *The Pall Mall Gazette* of 25th inst. one on "Nurses and Nurses," by Miss Lucy E. Sherliker, of the Royal British Nurses' Association, which presents the right of the properly qualified to registration in a very clear and sensible manner, and in the *Glasgow Herald* Miss E. A. Stevenson reviews the registration articles which have already appeared in the *Nineteenth Century and After*, concluding as follows:—"I cannot trespass further on your space in criticism of Mr. Holland's opinions. Unwittingly, no doubt, but none the less surely, he has weakened the party on whose side he is fighting. The time has long gone by when the British public will take without question the opinions of a layman on subjects which can only be fully and fairly dealt with by those in the professions to which they belong. As the chairman of a large hospital Mr. Holland's opinions on income and expenditure and general hospital management are valuable, but when he wanders into the realms of surgery and nursing the public will take his views guardedly."

## Practical Points.

## A Mosquito Proof Steamer.

Dr. H. Wolterstan Thomas describes in the *Lancet* a small cargo boat, the *Vincent*, despatched by the Booth Steamship Company on her maiden trip to the Amazon, which is designed to minimise the risk from infection and discomfort from anopheles mosquitoes which often fly on to a boat which has to hug the shore, and cause an outbreak of malaria. The screening was carried out from plans by Dr. Melville Davidson, the medical superintendent of the company. The screening of the ship is so arranged that the living quarters of the crew and officers are protected from mosquitoes. Each port-hole is provided with a movable screened frame which is so adapted that the port-hole can be closed and screwed down without withdrawing the screen. The entrances to the main deck are protected by wire gauze spring doors, and at each side of the ash-heap, which is of necessity open to the ingress of mosquitoes, extra sets of screened doors are placed. The doors and port-holes of the outside bridge deck cabins are also screened; the doctor's quarters and the hospital are situated further aft, and are thoroughly screened.

The interior arrangements permit of no old-fashioned water reservoir over the wash-basin in the cabins, and running water is supplied everywhere. The slops from the basins run into pipes emptying directly over the side. This arrangement very satisfactorily deprives the *Stegomyia* larvae of breeding places in the cabins. The ventilator pipes in the cabins and along the alleyways are each protected by a wire gauze screened frame, which slips into a grooved moulding fixed round the shaft, and is kept in place by three small buttons. The screening is composed of 18 mesh phosphor-bronze wire, a material which is more suitable for a moist, humid climate than brass or copper.

An ocean-going mosquito-proof steamer also recently arrived in the Mersey from the Clyde, where she has been built to the order of Messrs. John Holt, of Liverpool, after whom she is named.

Professor Major Ronald Ross's recommendations have been carried out by the owners for mosquito-proofing all living quarters. Copper gauze fittings are provided for all doors, windows, side-ports, skylights, ventilators, and passages, to prevent the malaria-bearing mosquito entering.

## Syringing the Ear.

Mr. W. Stuart-Low considers the dangers incurred in syringing out the ear in the presence of a chronic discharge are very great indeed. All watery fluids encourage bacterial growth and enhance what is the main object to prevent and avoid. Syringing is always liable to have the effect of driving sepsis further afield. He never syringes on any pretext, and entirely disapproves of syringing the ear in any way whatever in the presence of a discharge. Wiping out the ear with twisted wool is all that is necessary and advisable to entrust to the patient.

## Appointments.

## LADY SUPERINTENDENT AND MATRON.

**Royal Infirmary, Liverpool.**—Miss Flora T. B. Cameron has been appointed Lady Superintendent and Matron. She was trained at the Western Infirmary, Glasgow, and has held the positions of Night Superintendent and Assistant Matron at the Royal Infirmary, Bradford; Matron of the Children's Hospital, Bradford; and Lady Superintendent of the Manchester Children's Hospital, Pendlebury.

## MATRONS.

**The General Hospital, Weston-Super-Mare.**—Miss E. Graham has been appointed Matron. She was trained at Guy's Hospital, S.E., and has held the positions of Sister at the Southwark Infirmary, Sister-in-Charge of the Outpatient Department at the East London Hospital for Children, and Assistant Matron at the Royal United Hospital, Bath. She is a certified midwife.

## SISTERS.

**Mount Vernon Hospital for Consumption, Hampstead.**—Miss Elizabeth Mabel Bickerdike has been appointed Sister. She was trained at the East Lancashire Infirmary, Blackburn, and subsequently had experience of infectious work at the Borough Fever Hospital, Croydon. She then joined the Army Nursing Service and subsequently Queen Alexandra's Imperial Military Nursing Service. Since November, 1906, she has been working as a private nurse in connection with the Registered Nurses' Society.

**Princess Alice Memorial Hospital, Eastbourne.**—Miss S. Bentham has been appointed Sister of Male and Children's Wards. She was trained at Kettering and District General Hospital, and has been Sister at the Stockton and Thornaby Hospital, and had experience of private nursing at St. James's Nurses' Home, Liverpool.

**Devonshire Hospital, Buxton.**—Miss Alice Unsworth has been appointed Sister. She was trained at St. Helen's Hospital, Lanes, and Carlisle Fever Hospital, and has been Staff Nurse at the City Hospital, Liverpool, Staff Nurse and Sister at the Isolation Hospital, Wallasey, and Night Superintendent at the Warrington Infirmary, Lancashire.

## QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

## GENERAL SUPERINTENDENT IN AUSTRALIA.

Miss Michie, Superintendent of the Worcester City and County Nursing Association, and of the Nursing Institution, Worcester, has been appointed General Superintendent of district nursing in Australia.

Miss Michie, who is a Queen's Nurse, has worked in Worcester for the last seven years, and was formerly Superintendent of the Cornwall County Nursing Association.

She holds the C.M.B. certificate, received her district training in Liverpool, and afterwards worked as Queen's Nurse at Pembroke Dock.

Miss Michie hopes to sail on September 16th, and takes with her the good wishes of her many friends in England.

**Transfers and Appointments.**—Miss Margaret Milne, to Gossep, as Superintendent; Miss Mary Parkinson, to Willington; Miss Florence Fidler, to Edensor; Miss Annie Hewitt, to Bath; Miss Mary Hutson, to Dartmouth.

#### PRESENTATION.

At the weekly meeting of the Marple Bridge Sick Nursing Society last week, Miss Walker, who is shortly to relinquish her post as District Nurse on account of her approaching marriage, was presented with a silver tea service, a purse of money, and an illuminated address, as follows:—"To Nurse Walker,—It is with feelings of very genuine regret that the committee of the Marple Bridge Sick Nursing Society have heard of your resignation of your post as District Nurse. Since you came to us nearly 12 years ago your unselfish and earnest devotion to your duties have endeared you to us all, and have been the means of bringing untold help and comfort to hundreds of troubled homes. You have been regarded not only as the nurse, but as the sympathetic friend of all in sickness. We congratulate you most heartily on the occasion of your approaching marriage, and ask you to accept the accompanying present as a small token of our sincere appreciation of your services, and with the best wishes for your future happiness of every member of the Sick Nursing Society."

The teapot bore the following inscription:—"Presented to Nurse Walker on her marriage, as a token of esteem. By the Committee of the Marple Bridge Sick Nursing Society, July 19th, 1910."

#### MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND

The following is the paper set at the Examination for the Nursing Certificate in May last:—

1. State the position, size and shape of the stomach. What are the symptoms of disorder of the stomach?
2. In what circumstances would you consider a loss of a stone in weight (a) important, (b) unimportant, as a sign of disease?
3. State the rules for bathing insane patients.
4. What is the fibula? With what bones is it connected? Describe the joints so formed.
5. What are the principal differences in structure between arteries and veins? What emergency treatment would you adopt in the case of severe venous bleeding arising from (a) ruptured varicose vein in the leg, (b) wound in the neck?
6. Give the reasons for refusal of food by the insane.
7. What bodily changes are frequently observed in severe cases of melancholia?
8. Describe the thorax and mention its contents, describing generally the position of the different organs with respect to one another.
9. Mention the different forms of insanity, and describe fully any case you have yourself observed.
10. What precautions would you take when in charge of a patient who was being transferred from one Asylum to another.

## Nursing Echoes.



Miss A. C. Lowe, Secretary of the Queen Victoria Jubilee Institute for Nurses, has informed Dr. Holcroft that so long as the Hastings District Nursing Association supplies nurses to meet the wants of the working classes, and the necessitous poor are nursed free of charge, the Committee of the Institute see no objection to its providing a nurse for better class people who are not in a position to pay a private nurse, on payment of sums at least sufficient to defray her cost while so working. We regret that the Q.V.J.I. should sanction the regular employment of its nurses for payment; in our view this should only be done in case of emergency.

At the Annual Representative Meeting of the British Medical Association at the Guildhall on Monday last, a special set of model rules for inclusion in the rules of nursing associations which had been drawn up, was fully discussed. These rules have already been approved of and adopted by the Queen Victoria's Jubilee Institute for Nurses, and the terms were only modified in minor details. The most important of the rules as passed are as follows:—

The nurse, when requested in an emergency, may visit and render first aid to any person without awaiting instructions from a medical practitioner.

Should the advice to call in a medical practitioner be not acted upon, the nurse must at once leave and report the case to her secretary, and must not attend again except in case of fresh emergency.

Apart from her duties as a certified midwife, a nurse must on no account prescribe or administer on her own responsibility such drugs for her patients as should only be prescribed by a medical practitioner.

A nurse shall in no case attempt to influence a patient in the choice of a doctor or institution.

A note is added which advises that, in district nursing associations, all the medical practitioners in the district co-operate with the committee, and that in larger or county associations, delegates of the British Medical Association be invited to serve on the committee.

Under the heading, "You Would Hardly Believe It," in the *Nineteenth Century and After*, Lady Pigott deals with the care of the national health in Greater Britain through the Colonial Nursing Association. We agree with her that it is difficult now

for those living at home in easy communication with nursing centres, to realise that fifteen years ago, in many of our Colonies, no nursing aid whatever was obtainable, while in others the patients had to travel great distances to obtain such aid as the Government Hospital, if such existed, could afford.

The Colonial Nursing Association, which owes its origin to Lady Piggott's initiative, has done a most useful work in bringing skilled nursing within the reach of British men and women resident in Crown Colonies, who are willing to pay for their services, and in removing the reproach that the vast majority of English people rested content, and made little inquiry as to what befel their countrymen and women landing daily on far-distant shores.

The reasons given by the Matron of the Southwark Infirmary, Miss Isabel Kemp, for her resignation were that she was overworked, that the accommodation for the nurses was insufficient, and that she was not allowed to select her own staff. At a recent meeting of the Guardians Mr. Osborn urged that the repeated complaints as to overcrowding should be resolutely dealt with. He had been to the Infirmary and seen the conditions for himself and was emphatically of opinion that immediate steps should be taken with respect to the whole position. The Rev. D. Bryant also pointed out that while there was no scandal the staff were undoubtedly overworked, and there was overcrowding. Eventually it was agreed to consider the matter of Miss Kemp's resignation in committee.

The Nurses' National Total Abstinence League, which is in connection with the Women's Total Abstinence Union, had a very active year of work during 1909, and is able to record an increase of 114 new members. Many pleasant meetings have been held in hospitals, infirmaries, and private houses to promote social intercourse, and stimulate interest in the subject of total abstinence, of extending the sphere of the League, and increasing its membership. The Certified Midwives have also a Total Abstinence League federated to the above Union, of which Dr. Annie McCall is President. The Midwives and Monthly Nurses have now different badges and pledge cards, and the new badges are greatly appreciated.

Most authorities condemn the feeding bottle with tube for babies, but in France they have gone beyond the domain of condemnation—the Chamber and Senate have prohibited their use

absolutely. The presidential decree was promulgated on July 9th, and after October 9th the sale will be a thing of the past. Not only will the old familiar bottle be interdicted, but any one contravening the Act will be heavily fined, all bottles will be confiscated, and offenders will be liable, further, to a term of imprisonment of any duration from eight days to three months. It is not through indifference of the State that the infantile mortality in France is not diminished.

Two members of the Board of Administration of the public hospitals at Lorient, a great seaport in France, have resigned, one of them, Mons. Tanguy, on the ground that "everything is going badly in our hospitals, especially the female nurses." It is assumed that the reason for the scandals which are alleged to exist is that lay attendants have been substituted for the religious Sisters, but the probable reason is to be found in the deficient organisation of the nursing. If the members of the Board of Administration visited the Nursing School of the *Assistance Publique* at the Salpêtrière Hospital, Paris, or those under the superintendence of Dr. Hamilton and of Miss Elston at Bordeaux, they would realise that lay nursing is not incompatible with excellence. The pity is that such schools are so few, but they are training a succession of pupils, who will become Superintendents of other lay nursing schools, and introduce the methods and standards of excellence which they have learnt to practise. Some of the certificated pupils of these schools are already doing excellent pioneer work.

We are pleased to catch glimpses of our American friends through the *American Journal of Nursing*. Miss Hibbard writes from Havana: "We had a very serious explosion of dynamite at Pinar del Rio on May 18th. The news of the disaster being telegraphed to the President, relief was organised at once under several groups, the Secretary of Sanitation leaving Havana with eighteen nurses and ten doctors just one hour and a half after the news came. The nurses under Senorita Margarita Nunez and Senorita Martini, the Superintendent of the Mercedes Hospital, are doing excellent work and have been on duty on the spot since the 18th. This is the first time the Cuban nurses have been called to a scene of national disaster, and I do feel so proud of them; all I hear is praise of their work and appreciation of the spirit they have shown. The nurses went by Government order, as they could be mobilised much more quickly than by the Red Cross."

## A New Residential Home for Nurses.

In one of the spacious and well built houses on the sunny side, and at the quiet end, of Norfolk Square, W., Miss Amy Downey has just opened a new Residential Home for Nurses. Miss Downey is an experienced nurse and a certified midwife, and is the late Matron of the Mental Nurses' Co-operation. She understands the needs of nurses, and is very desirous that at 11, Norfolk Square they shall find refinement, comfort, and congenial society.

The house impresses one at first sight with its cheerfulness, freshness, and absence of any institutional atmosphere. One ascends the staircase to the drawing-room over a soft Axminster carpet, noting in passing an alcove furnished with chairs and a table, on which an ash tray indicates the obvious intention of this corner. The drawing-room itself is quite charming, square, with large French windows, opening on to a balcony where tea can be taken. The paper in this room is of a soft shade of blue, and the carpet in warm shades of golden brown, with touches of pink and blue here and there. It is most comfortably furnished, the furniture including a grand piano, and here on Sunday—from 3 to 6—nurses can receive guests of either sex, tea being provided without extra charge, a unique privilege which they are sure to appreciate. Nearly every room in the house has been freshly papered, in excellent taste. Two or three nurses are accommodated in most of the bedrooms, but plenty of screens are provided in every instance, and there are a few single rooms.

The dining-room is a very pleasant room, connected with the kitchen by a service lift; the china pantry is stocked with dainty china and some wonderfully pretty desert plates in Venetian glass. The prevailing note of the crockery—and, indeed, of the whole house—is green, and a green and white dinner service finds place on the dresser in the cheerful kitchen.

Miss Downey's terms are most moderate, inclusive charges being from 17s. 6d. to 25s. per week, or 4s. 6d. by the day. The only extras are 3d. per week for storage of boxes in a nurse's absence, 3d. per week contribution to paper fund, and 2d. for telephone messages. Norfolk Square is very centrally situated, as it is close to Paddington and Praed Street Stations, and about five minutes from Lancaster Gate Tube.

We think that any nurse visiting the Home cannot fail to be impressed with its advantages for an occasional or permanent resident.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King has become Patron of University College Hospital, the Middlesex Hospital, the Royal Hospital for Diseases of the Chest, City Road, and the Royal Ear Hospital, St. John, and the National Hospital for the Paralysed and Epileptic. His Majesty, while giving his Patronage to the Seamen's Hospital Society (the Dreadnought), has intimated that he has increased the Royal subscription to 100 guineas per annum.

His Majesty the King has graciously consented to become Patron of the Royal Sanitary Institute. The Institute was founded in 1876, and it is carrying on a large work in teaching and examining in hygiene and sanitary science, both in the United Kingdom and in other parts of the Empire. It maintains in London a permanent Museum of Sanitary Appliances, open free to the public. Its members and associates number nearly 4,000.

As the result principally of a report by Sir Arthur Downes for the Local Government Board, the Metropolitan Asylums Board have decided to make a radical alteration in their hospital system. There is now frequently a large number of unoccupied beds in the fever and small-pox hospitals, which it is thought might be beneficially used for additional classes of patients, and for meeting the growing demands on the children and imbeciles departments. The Managers of the Asylums Board have therefore decided "that the Local Government Board be informed that the Managers are willing to arrange for the reception, tentatively, of measles and other approved diseases in their fever hospitals, provided the Local Government Board can empower them to admit selected cases from the poorer classes, for which no accommodation is now available." The latter clause was due to the report of Dr. H. E. Cuff, the medical officer of the Board for general purposes, who is of opinion that there is adequate accommodation in Metropolitan Workhouse Infirmary for pauper cases of measles. The need is for accommodation for cases from the poor classes, not necessarily paupers. Dr. Cuff is of opinion that the measures of disinfection required to prevent the risk of the interchange of measles and whooping in the same hospital with other infectious fevers would be simple, and that the only alteration necessary in the internal arrangements of the hospital would be to allot separate receiving rooms. Dr. J. Kerr is quoted by Dr. Cuff as stating that the isolation of measles in hospital can be more than justified, as a means of saving the lives of the poor.

The Asylums Board also adopted a recommendation to make arrangements for the reception of cases of puerperal fever in their hospitals. The weight of testimony is that the reception of these cases into hospital is advantageous to the patients and removes a possible source of danger to others. The Park Hospital is to be reserved for sick and debilitated children.

A new infirmary, erected and equipped by the Edmundon Guardians at a cost of between £70,000 and £80,000 was opened by Sir William Collins, M.P., on Monday last.

Lady Amptill has noticed through the press that in spite of the more than unfavourable weather on the occasion of the recent fête at the Bedford County Hospital, a cheque for £630 has already been forwarded to the Secretary of the Hospital. Lady Amptill wishes it to be known how sensible she and her committee are of the splendid and substantial help they received from all over the county and the town, and particularly from the tradespeople, to whom she expresses their most cordial thanks.

The Royal Albert Edward Infirmary, Wigan, will receive £1,150 from the estate of Miss E. A. Robinson Morris towards the cost of the erection of an operating theatre, and anaesthetic, sterilising, and surgeons' room in connection.

The awards at the Japan-British Exhibition have just been published, and we notice that Lemco and Oxo have again obtained the highest possible honour, as in 1908 and 1909, viz., the Grand Prix. The success of this great company (the largest in the world devoted solely to the manufacture of concentrated beef foods) has been phenomenal since its formation 45 years ago, when it was awarded a gold medal at the first great Paris Exhibition of 1867 for founding a new industry. Captain Scott's ship, the *Terra Nova*, carries large supplies of the company's products for use in the Antarctic. In this connection our readers will probably remember Lieut. Sir E. H. Shackleton's historic cable on his return to New Zealand from the Antarctic, that he had "found Oxo excellent in sledge journeys and throughout the winter."

## Legal Matters.

### COMPENSATION TO AN INSPECTOR OF MIDWIVES

Judgment has been given by his Honour Judge Allen, at the Nottingham County Court, in a Workmen's Compensation case brought against the Notts County Council by Miss Louise Pauline Lessey, an Inspector of Midwives. Miss Lessey fell down in the street last winter when on the way to the Shire Hall and fractured her thigh, with the result that she has become permanently afflicted with hip disease. Her contention was that, as she was on the way to the Shire Hall to see if there were any instructions for her preparatory to going to Kimberley, she was following her employment at the time of the accident. The defence was that her case did not come within the meaning of the Act, and that she was not working at the time of the accident. His Honour held that Miss Lessey was a "workman" within the meaning of the Act, and that her employment commenced at the time of leaving home. The accident, therefore, was incidental to her employment, and he awarded her compensation at the rate of £1 per week, commencing April 1st last, with costs.

## Our Foreign Letter.

### DISTRICT NURSING IN AUSTRALASIA



As you may be aware, a certain amount of anxiety was aroused in nursing circles in this Commonwealth

when it became known that her Excellency the Countess of Dudley was desirous of introducing a scheme of district nursing on national lines for the benefit of the people of this country. For so many years nurses and doctors here have worked so unceasingly to organise the profession of nursing, and have through the State Associations done such wonders through a system of voluntary registration to raise the standards and maintain a high moral tone in the nursing world that we must be forgiven a little apprehension. Those of us who have recently visited England have been astonished to find the standard for district nurses so insufficient—apart from that demanded for Queen's Nurses—and should very strongly object to any system which would provide women, with only a few months' training for the poor, as the village and cottage nurse system does in England. Now our fears have been set at rest.

On Monday, June 15th, Australia's memorial to King Edward VII., in the shape of a new nursing army, was explained to a large and representative gathering of the nursing and medical professions at Government House, Sydney, when the Governor-General, Lord Dudley, outlined the District Nursing Scheme, which is generally acknowledged to be an excellent one. One cannot help contrasting the consideration given to the nursing profession here, and what would be *de rigueur* in England. Here it is recognised that without the help and approval of trained nurses no scheme could be thrust upon them—or a success. In England they would not be consulted at all. A powerful social committee would be formed. They would lay down rules and regulations, define professional standards, and rates of pay, and as we say here, the nurses might take it or leave it. The enfranchised women in this country are used to having a say about their own affairs, and understand the value of professional co-operation and efficiency, and the result is that in all probability the Bush Nursing Scheme will, with their hearty approval, be a grand success.

On the platform at Government House supporting their Excellencies, were Lady Chelmsford, Lord Plunkett, Mr. Harold Boulton, and Miss Amy Hughes, who is staying at Government House, Miss Garrahan (Secretary of the Australasian Trained Nurses' Association), Dr. Finchi (President, A.T.N.A.), Miss McGahey, Miss Creal, Miss Gould, Miss Kendal Davies, Dr. Jarnie Hood, Dr. Blackburn, Dr. Gibbs, and a number of other

prominent members of the Association, besides representatives of metropolitan Nursing Homes.

#### THE GOVERNOR-GENERAL'S ADDRESS.

The Earl of Dudley, Governor-General, addressed the gathering, and offered to the nurses who were present in considerable numbers a sincere and hearty welcome. His Excellency added, "I may say at once that both Lady Dudley and those who are aiding her in her efforts to extend the benefits of district nursing in Australia recognise very thoroughly that the only path to success lies through the interest and assistance of the trained nurses in this country. They represent individually and collectively the essential material without which no scheme of this kind can be successfully inaugurated and built up. They provide forces which we are bound to enlist on our side if we are really to succeed in our aims; and such being the case it is very necessary that we should take the earliest opportunity of explaining to the members of so important a body as the Australasian Trained Nurses' Association some of the broad outlines of the organisation we propose to set up."

Proceeding to deal with the public criticisms made with regard to the scheme, and the misapprehensions which have arisen as to the precise scope of the objects which Lady Dudley has in view, his Excellency said that these were natural because any discussion of the scheme had so far, of necessity, been carried on in a somewhat vague and nebulous manner, but they could be dispersed by knowledge and explanation. The first misapprehension he desired to remove was that Lady Dudley's projected scheme might menace, or overshadow, the existence of nursing associations already established in Australia. It would be the aim of the promoters of the new scheme to establish close and friendly relations with those associations, to create uniting links between them and the new organisation, to give them representation upon its councils, and to draw upon them, when necessary, for assistance. The aims of existing associations were different from those of the new one, and consequently, though co-operation was desirable, there was no reason why either should wish to predominate in the affairs of the other. To take the A.T.N.A. for instance, composed almost entirely of hospital and private nurses. How could any organisation, however wide-spread, such as Lady Dudley proposed to set up, interfere with the status and prospects of the hospital nurse? They must look to the hospital-trained nurses as the body from whom the district nurses were to be drawn. Everywhere hospital nurses formed the constitutional body from which the specialised nurses were drawn, and the more, therefore, that the scope and extent of specialised nursing were enlarged the more employment and opportunities were provided for the nursing profession as a whole.

Then it was thought in some quarters that any large increase in the number of district nurses would injuriously affect the prospects and employment of private nurses. There was, however, no reason for any such apprehension, as the promoters of the scheme aimed at catering for the needs of a class quite different from that which usually

employs a private nurse. If it was feared that some who now do so would, for reasons of economy, look to the ministrations of district nurses, all he could say on that point was that great care would be taken in drafting the regulations of the Order that no attempt of that kind, to take a base advantage of the services of its nurses, could possibly succeed.

In regard to the position of the nurses, the work they were to be asked to perform would be of a very arduous character, involving hardship, fatigue, and conflict with difficulties of transit, distance, and climate, which workers in cities were never called upon to face. That would, he was convinced, not prevent them from obtaining the services of the nurses they required, but it would be their care to see that the salary offered to a nurse who consented to join the Order was in every way sufficient, and no stone would be left unturned to promote her health, comfort, and happiness in the arduous but splendid work she would be asked to do.

Again the fear had been expressed that Lady Dudley intended to inundate the country with "cheap and inefficient nurses." This could not be current amongst well-informed people, but for the sake of others he might say it was intended to employ for work in the Bush only the very best and most efficient nurses, ladies thoroughly trained in the three branches of nursing—medical and surgical nursing, and midwifery—holding the highest certificates of efficiency. Periodical and systematic inspection and supervision would also be exercised.

"Surely, then," concluded his Excellency, "we are justified in appealing not only to the general public but to nurses themselves for support and assistance in our endeavour to carry even into the remotest corners of this country the comforting and health-giving ministrations of a trained nurse, and to set upon district nursing generally throughout Australia a seal of dignity and honour which will be worthy of its great traditions and ideals."

Mr. Harold Boulton explained the work of district nurses in Great Britain and Canada, and said that similar work, as required in Australia, was done by the Victorian Order of Nurses in Canada out in the prairies, amongst the Rockies, in the forests, at the lumber camps of Vancouver, and the frozen wastes of Labrador. The organisation would be controlled by a central committee, on which local committees would be represented. Let us hope many expert nurses will have seats on such committees, as they have with such immense benefit in the United States of America.

Miss Amy Hughes said it was a poor district nurse who was not able to do wonders in the house with nothing at all. They could raise the standard of living, teach the lesson of citizenship to the people, and become health missionaries amongst the poor.

At the conclusion of the speeches, tea was served on the corridor verandah, where their Excellencies chatted with their guests, and we all realised that the first step had been taken in a splendid new national work which would bring the very highest nursing skill within reach of those who greatly needed it. Only those who have lived in the Bush

of Australia can realise what a boon the right sort of nurse would be in isolated places, where at present there is no chance of getting any help. Numbers of lives are lost where good nursing would save them, and all who have lived in the Bush will tell you it is a very pleasant place until illness in any form comes. Especially terrible is it in cases of confinement, where the mother of the family has, perhaps, no one to depend on but children, whose ages range from 12 to 2.

The people of the Bush are, as a rule, very fine people, and often beneath a rough exterior have instincts which would be a credit to people of a better class, but they won't stand any nonsense, and a nurse who gets on with them must not only be a very acceptable woman, but a plucky and very self-controlled one. We mean to stand firm for nurses of the very best stamp, as they alone are likely to be successful.

A PEDIATRIC AUSTRALASIAN.

#### LADY DUDLEY'S SCHEME OF DISTRICT BUSH NURSING.

*The Australasian Nurses' Journal*, in referring to this scheme, says:—"The Council and members of the Association (A.T.N.A.) will not only be interested in the scheme in a general way, but will wait definite assurances that the standard of training required of district nurses in Australia shall be that of the A.T.N.A. and of the Royal Victorian Trained Nurses' Association, and that the nurses shall first complete their training as prescribed by these Associations, and obtain registration by them before undergoing the supplementary training in district work necessary for those who are to go out as Bush nurses. We shall also like to be assured that the salary to be paid to these district nurses will be equivalent to that earned by the ordinary trained nurse in Australia."

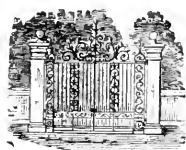
The Council of the Association in Sydney has appointed a Sub-Committee to meet Miss Hughes and thoroughly discuss the question.

We warmly congratulate the nurses' professional associations in Australia that they are evidently determined to have no lowering of efficiency and salaries for the nurses of the poor. Nothing has been more disastrous in England than the affiliation of societies employing insufficiently trained nurses with the Queen Victoria's Jubilee Institute for Nurses. The Institute is thus made responsible for encouraging a few months' training for the nurses of the rural poor, and condoning the miserable pittance paid to them in wages. The system is quite indefensible, and we are glad to see that the A.T.N.A. are alive to the fact, and will prevent any such educational and economic deterioration in Australasia.

The Turkish Government has informed the Swiss Federal authorities that it is willing to acknowledge the "Red Cross" in time of war on condition that the "Red Crescent" receives equal respect from the Powers which signed the Geneva Convention.

## Outside the Gates.

### WOMEN.



We congratulate the three first women doctors who have been granted the Diploma in Public Health by the Royal College of Surgeons. The women who are the first of their sex to obtain this Diploma are Miss Helen Nora Payne, M.D.Lond., anaesthetist to the New Hospital for Women; Mrs. Alice M. Van Ingen, M.D.Brussels, who has held important medical appointments in India; and Miss Hilda Kate Whittingham, M.B.Lond., demonstrator on bacteriology at the Middlesex Hospital Research Laboratories.

Mr. Burns's Public Health (Health Visitors) Bill seeks to assimilate the law in the provinces with regard to public health visitors to that which obtains in London. It proposes to enable local authorities to appoint women health visitors to visit the homes of the poor in order to advise them on the rearing and feeding of infants. It is hoped by this means to diminish infant mortality and tuberculosis in children.

The Demonstration in Hyde Park on Saturday afternoon last, in support of the Woman Suffrage Bill of the Conciliation Committee, took place in perfect weather, and the entry of the two great processions into the Park was most picturesque and impressive. At 5.30 a resolution was moved and speeches delivered to attentive and enthusiastic audiences from 40 platforms, and at 6.30 the bugle sounded from the coming tower and resolution was put simultaneously and carried. It was as follows: "That this meeting rejoices that the Woman Suffrage Bill has passed its second reading by 109 votes, a majority larger than that accorded to the Government Veto resolutions. The meeting further calls upon the Government to bow to the will of the people as expressed by their elected representatives in the House of Commons, and to provide the facilities necessary to enable the Bill to pass into law during the present session of Parliament."

Many nurses listened to speeches of a high order from the platform at which Dr. Flora Murray presided, and where the Resolution was proposed by that good friend of the cause, Mr. Mansell Moullin, seconded by Dr. Helen Fraser, and supported by Mr. Milnes, Mr. Percy Vaughan, and put to the meeting by Sir Victor Horsley.

The Central Bureau for the Employment of Women, 9, Southampton Street, High Holborn, and the Workers' Bookshop, 18a, New Oxford Street, W.C., have removed to 5, Princes' Street, Cavendish Square, Oxford Circus, W., a most central and convenient situation, which should result in an increase of work in both instances.

## Book of the Week.

## ATONEMENT.\*

"I bet you six to one you make him fall head over ears in love with you, Sylvia," he said.

"Done!" she answered.

A foolish challenge, bringing with its acceptance fatal results, undying consequences, the ruin of many lives.

Sylvia was a Colonial born and bred, and had made her first visit to England to finish her education. She was going back to her home at Cape Town after an absence of two years. She was very young, not quite eighteen, and undeniably pretty. Sylvia went her own way, and, regardless of where it led her, turned down the first attractive by-way along the pleasure path of life. She never kept straight forward for any appreciable length of time.

Hereditry was no doubt to a great extent responsible for this light, almost wanton nature, for her mother had a "history" and had dealt her husband the cruellest blow of all.

Careless Jack Fullerton, in the idleness of the hour, on board the outward bound liner, little dreamt of the unworthy purpose his foolish bet would arouse in this girl, but a few days later he asks her to consider the bet off. "It wasn't altogether a nice idea for me to put into your mind; leave old Stephen alone, and confine your flirtation to me."

Looking back in after years Stephen Harborough could not fail to realise that she had courted him persistently and determinedly with no higher aim in view than the destruction of his conceived principles of honour. She was fighting the inborn saint in the man. He was not an easy conquest. He had no wish to marry her, but there were times when he considered such a result as not only possible but probable. All the time she conceals from him the fact that she is engaged to Sydney Ainsleigh, the owner of a large farm some miles distant from her father's home, and to whom she has given all the love of which her shallow heart is capable. This makes her intrigue with Harborough incredibly bad, and it is not until she comes face to face with the consequence of her sin that she appears to have had the slightest compunction.

Not so with Harborough.

The change in his manner which this haunting remorse of conscience brought about was so marked that Fullerton could not but be aware that something serious had happened to trouble his friend's peace of mind. He had endeavoured to make reparation to Sylvia so far as possible by offering her marriage, and was staggered by the news that she was engaged to another man. His engineering work takes him shortly after to a distant farm, where he meets Naomi, his first and only love, and then the man's sin comes home to him with renewed force.

He had not intended to allow himself to become interested in Naomi, but some undefinable attraction drew him to her, some charm that did not be-

long to her beauty, but added to it the content of a flower will enhance the beauty of the rarest bloom. She was the kind of woman to influence him greatly. Against his judgment and his conscience he asks her to marry him, and love is met by love. But the shadow of his wrong doing stands between him and the perfect happiness that might have been his.

"Would you give yourself to me supposing you know me to be unworthy of the gift?"

He waited in the heavy stillness for her answer, as a doomed man awaits his sentence. He knew before she spoke what her answer would be.

"No, I couldn't do that. I don't think I could. You wouldn't expect it of me. . . ." "Stephen, there isn't—"

She raised her head again and looked into his face, her eyes searching his in the darkness, inquiring and vaguely troubled.

He silenced the anxious question before it was asked with his lips. "After that evening he put away all idea of confessing his sin to Naomi."

The tragedy of poor Sylvia's death—after her lover discovers her unfaithfulness—the generous act of Jack Fullerton in accepting the responsibility of Harborough's sin, are told with dramatic force.

But from thenceforward Harborough knew no peace. His every waking hour was laden with remorse. In this agony surely he might hope to expiate his sin. Conscience is a severe judge. To such a nature as his it spoke with a loud insistence that refused to be stilled. "Unable any longer to bear the burden he confesses to his wife: 'I was Sylvia Wentworth's lover.'"

Naomi recoiled from him as she might have recoiled from something horrible.

And in the five long years of their separation Stephen Harborough makes atonement for his sin, and at the end can say: "Thank God for the lonely years, the long, lonely years of my punishment. Oh, Naomi! Oh, my wife! God bless you for your love." H. H.

## VERSE.

"Dare all thou can'st"

Be all thou darest; that will keep thy brains full.  
Have thy tools ready, God will find thee work—  
Then up, and play the man."

CHARLES KINGSLEY.

## COMING EVENTS

July 30th.—The King and Queen visit the London Hospital, E.

August 2nd.—Third International Congress on School Hygiene opens in Paris.

August 3rd.—Examination, Central Midwives' Board, at the Examination Hall, Victoria Embankment, London, W.C.

## WORD FOR THE WEEK.

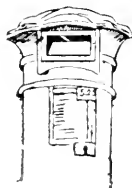
"Prejudice squints when it looks, and lies when it talks."

"The Earth is for thy body, and the Sky is for thy Soul. Be thou at peace with that which thou hast made to come into being."

*Carved on the Sarcophagus of Seti I.*

\* By F. E. Mills Young. (John Lane, London and New York.)

## Letters to the Editor.



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

## WHO IS RESPONSIBLE?

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—The case reported by you of the death of an infant owing to the scalds sustained by being bathed in too hot water by a nursery attendant at the Horncastle Workhouse, and the decision of the Coroner that "although it was not a wise act on the nurse's part in placing the child in so hot water, yet she did it inadvertently, and therefore it was a case of accident," seems to indicate the necessity for amending the Children's Act.

The clause designed for the protection of children from scalding runs as follows:—

"If any person over the age of sixteen years who has the custody, charge, or care of any child under the age of seven years, allows that child to be in a room containing an open firegrate not sufficiently protected to guard against the risk of the child being burnt or scalded, without taking reasonable precautions against that risk, and by reason therefore the child is killed or suffers serious injury, he shall on summary conviction be liable to a fine not exceeding ten pounds."

Provided that this section shall not, nor shall any proceedings taken thereunder, affect any liability of any such person to be proceeded against by indictment for any indictable offence."

If a kettle boils over and a child is scalded in the absence of a child's parent or guardian, it may reasonably be argued that it was "not a wise act" to leave the kettle unprotected, but "it was a case of accident," yet the law recognises the right of the helpless child to protection, and authorises the imposition of a fine of £10 on the person responsible.

Surely if the employees of a Board of Guardians—a public authority which has assumed responsibility for a child—immerses it in a bath of such hot water as to cause its death, a similar penalty should be imposed. The unfortunate infant would not be hurt, but the punishment might impress the need for taking "reasonable precautions" in the future. If a definition of "reasonable precautions" is asked, they consist in testing the temperature of the water with a thermometer before immersing the infant. Surely helpless children in the care of the State should be entitled to this amount of protection.

I am, dear Madam,

Yours faithfully,

A LOVER OF CHILDREN.

## BARBAROUS CRUELTY TO PIT PONIES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Many are the barbarities perpetrated in trade and encouraged—often unknowingly—by kindly people, but it is hard to conceive anything more distressing than the fate of that poor hopeless slave of modern civilisation, the pit pony, the treatment of which is a crying shame to this great nation. There can be absolutely no question as to the horrible and revolting cruelty which prevails among many of the men and boys employed in our coal mines. While it is quite true that the conditions under which the human workers are employed are far from what they might be, and in some cases are, I believe, very bad, those of the hapless ponies are many times worse. Besides being forced to pass their lives in unnatural surroundings, covered with sores and bruises, hardly ever seeing the light of day, tasting a blade of fresh grass, or breathing a whiff of pure air, they are kicked and cuffed, beaten with thick staves or pick shafts, and deprived of food and water for long periods. Barbarities even worse than these are not unknown. Such is the exceeding brutality in some mines that animals have had their sight deliberately destroyed, or had their tongues torn out by the roots; sometimes they have been fatally wounded or killed outright by a savage blow. All this may be safely and emphatically stated. Those of your readers who wish for further information should write to Mr. Francis A. Cox, the energetic Secretary of the National Equine Defence League, 27, Beaconsfield Road, New Southgate, who has issued several excellent leaflets on this terrible subject and has done so much to draw attention to the sufferings of the pit pony.

Yours faithfully,

JOSEPH COLLINSON.

London, N.

[At the Notts Police Court last Saturday a pithoy was sentenced to two months' hard labour for twisting a pony's tongue till he wrenched it out of his mouth.—Ed.]

## Comments and Replies.

*Private Nurse.* There is no legal method of detaining a non-criminal inebriate against his will, but, under the Inebriates Acts a person who signs a "Request for Reception" before a Justice of the Peace can be detained for the period for which he signed.

## NOTICES.

## THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Local Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 131, Oxford Street, London, W.

## OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Midwives' Bill.

The Midwives' (No. 2) Bill, introduced into the House of Lords by the Lord President of the Council, Earl Beauchamp, was read a second time in that House last week. It will be remembered that the Lord President asked leave, which was granted, to withdraw the Bill introduced by Viscount Wolverhampton. In the Bill now introduced the arrangement of the clauses is the same as in the former Bill, but the wording of several has been altered, to which reference will be made later.

In moving the second reading of the Bill, Lord Beauchamp pointed out that it amended the Midwives' Act of 1902. Since it was passed there had been a considerable decrease in deaths from causes likely to be obviated by the employment of competent midwives, though he did not claim that this decrease was entirely due to the Act, as various other tendencies had been at work concurring in the same result.

His Lordship explained that the first clause of the Bill altered the constitution of the Central Midwives' Board, and the second enabled that constitution to be revised if necessary.

Clause 17 dealt with the payment of medical practitioners called in on the advice of midwives. PROVISIONS OF THE PRINCIPAL ACT TO BE REPEALED.

The Bill, which is to the most part founded upon the Report of the Departmental Committee appointed to consider the working of the Midwives' Act, 1902, will have the effect of repealing several of the provisions of that Act, henceforth to be known as the Principal Act. These are:

(1) The first portion of Section 3, which defines the constitution of the Central Midwives' Board from the beginning of the section to the words "re-appointment for a like period";

This is necessary on account of the reconstitution of the Central Midwives' Board, which is to be increased from 9 to 13 members in order that representation may be given to the following bodies who were previously unrepresented: (1) The Local Government Board; (2) the Association of Municipal Corporations; (3) the Society of Medical Officers of Health; (4) the British Medical Association.

The member appointed by the last-mentioned Association must be a medical practitioner. No special qualification is prescribed in the case of the members appointed by the other new bodies. The qualifications of the members appointed by the Incorporated Midwives' Institute, and by the Royal British Nurses' Association, have been altered, and in the future the board is appointed by these bodies must be either midwives.

2. The next portion of the Principal Act repealed occurs in Section 5, which deals with "fees and expenses."

In cases where an adverse balance against the

Central Midwives' Board at the close of the financial year, such balance, with the approval of the Privy Council, is at present apportioned between the several counties and county boroughs "in proportion to the number of midwives who have given notice of their intention to practise in those areas respectively." That provision is now to be repealed, and the method by which the balance is to be apportioned is to be "in proportion to the population of those counties and county boroughs according to the returns of the last published census for the time being."

3. The whole of Section 9 of the Principal Act, which gives County Councils authority to delegate their powers to District Councils is to be repealed.

4. Section 10, dealing with "notification to practice," provides that a midwife shall give notice of her intention to practice to the Local Supervising Authority, "or to the body to whom, for the time being, the powers and duties of the Local Supervising Authority shall have been delegated under this Act," and that such notice shall be given within forty-eight hours after she commences to practice to the Local Supervising Authority "or delegated body." The repeal of the provisions above quoted are consequential upon the repeal of Section 9.

5. In Section 17 it is proposed to repeal the provision: "The General Medical Council shall act by the English Branch Council, which, for all purposes of this Act, shall occupy the place of the General Medical Council."

The new Bill provides that "The General Medical Council may, for the purposes of Section 3 of the Principal Act, act through their Executive Committee instead of through the English Branch Council."

The provisions of the Principal Act which will be repealed by the Lord President's Bill, are identical with those proposed to be repealed in Lord Wolverhampton's Bill.

## DIFFERENCES IN THE BILLS INTRODUCED BY VISCOUNT WOLVERHAMPTON AND EARL BEAUCHAMP.

The first difference between the two Bills occurs in the wording of *Clause 1*, which amends Section 3 of the Principal Act with respect to members, as noted above.

The next occurs in *Clause 5*, which alters the Central Midwives' Board power to remove, or, as it is now worded, "authorising the local supervising authority which takes proceedings against a midwife, either before a Court of Justice or the Central Midwives' Board to suspend her from practice until the case has been decided."

The *Clause* now reads "proceedings against a midwife before a Court of Justice, or *in any case, for consideration by the Central Midwives' Board*," which is an equally an improvement.

In *Clause 17*, which deals with "Notification to Practice," a woman is now to be a county council

lays, instead of 48 hours, in which to notify Local Supervising Authorities of her change of address. This amendment was desired by the Midwives' Institute. The maximum penalty for failure to notify is now to be £2 instead of £5.

In *Clause 12*, which deals with "Reciprocal Treatment of Midwives certified in other parts of His Majesty's Dominions," there are some minor verbal alterations.

The Clause in which the present Bill deviates most from Lord Wolverhampton's Bill is *Clause 17*, which provides for the "Payment of Fees of Medical Practitioners called in on advice of Midwives."

In moving the second reading of the Bill, Lord Beauchamp pointed out that the evidence taken before the Departmental Committee was conclusive that some intervention by the State was necessary to assure the payment of the fee if it could not be obtained from the patient or her relations, and the Local Government Board had expressed a strong opinion in favour of putting this responsibility on Boards of Guardians. That particular provision of the Bill was subjected to severe criticism in the original form. The present Bill contained alterations which he hoped would be a considerable improvement. The payment of fees was not to be considered a ground for any disqualification.

#### NEW CLAUSE.

The Clause now runs as follows:—

17. (1) Where a duly qualified medical practitioner has been summoned upon the advice of a certified midwife attending a woman in childbirth to render assistance in a case of emergency in pursuance of any rule framed by the Central Midwives' Board, he shall, on complying with the prescribed conditions, be entitled to recover from the Board of Guardians of the Poor Law Union in which the woman resided such fee in respect of his attendance as may be prescribed.

2. "Where any such fees have been paid by a Board of Guardians the amount thereof may, if the Board of Guardians think fit, be recovered summarily as a civil debt from the patient or person liable to provide the patient with medical aid.

3. "Every Board of Guardians shall in each quarter send to every Local Supervising Authority concerned a list of the cases within the area of the Authority in respect of which fees have been paid by the Board of Guardians under this section.

4. "The Local Government Board may make regulations with respect to any matter which under this section is to be prescribed, and as to the manner in which Boards of Guardians are to carry out their powers and duties under this section.

5. "The payment of fees by Boards of Guardians under this section shall not be considered to be parochial relief, alms, or charitable allowance to any person, nor shall any person by reason thereof be deprived of any right or privilege, or be subjected to any disability or disqualification."

The clause as it stands is certainly an improvement on that originally proposed, but the aversion of the respectable poor to any dealings with the Poor Law is so profound that it is to be regretted that Boards of Guardians are still made responsible for these fees instead of the Local Supervising Authorities. In regard to the omission of any

reference to Ireland in the Bill the Lord President pointed out that this Bill was an amending measure, and it was therefore undesirable to introduce any new principle. Lord Ashbourne, the Marquis of Londonderry, and the Earl of Mayo were strongly in favour of the introduction of some amendments affecting Ireland, and Lord Clonbrock intimated that in Committee he would move an amendment with the object of bringing Ireland within the scope of the Bill.

Lord Balfour of Burleigh thought the amendments in the new Bill a great improvement, and was particularly glad to see that the Poor Law taint had to some extent been removed.

#### THE COMMITTEE STAGE.

On Tuesday (July 26th), the House of Lords went into Committee on the Bill, on the motion of Earl Beauchamp. On *Clause 1* (Alteration of Constitution of Central Midwives' Board) Lord Amphilhill moved to amend subsection (c), which provides for "two certified midwives to be appointed, one by the Incorporated Midwives' Institute, and one by the Royal British Nurses' Association." He moved to omit "certified midwives" in order to insert "persons, one a midwife," the effect of which was to give two representatives to the Midwives' Institute—one a midwife—and at the same time to present to them their option to appoint a medical representative.

This was agreed to, and Lord Amphilhill then moved another amendment to the subsection to give the Royal British Nurses' Association the option of appointing a representative other than a certified midwife.

Lord Lytton supported. He said there was no suggestion that the Association would not appoint a midwife, but they wished to have the option.

Earl Beauchamp opposed the amendment, and said that out of a Board of 14, appointed to deal with midwives, it was not unreasonable that two of the members should be midwives.

The amendment was carried by a majority of six.

Lord Lawrence proposed an amendment to *Clause 7* providing that applications by certified midwives to have their names kept on the Roll should be sent to the Local Supervising Authority, not to the Central Midwives' Board.

But Earl Beauchamp, having pointed out the inconvenience of the procedure when the C.M.B. kept the Roll, the amendment was withdrawn.

Lord Amphilhill then moved an amendment to give a discretionary power to the Local Supervising Authorities to make grants in aid of the maintenance of midwives; he thought it a necessary corollary to the Bill.

Earl Beauchamp said the amendment would put a large burden on local taxation. It would probably be considered a breach of privilege in another place.

Lord Amphilhill also desired to make the Local Supervising Authority responsible for the fees of medical practitioners called in on the advice of midwives instead of the Guardians, but Earl Beauchamp said this raised a very big question, namely, whether free medical assistance should be given to women in childbirth on a very small Bill. If the amendment were carried, the Bill would be dropped.

The amendment was negatived.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,166.

SATURDAY, AUGUST 6, 1910.

XLV.

## Editorial.

### INFANT AND CHILD MORTALITY.

The Report of Dr. Arthur Newsholme, Chief Medical Officer to the Local Government Board, on Infant and Child Mortality, and published as a Parliamentary Paper, deserves careful study by all interested in this important question. In his introductory letter to the President of the Local Government Board the writer states that there has been a widespread awakening to the importance of child mortality, and a concentration on efforts to diminish it such as has never previously occurred. He attributes great weight to the Presidential addresses given by Mr. John Burns at the National Conferences on Infant Mortality in 1906 and 1908, and says that sanitary authorities and their officers have devoted a large proportion of their time and energy to this supremely important matter. The Notification of Births Act and the appointment of health visitors have also had influence beyond the districts in which the Act has been applied and health visitors have been appointed; for the public conscience has been aroused and education, moral as well as mental, has rapidly progressed.

But a review of the favourable view of the question is not the object of the Report, which is threefold: to determine, on the basis of our national statistics, whether reduction of infant mortality implies any untoward influence on the health of survivors to later years; to indicate the communities which are characterised by a continuing high rate of infant mortality; and to assess, so far as is possible, the relative value of the different factors of excessive infant mortality.

Dr. Newsholme shows that the unequal distribution of infant mortality indicates the scope for saving life. During 1908

one-fifth of the total deaths at all ages in England and Wales occurred in infants in their first year of life. The object of his present Report is to stimulate more active sanitary and social work, the most helpful plan he considers being to bring into relief the terribly inferior position occupied by a number of administrative counties and by a number of towns in respect to mortality during the first five years of life. It is from this standpoint that the Report has been drawn up.

The causes and factors of infant mortality are dealt with in Part III., and this will be the most interesting section to nurses and midwives.

The vital superiority of women is evidenced from birth onwards, for male infants suffer from a higher death-rate than female infants, and this superiority persists throughout the rest of life except from the ages of 5 to 15, when boys and girls are equal in their freedom from the causes of death.

In connection with illegitimate births, taking the average for England and Wales, the death-rate among illegitimate children is twice that of children born in wedlock; and it is significant that under 3 months of age the prospect of death is 108 per cent. greater, from 3 to 6 months 126 per cent. greater, and from 6 to 12 months 72 per cent. greater among illegitimate children than among legitimate infants.

Dr. Newsholme refers to the unfortunate fact that in this country still-births remain unregistered, but a step in the direction of reform has now been taken by making it obligatory upon midwives—who probably attend about one half of the births in England and Wales—to notify all still-births, and by imposing a similar obligation on all persons present at a birth in districts in which the Notification of Births Act has been adopted. Heads of

with the quality of the help given at birth, the age of both parents, especially the mother, poverty, and the ignorance or fecklessness of mothers, as factors influencing the death-rate.

We commend the Report and the conclusions embodied therein to the serious consideration of our readers.

### Medical Matters.

#### THE ADDRESS IN MEDICINE AT THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

##### THE DOMINANCE OF ETIOLOGY IN MODERN MEDICINE.

The Address in Medicine was delivered by Dr. J. Mitchell Bruce, F.R.C.P., Consulting Physician to Charing Cross Hospital, on the above subject.

The lecturer spoke of the dominant position in Medicine which the doctrine of causation had come to occupy in the course of the last quarter of a century. With a few exceptions, the advances of the last 15 years had been in the field of etiology—the discovery of the essential causes of diseases, such as the spirochaetes and the trypanosomes; of media which bring them into relation to man, such as the blood-sucking insects and domestic vermin; of new methods of investigating infective processes, particularly in the blood.

Medical treatment of the infectious processes was relatively disappointing, chiefly because medicine had not the immense advantage of surgery of dealing with the infection in advance of its action. But in many instances successful resistance could be offered to intruding micro-organisms and their toxic products. Immunity could be established by introducing or developing in the blood an anti-product. The discovery for which they were indebted to Pasteur and Metchnikoff and their disciples was, after all, but a scientific confirmation of the correctness of well-established observations, *i.e.*, the susceptibility of some persons as compared with others to infection, which the older observers attributed to delicacy as a predisposing cause. Now the same thing was expressed in other terms. They now said that all persons possessed in some degree a provision of protection or resistance to the action of pathogenic organisms, which was a normal, physiological safeguard against infection. This faculty of immunity was developed by the blood and tissues in a struggle for existence, and was a result of selection provided by the presence of numerous individuals defective or fully immune, and of natural selection, or of some personal resistance

stance of the present time, or of some remote family or racial weakness. The second point was that even persons with good resistance who could ordinarily harbour germs in their tissues without local damage or constitutional disturbance might, under changed conditions, lose their power of resistance, and then the germs which had been lying inactive suddenly manifested evidences of vitality, with resulting disease in their host. This was a fact of the first importance, because it showed there might be three elements in the causation of acute disease. Firstly, an extrinsic influence, the specific. Secondly, an intrinsic element, the patient's resistance to the specific infection; and thirdly, there might be incidental or concomitant circumstances not essential because not always present, but which occurring incidentally, might favour the essential influence in its invasion of the body, or by lowering resistance, might contribute indirectly to the production of the disease.

#### THE ADDRESS IN SURGERY.

##### ON MALIGNANT DISEASE.

Professor Gilbert Barling, of Birmingham, who delivered the Address in Surgery, dealt with the question of cancer and its cure, and said that pathological and clinical knowledge both afforded evidence of the struggle in the human subject between the tissues of the host and the parasite cancer. The existence of this struggle was not always clearly recognised; the tendency was to assume that cancer was a constantly progressive disease, neither halting nor wavering in its course. This was not the case. There was both pathological and clinical evidence that the tissues did resist, that the struggle between them and the diseases was a real one, and that a spontaneous cure was occasionally effected. Lymphatic permeation and fibrosis afforded evidence of this struggle, but unfortunately while the reparative process was occurring in one part the invading epithelium was thrusting further along the lymphatic, so that there was active invasion at the periphery, and recession and recovery at the proximal part of the lymphatic vessel.

The X-rays had a real field of usefulness in relieving pain and in reducing the activity of inoperable growths, but he had never known an inoperable malignant growth absolutely disappear under the influence of X-rays. At present it was necessary to rely on operative measures as the great remedy for malignant disease. He believed it to be absolutely true that all malignant growths could be excised at a certain stage in their development all could be cured.

# PLUGGING NOSTRILS WITH COTTON AS PROTECTION AGAINST DISEASES CONTAGIOUS BY INHALATION

Dr. Henry Albert writes in the *Nurses' Journal of the Pacific Coast* there is little doubt that the causative agents of most infectious diseases, and especially those that are highly contagious, enter the system by being inhaled, and invade the tissues primarily through the mucous membrane of the nose or other portions of the respiratory tract. Recent investigations have also proved that a person who has never had a certain disease may be a "carrier" of the germs of that disease otherwise than by the long-recognized modes of carrying the bacteria about on hands, clothing, etc. For instance, a person exposed to diphtheria may have his nasal cavity or throat infested with diphtheria bacilli even though not affected by the disease, and such person may transmit the germs to another in whom the disease may develop.

The peculiar distribution of cases of epidemic cerebro-spinal meningitis and poliomyelitis—viz., the development of cases in different portions of a locality in individuals who have been in no way associated with each other, while at the same time persons directly exposed often remain unaffected—suggests, first that only a relatively small number of persons are susceptible to infection with these diseases, and, second, that the infective agent is carried about in the nasal cavity of individuals who are themselves not susceptible to the disease but in whom the germs may remain and multiply for a long time. Such indeed has been proved by bacteriologic examinations to be the case with the meningococcus. Association with a susceptible individual may cause the transmission of the disease. Inasmuch as drying readily destroys meningococci as well as other bacteria, or at least attenuates their virulence, it is much more probable that cases developing at long intervals of time may be better explained by coming from the nasal or buccal discharges of a carrier than from the clothing of a person exposed.

It would seem, therefore, that we should make a special effort to prevent pathogenic germs from being inhaled, both to protect ourselves from such germs, and to prevent our becoming "carriers." The efficacy of action as a bacterial filter is well known. That it is quite as efficacious for the nasal cavity as for the trachea may be demonstrated by simple experiments. One would soon find reason why physicians and nurse-maid patients who have diseases which are contagious by inhalation should not protect themselves and others by plugging their nostrils in their nostrils while in attendance on such patient.

## The History of Caesarian Section.

Undoubtedly the operation of Caesarian Section is a very ancient one, but there is little record of its performance on the living subject in the early ages, though Ovid's reference to it lead to the inference that this was put into practice before his time. The songs of the wondrous birth of Æsculapius, the God of Physic, who was cut out of the womb of his mother, Ledaia, who for her infidelity was destroyed by Apollo; he tells, too, how Bacchus, the God of Wine, was miraculously saved after the death of his mother, Semele, who was overwhelmed by the embrace of Jupiter. The poetic fancy, which threw a halo of romance round the birth of these gods, was probably stimulated by the knowledge Ovid had of the operation as practised in those days. The earliest writers on medicine, Hippocrates, Celsus, and others, however, make no mention of the subject. The Jewish records testify to its age, but the date of its first performance is absolutely conjectural; it is generally testified that Caesarian Section was at first only performed after the death of the mother in order to save the life of the child.

In that part of the Talmud which was compiled in about the second century of the Christian Era there are three passages concerning the operation, which obviously infer that not only was it performed on the dead subject, but also in cases of very difficult labour, and, furthermore, that some of the women survived. One passage lays down orders as to the disposal of limbs cut out of the womb, and then proceeds to discuss the right of a child delivered by incision from his mother, if she later should have children, "per viam or dinatiam."

Tradition says that the second King of Rome made a law that if a female should be found undelivered, the child was first to be removed by incision.

The earliest account of the operation extant is that of the celebrated Greek Cæsar, 1333, but both Herodotus and Pausanias, who also mention it, speak of it as performed on the dead subject. The first well-recorded operation was performed in 1500 by one John Nigge on his own wife, but the account of this was not published till 80 years after, when Roussel's book appeared, 1581. He gave instances of successful operations, in which the mother and child were saved; it was largely through his influence, and the wide adoption of its Latin translation by Brambilla, that Caesarian Section became a recognized part of the armament. The same Cardinal Barberini, who the destruction of the

It was indefensible even in the interests of the mother, and the desire of devout parents that the unborn child might not be deprived of admission within the pale of the Church made the operation much more usual in Catholic countries than in Protestant England, where the operation of craniotomy was regarded with less disapprobation. Rousset first used the term "Caesarian"; he thought it apt, because Pliny stated that the first of the Roman family of Cæsars was delivered by abdominal section—"a matris utero casus." (Thus Rousset makes the origin of the name Caesar the verb *cadere*—to cut.) If this were so, his mother survived the operation. Pliny also says that Scipio Africanus and Manlius Torquato were delivered thus. The stories of all the remarkable men whose births were invested in this manner with romance and celebrity by historians, are not well authenticated. Shakespeare speaks of Macbeth "from his mother's womb untimely ripped," and there was a rumour current that Edward VI. of England was "Caesar-like, cut out of his mother, Jane Seymour." The story runs that Henry VIII., on being informed of the danger to mother and child, brutally said: "Save the child, by all means, for I shall be able to get mothers enough." He was probably calumniated; at any rate, it is certain that Jane Seymour lived twelve days after delivery; the probable cause of her death was puerperal fever, then a common scourge.

Monsieur Simon, in the first and second volumes of the *Memoirs of the Royal Academy of Surgery in Paris*, gives an account of seventy-four successful cases of Caesarian Section; the results were so uniformly good that it is very doubtful whether some other operation is not meant, *i.e.*, craniotomy. The husband was the operator on several occasions, and a wife of a physician of Bruges is reported to have been delivered thus seven times! This is, of course, possible; there are many well-authenticated cases of repeated Caesarian Section on the same woman. In the early part of the nineteenth century a German patient had four operations, but in those pre-antiseptic days it was highly improbable. Lepage says that not a single case operated upon in Paris between 1799 and 1877 recovered; and in the early part of the nineteenth century about 50 per cent. of the women died.

It is little wonder that the English obstetricians of those days spoke of it as a last resource. Kebleton, writing of it in 1811, speaks of it as "a dreadful expedient, appalling to the delicate mind, and its consequences." In a later edition, 1867, he states that out of thirty cases in the British List only seven or

eight were successful as far as the preservation of the mother was concerned. It is interesting to find that one of these latter was performed by an illiterate Irish midwife, Donally by name. Smellie gives an account of the operation, as described by Mr. Duncan Stewart, surgeon. The woman had been in labour twelve days; the child was thought to be dead after the third day. Mary Donally was called, and "tried also to deliver in the common way; and her attempts not succeeding, performed the Caesarian operation by cutting, with a razor, first the containing parts of the abdomen and then the uterus, at the aperture of which she took out the child and secundines. She held the lips of the wound together with her hand till one went a mile and returned with silk and the common needles which tailors use; with these she joined the lips and dressed the wound with whites of eggs. The cure was completed with salves of the midwife's own compounding." A Dr. King, of Edinburgh, speaks of seeing the woman two years after, when he "drew out the needles which the midwife had left to keep the lips of the wound together." The patient was reported as having good health, "capable of doing something for her family, with the assistance of a large bandage, which keeps in her intestines."

Besides this case there are two others on record in which midwives operated—one in 1838 in Louisiana, in which both woman and child were saved, and one in 1881, in which the mother was moribund, the child was saved.

There are also at least six cases of very peculiar interest in which women have performed Caesarian Section on their own persons; it is stated that five survived. One can imagine the pitch to which the women were brought by the maddening and tearing pains of difficult labour before they could resort themselves to this expedient for ending their agony. Other cases are given in which expectant mothers have been goaded by animals, a truly horrible end to pregnancy.

That delivery by abdominal incision is practised among some uncivilised peoples is well known. In Uganda, the abdomen of the woman and the hands of the practitioner were washed in palm wine before the incision was made. In pre-antiseptic days, and before the introduction of sutures for the uterine wound in 1769, the mortality from Caesarian Section was appallingly high; most of the women succumbed to sepsis.

Ramsbotham insisted that no sutures were necessary for the uterus, but that two, or perhaps three, were required for the abdominal parietes. He thought the most important factor in the operation was the heat of the

from 180 deg. Fahr. to 100. A Dr. Aiken thought that air was not used during the operation, and suggested performing the operation while the patient was in a warm bath.

Thanks largely to the improved technique of the operation, due to Sanger's method of suturing the incision, and to surgical cleanliness, the operation of to-day has lost its horrors; the mortality is now about 3 per cent., with a total mortality of about 5 per cent., and the performance of Caesarian Section has become more frequent owing to its comparative safety.

M. O. H.

## Nursing of the Insane in Germany.

By Miss MARTHA OESTERLEN,

*Member of the German Nurses' Association.*

When we look back on the conditions of nursing in asylums not many decades ago, where there was little idea of the possibility of cure, and where it was thought necessary to use brute force in subduing a raving patient, and when we consider times still further back, when the wretched lunatics were chained as being possessed with devils, or were even burnt or beaten to death, we must allow that there is a striking contrast between such conditions and those of our asylums of to-day, with their classification of mental disease.

And yet great progress in this direction is still necessary. We must win over educated women to nursing in asylums. It is the doctors who have developed the new ideas in this branch of medicine who call for the help of thoughtful women, trained in the care of the insane; whereas the great number of asylum doctors are, probably of opinion that simple, good-looking, robust country girls are the women best fitted for nursing the mad.

It is to be feared that our modern generation of women, who are often physically not very robust, and whose nervous systems are weak, will not furnish a large number able permanently to fulfil that exceedingly difficult task. But more or less than one would expect, a special talent and peculiar interest in such patients and their cares is to be found.

Of the members of the German Nurses' Association, numbering over 2,000 Sisters, 38 were last year at work in seven sanatoriums and 24 in asylums. Most of them, of course, fill posts of authority. In the seven sanatoriums, 13 of them are Lady Superintendents, 9 are Head Sisters; in the asylums, 10 work as Lady Superintendents, 11 as Head Sisters. But these figures are infinitely small when com-

pared to the large number of Sisters engaged in the nursing of the insane.

The number of the Sisters in the German Church and Sisters' Asylums is 1,000. The work in asylums is so small that 1,000 are on account when we consider the great number of nurses who are necessary for this branch of nursing.

A person intimately acquainted with the conditions estimates the number of insane in Germany to be at least 120,000. He is of opinion that at least 7,500 women nurses are needed, of whom not the fifth part belongs to the higher social classes.

This is not surprising when we look into asylum conditions.

In the East of Germany the salary begins with 226 marks (£11 6s.) a year, the highest salary after a very long period of service is 600 marks (£300), with the prospect of a pension.

In Saxony the salaries amount from 300-600 marks; in Baden 150-750 marks; as a rule there is a prospect of a pension after at least ten years' service.

In consequence of our legislation, insurance is everywhere provided for in case of illness or accidents. The food is generally indifferent. On an average the free time given amounts to forty hours a week.

In the West the conditions are in every way far more favourable than in the East.

Regular instruction is given in 45 institutions in courses of 25-30 hours; in 22 institutions some instruction is given during the doctor's visits; only in 9 institutions no such instruction is given at all. No examination, however, takes place, as in some foreign countries, leading to a definite conclusion as to the instruction besides increasing its importance. It is anticipated that the State examination of nurses will bring about the material and social improvement of nursing in asylums.

The position of the now educated women in asylums is, of course, better. They receive 420-720 marks; Head Sisters from 800-1,200 marks; one Baden physician in institution pays the Lady Superintendent, who has filled her post there for twenty years, a salary of 1,500 marks, and besides, will have a considerable pension. This sum, however, must be considered only as exceptional.

In Government asylums they receive these salaries, with a prospect of pension after ten years of service; in private asylums sometimes with a prospect of a pension after fifteen years and 40 hours of 500 marks after five years.

In the Government asylums the work is, as a rule, well regulated; in the private institutions the work is often incredibly heavy.

In private asylums for diseases of the nerves the salaries are generally from 50-100 marks a month. In consequence, the greater number of Sisters work in such asylums.

If the material conditions of asylum nursing are raised, and if a definite curriculum is provided for this branch of our profession, which would naturally raise its standard, we may expect that the educated woman will recognise what a great field of work is open to her among the poorest of the poor, among those deprived of their mental faculties. In these days the attempt is being made to entirely do away with the pecked room, a reform already accomplished in some instances, and therefore much can be done by good nursing to soothe the alarming states of excitement by rest in bed and baths.

We must now earnestly endeavour to arrange that training courses in the nursing of those suffering from mental and nervous diseases should be accessible to some of the Sisters, as in private and parish nursing we often find the need of knowledge of the above branch of work. We often meet with cases who at the time do not need the care given in an asylum, and we do not know nearly enough how to treat such patients, in order not only to prevent their being harmed, but also, if possible, to improve their condition.

As long as our general course of training in nursing comprises only one year, it would be not only superfluous but foolish to expect in that one year instruction worthy of the name in psychical nursing. In future a general training in nursing ought to be demanded as the foundation for asylum nursing, and a special training in psychical nursing, with an examination, should be added to it.

Shall we live to see the day when the State will have enough money to pay such debts to civilization? It would probably mean a chance of recovery for many thousands who now vegetate in asylums for want of suitable nursing!

#### THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The President gratefully acknowledges the following donations to the Funds of the Society: Miss Alice Pretty (late Sister Kenton, St. Bartholomew's Hospital), £1. Miss E. E. Fowler, 10s. 6d.

#### SPANISH RED CROSS

Madame Alexandra Wolf, an English lady, has been decorated by the King of Spain with the Spanish Red Cross of the Military Merit, in recognition of her brave and charitable efforts on behalf of the Spanish troops during the present campaign.

## The General Court of Governors, St. Bartholomew's Hospital.

"Good name in man or woman, dear my lord, Is the immediate jewel of their souls."

A General Court of Governors was held at St. Bartholomew's Hospital on Thursday, July 28th, at which Lord Sandhurst presided. The press are not admitted to these Courts, as they should be, so we are unable to give a verbatim account by our own representative, but the following information has been obtained from a trustworthy source:—

#### THE MATRON'S APPOINTMENT.

The item on the Agenda of greatest interest was to report the appointment by the Election Committee, held on May 26th, 1910, of Miss Annie McIntosh as Matron and Superintendent of Nursing.

Dr. Leonard Dobson, a medical practitioner who received his professional education at the hospital, and a Governor of the institution, thereupon moved the following Resolution:—

"That this Court of Governors regrets to learn that the Election Committee has appointed as Matron of this hospital a lady who has not received a certificate of three years' training as a nurse. This Court, therefore, is not prepared to accept the report of the said appointment, and would prefer to refer the matter back to the Election Committee for its further consideration."

The lines on which Dr. Dobson supported the Resolution were that the three years' standard of training was the standard enforced by the Governors for their own nurses for nearly thirty years, and that that period is the shortest in which a nurse can be thoroughly trained for her responsible duties (a standard laid down as long ago as 1892 by a Select Committee of the House of Lords, of which Lord Sandhurst was Chairman), that it was most inexpedient to recognise a lower standard as sufficient qualification for the Superintendent of the Nursing School, and that under the regulations of the hospital the Matron now appointed would not be eligible for the position of Sister or Staff Nurse; that the Matron should command the professional respect of the nurses whose work it was her duty to supervise; that the candidate with the highest qualifications had not been chosen; and that the age limit of 40 had just excluded several distinguished pupils of the Nursing School of St. Bartholomew's Hospital. He showed that the nursing staff of St. Bartholomew's had been in the van of progress and reform in connection with the Indian Army Nursing Service, the Army Nursing Service,

the Territorial Force Nursing Service, and that in the formation of the last-mentioned Service the greatest assistance had been rendered by the late Matron, Miss Isla Stewart, to the Lady Mayoress, at that time Lady Truscott, in its formation for the City.

Dr. Dobson pointed out that when the vacancy of Principal Matron to No. 1 (City of London) Hospital, caused by the death of Miss Isla Stewart, had to be filled that it would have been natural to appoint her successor at St. Bartholomew's Hospital, but it was found that the lady appointed did not possess the qualification of a three years' certificate of training required of Sisters and Nurses joining the Territorial Force Nursing Service. Therefore, the Mansion House Committee went outside the City for the Principal Matron of the City Hospital, and appointed to this honourable position one of the late Miss Isla Stewart's most distinguished pupils, Miss Cox-Davies, a gold medallist of the Nursing School of St. Bartholomew's, Matron of the Royal Free Hospital, who had practical experience of Army Nursing during the South African War. In moving the Resolution, Dr. Dobson said he spoke practically in the name of St. Bartholomew's Hospital nurses, of their League, which was 700 strong, and of the Defence of Nursing Standards Committee. He spoke also of the affection and loyalty of St. Bartholomew's nurses for their Training School, and of the fact that they had raised a large sum of money for the new Nurses' Home.

Dr. Dobson's speech, which was well received, was seconded by Mr. A. H. Donaldson, M.R.C.S., who also received his medical education at St. Bartholomew's Hospital.

Mr. Donaldson referred to the two years' certificate of training held by the lady selected, and asked whether letters of protest had not been received from medical men.

Sir Alfred Cripps, K.C.V.O., K.C., M.P., pointed out that the appointment was a slight on the nursing staff of the hospital; that the age limit was absurd; that the whole of the applications had never been referred to the Election Committee, the applicant having been previously sifted by a sub-committee of six, and these of six candidates only referred to the Election Committee, so that they had had only a limited opportunity of choice, and the whole thing had not been fairly put before them. He was not speaking in opposition to the Election Committee, but appealed to them to let the question be reconsidered.

Sir Vesey Strong also supported the Resolution.

Sir La. St. Philip, K.C., then asked the question whether the Governors had not the right of selecting the lady, and if so, why was the matter being brought before the Committee? He pointed out that the lady would have a greater chance of being appointed to the hospital.

Sir Henry H. Crawford said that the staff, in which the Governors were placed, was balanced. All the nurses were required to have a three years' certificate, yet the Matron was admitted with one or two years' training. He appealed for a reconsideration of the matter.

Lord Sandhurst said that it was not in the power of the Governors to refer the matter back to the Election Committee, which had no power to make appointments, and his decision was final, to which Sir Henry Crawford replied that it was not the whole discussion was false.

One Governor spoke in support of the appointment in what has been described as a ranting speech, and he contended that the appointment was the business of the Governors, that the opposition had been got up by women outside, and the affairs of the hospital had got into the press, with damage to the institution. He did not understand what the talk of two or three years' training was about, and contended that experience counted.

#### Lord Sandhurst DEFENDS THE APPOINTMENT.

Lord Sandhurst, who was evidently in no judicial frame of mind, defended the appointment from the chair. He said that as soon as the Election Committee got off their chairs than all sorts of rumours were current. He asserted that they had taken great trouble to secure the best candidate, and read Miss McIntosh's certificate of two years' training and one year's service, which was hardly calculated to corroborate this statement. He said he was sorry that Sir Alfred Cripps considered the matter had not been fairly placed before the Election Committee. As to the age limit of 40, they could not be blamed by the Governors for that, as the Governors had agreed to it at the last Court, but he did not say from whom the suggestion arose.

Lord Sandhurst then proceeded to say that he was going to tell the Governors the position straight. The whole opposition was engineered and worked up by one or two women outside, associated with hospitalists, and they were not going to stand it. The action of these people was seen everywhere. Lord Sandhurst then referred to the letters, which he had received from medical men protesting against the Matron's appointment, called for by Mr. Donaldson. He said he had received about 600 of the writers were not Governors, and it was of importance for them to interfere.

In speaking of the action of the nurses, he

alluded to Mrs. Shuter as "that woman." He read a petition from the nursing staff of the hospital, addressed in most respectful terms to the Treasurer, Aldermen, and Governors, and sent to them by registered letter, contradicting the rumour that they were contented with the appointment—a document which was signed by 226 Sisters and nurses out of a possible 250. With the remark that "we seem to have been living on rumours lately, and this is the thinnest of the lot," Lord Sandhurst threw it contemptuously on the table. He concluded by saying: "We are not going to stand this; if the Resolution is carried, we go," intimating that the Resolution would be regarded by him as a vote of censure, on which he would resign the Treasurership of the hospital.

On Lord Sandhurst's making a personal matter of the Resolution, Dr. Dobson decided to withdraw it, but it must not be understood that he withdrew the opinions therein expressed, which we are sure he would not desire to do either on his own behalf or on that of the nurses for whom he spoke.

Personally, we consider, the only fighting motto to be "never withdraw, never resign," but the certificated nurses of St. Bartholomew's have every reason to be grateful to Dr. Dobson and Mr. Donaldson for proposing and seconding the Resolution, and the other gentlemen mentioned for supporting their views—a thankless task, considering the attitude of resentment assumed by Lord Sandhurst against any expression of opinion whatever upon the part of some 500 past or present nurses of the hospital in regard to their professional standards. Apparently he expects them to remain silent, however great a slur is cast on their professional efficiency, however gross the injustice to which they are subjected.

Lord Sandhurst assumes that the matter is now closed. By this assumption he proves that he has altogether failed to appreciate the sense of outrage which his high-handed action has aroused, not only in the minds of St. Bartholomew's nurses, but throughout the nursing world.

Never has any appointment to a position in the nursing world aroused such a deep sense of resentment as the ruthless betrayal of the interests of the St. Bartholomew's Hospital Nursing School by a crafty clique of anti-nursing enemies.

#### GOVERNORS WHO DO NOT GOVERN.

The claim of the Treasurer, Lord Sandhurst, that the Election Committee is irresponsible of the Governors in making appointments is some-

what borne out by the regulations which were adopted in 1905, when the Election Committee was instituted.

This Committee of thirty persons has apparently full power to appoint and discharge the senior officials, including the Matron, and therefore, as Sir Henry Homewood Crawford pointed out, the discussion of such appointments by the Governors is a farce.

Ten members of the Election Committee can appoint to the most important positions in the hospital, and any senior official can be dismissed and ruined upon the vote of fifteen persons without any appeal to the Governors being possible, while dissenting Governors are powerless to grant any redress, even if they believe appointments to be injurious and dismissals unjust.

So far as members of the medical staff are concerned, their status is protected by the powers of the Medical Board. But the standards of the Nursing School are apparently the sport of any reactionary cabal within the Election Committee. No appointment could have been made which would have been more bitterly resented by past and present members of the Nursing School than that which the Election Committee have made, and the Governors would be well advised to consider whether they are justified in delegating their powers to a sub-committee. For whether they renounce these powers or not they are held responsible for the appointment, for the standard of the school, and the well-being of the nursing staff.

No flagrant injustice is ever done without injurious consequences, and it is inevitable that in honour, in credit, and in public estimation St. Bartholomew's Hospital will suffer for the cruel humiliation, knowingly inflicted upon the whole Nursing Staff.

We congratulate the 500 members of the Nursing Staff of St. Bartholomew's Hospital past and present, who have most constitutionally and respectfully placed before the Committees and Governors their disapproval of the depreciation of their term of training and certificate, by the appointment of a lady to superintend their work who holds an inferior qualification from a school in which the professional ethics are diametrically opposed to their own.

To the unselfish and courageous women who at once formed the Defence of Nursing Standards Committee, and especially to the Hon. Secretary, Mrs. Shuter, whose public spirited work has been beyond all praise, this Journal extends its hearty congratulations. Though the extent of success is not always immediately apparent all worthy and honourable deeds contribute to the ultimate good.

\* This appeared in an officially inspired statement in the *Westminster Gazette* of June 28th.

We may remind St. Bartholomew's Hospital Nurses who grieve at the slight placed upon the splendid work of their late Matron, Miss Isla Stewart, that such work is never lost. It stands the test of time, and will be appraised at its true value, in days to come. But the lesson of the last few weeks is that the status, the honour, and the good name of the nursing profession must be in its own keeping, and that a central Governing Body is as essential for the nursing, as for the medical profession.

"Good name in man or woman, dear my lord, Is the immediate jewel of their souls."

## Nursing Reform in Italy.

### EXTRACTS FROM PROSPECTUS OF SCUOLA CONVITTO REGINA ELENA.

The interest taken by the Queen of Italy in the new School for Nurses in Rome is shown in the following letter:—

*Translation of letter sent by the Minister to  
Princess Doria.*

"I have the honour to inform you that her Majesty the Queen, convinced of the necessity of reform in the nursing of the sick in our country, has received with greatest satisfaction the news of a vigorous action in establishing a Training School for Nurses, which can in the future serve as model to other towns in the peninsula.

"Our august Sovereign, whilst praising the useful initiative of this Comitato, adheres willingly, so that the noble idea may be actuated under her auspices, granting her protection (appoggio) to the Institution, and expressing hopes that it will meet the favour of all orders or citizens, and assert the supreme duty of providing intelligent nursing for those who suffer."

*Extract from prospectus itself:—*

"Those countries which offer the example of thorough training of nurses prove that bedside nursing needs especial instruction quite different from that of medical students, and that it must be imparted by women who are already highly trained.

These countries offer also the spectacle of a perfect organisation of hospital nursing. Amongst the principal elements is an almost military discipline, which, with a rational division of work or responsibility, confers an unquestioned authority on those who have attained the higher positions, and an absolute obedience from those who, still at the commencement of their career, aspire, by acquiring the needful competency, to obtain in their turn the posts of high responsibility."

## Truth About Registration in the United States.

THE NURSES' EXAMINING BOARD, DISTRICT OF  
COLUMBIA.

My Dear Miss Dock,

I am afraid I can help you very little as to the results of Registration. It is still too soon to see much, I think.

I can only say that when training schools have been shown that there was something lacking in what they gave their pupils, they have without exception tried to supply the needed instruction, showing, I think, that they recognised the justice of the demand, and also showing the usefulness of State Registration, as without such regulation the needed change would probably not have been made.

One Superintendent tells me that she finds the idea of having to pass a State examination, that is, undergo the same test that graduates of all other nurse schools in the same locality undergo, has had the effect of making her pupil nurses take more interest in work and studies, with the thought that there was more to be gained than merely the school diploma.

The fact that to enter both Army and Navy Nurse Corps it is necessary to be a Registered Nurse, if coming from a State where registration is in force, and that this requirement is one of those laid down by the Superintendent of these Corps with the approval of the Surgeons General of Army and Navy, would show that it is not considered altogether a failure by those in authority.

I enclose a newspaper clipping containing the views of one of the District Commissioners, who corresponds, in the peculiar form of government of the District of Columbia, to the Governor of a State and the Mayor of a city at the same time.

This may be of some weight as showing the views of one more in authority.

Yours very truly,

LILY KAMLY.

COMMISSIONER MACFARLAND COMPLIMENTS NURSES'  
EXAMINING BOARD.

The Nurses' Examining Board of the District of Columbia, which furnishes official certificates of the competency of trained nurses, has proved its worth, according to Commissioner Macfarland. He said so after he had read the second annual report of the Board.

The Nurses' Examining Board, it is explained, was created by an act of Congress prepared under the direction of Commissioner Macfarland and recommended by the Commissioners. It was approved February 6th, 1907, and the Board has been in active operation for about two years. Before the passage of the Act, Commissioner Macfarland explained, there was no official examining board for trained nurses, and there were no official certificates of competency, so that the public was without official information as to the efficiency and trustworthiness of nurses applying for service. The nurses themselves desired this state of affairs to change and the only opposition to the proposed legislation was from untrained nurses. Proper provision was made in the Act to safeguard their interests without endangering those of the public.

*From "Evening Star," Washington, D.C.*

## Our Ganna Prize.

## Legal Matters.

We have pleasure in announcing that Miss Amy Sangers, Alcester, Sanatorium, Gloucestershire, has won the Ganna Prize for July.

## KEY TO PUZZLES FOR JULY

- No. 1.—Papa-m.  
Papa-m.  
No. 2.—Vance Leg Bandage  
VA-nick-ew, Legg that there is-Age  
No. 3.—Gla-x.  
GLA-x-e-w.  
No. 4.—Emol-kel-er  
EM-hole key-L-Eat

The following competitors have also solved the puzzles correctly:—

N. A. Fellows, Birmingham; R. Leigh, Leamington; W. Harland, London; E. M. Walker, Pursey; T. B. Matthews, London; T. Day, Dublin; S. S. Shering, Liverpool; M. Fleming, St. Andrews; I. M. Wilson, Walsford; C. Lindsay, Edinburgh; A. G. Laxton, London; V. Newham, Virginia Water; B. L. Wiseman, Parsons Green; C. M. McCarty, Warrimoor; C. Parsons, Kinsale; M. Trew, Coventry; H. E. Ellis, Miford; E. A. Hood, Ewell; L. Bröchner, Ross; A. Grinnell, Clifton; R. Conway, Aviemore; T. Sutton, Leath; A. May, Warwick; E. L. Little, Belfast; M. W. Edward, Redhill; E. Barnett, Pontypool; F. M. Sharp, Castle Bromwich; M. Foster, Manchester; K. Lipton, London; J. M. Jackson, Guildford; L. L. Waddington, Leeds; C. Douglas, Striling; G. Smart, Cork; E. E. Sills, Oakham; M. Morley, Brighton; C. Mutton, Plymouth; N. Mostyn, Swansea; H. Long, Penrith; B. Long, London; E. M. Perry, Chester; E. C. Bennet, Cardiff; A. M. Smeeth, Durham; H. H. Reeve, Hampstead; M. Barr, Ebbw; S. Dimes, London; E. C. Ragg, Carrage; A. L. Jary, Fakenham; E. M. Roids, London; C. Denny, Dublin; K. Ross, Striling; E. Macfarlane, London; M. Jay, Sheppell; C. M. Cave-Browne-Cave, London; F. Sheppell, Cambridge Wells; C. B. Manning, Edinburgh; F. Dowd, Dublin; C. Palothorne, Greenock; A. W. Whiram, Edinburgh; C. F. Lloyd, Rhyl; S. Mellison, London; P. Thomson, Hednesham; E. Dinno, Harrow; C. Murray, Glasgow; M. G. Alibon, Wakenold; E. Stuenkel, Handsworth; M. Bridges, London; E. Douglas, Belfast; C. O'Brien, Longford; M. Morris, Hertford; K. Ferguson, Paisley; M. Northwood, Nottingham; H. Cobb, Arkburgh; M. Molin, London; E. Spencer, London; C. C. D. Cheshire, Woking; M. Lester, Leicester; E. A. Leeds, London; L. C. Cooper, Brighton; K. Foster, Winkley; E. Green, Boxhill; F. Dalton, Portsmouth; S. Wright, Loughall; T. Young, Glasgow; E. Annett, Cork; P. C. Devenst, Maybole; C. Laey, Birmingham; C. Upton, London; F. T. Pilkington, Manchester; A. Bostock, Norwich; F. K. Donelan, Wexford; C. Scott, Aberdeen.

The Rules for Prize Puzzles remain the same and can be found on page xii. Competitors must send materials, and write "Prize Puzzle Competition" on the envelope.

It will be remembered that a short time ago Miss Emily Shuttleworth, a probationer at the Hull Sanatorium, brought an action for breach of promise at the Manchester Assizes against the Medical Superintendent, Dr. A. G. P. Thomson, but the verdict was given against her. The circumstances of the case, as published in the press at the time, were too impure and disgusting for publication in these columns, but they revealed great laxity in the conduct of the institution. Miss Shuttleworth since appeared at Manchester City Police Court for an affiliation order against the doctor, and after hearing all the evidence the Stipendiary Magistrate stated that he had come to the conclusion, after very great consideration, that the plaintiff had made out her case, and there must be an order against the defendant for five shillings a week till the child was 14 years of age, and he would allow 20 guineas costs.

The Hull Corporation Sanitary Committee, which apparently took no notice of the action at the Assizes, have now met and suspended Dr. Thomson from his office, and relieved the Matron of her duties until matters of administration are improved into, and a special sub-committee of inquiry was formed to thoroughly investigate the Sanatorium administration. We are glad this tardy reputation is proposed in the interests of the patients, who invariably suffer when discipline is lax. In our view such proceedings should have been instituted immediately after the case was heard at the Assizes. The whole proceedings point to the necessity for hospital inspection by expert independent authorities, and for the inspection of the nursing departments by trained women inspectors, a plan which is working most successfully under the Local Government Board.

## Practical Points.

## Subcutaneous Purgatives.

Writing in the *Journal of the American Medical Association*, Dr. G. L. Rowntree, of Baltimore, describes the

various efforts made in the past to find a drug which could be used subcutaneously as a purgative with satisfactory results. The one described has an almost unpronounceable name—phenoltrachlorophthalen. It was tried first in animal experimentation, and after it was proved that the injections produced no local irritation, and that it had no bad systematic effects, it was tried upon a number of patients with encouraging results and a promise of future usefulness. It is not soluble in water but is prepared in oil, which necessitates the administration of a rather large dose. It acts slowly, requiring from 18 to 24 hours to take effect, but the action continues over a period of from five to eight days. There is no abdominal distress but a daily soft evacuation of the bowels. It would seem to be of value for cases of coma, marked gastro-intestinal irritability, at the time of abdominal operations, and for the insane.

## Appointments.

### MARIONS.

**The Infirmary, Harrogate.**—Miss S. J. Harman has been appointed Marion. She was trained at the West London Hospital, Hammersmith, and the Royal Maternity Hospital, Edinburgh, and was been Sister at the Hospital and Dispensary, Newark, and for the last four years Lady Superintendent of the same institution. She is a north midwife.

**Cottage Hospital, Eitham, Kent.**—Miss F. A. Harris has been appointed Marion. She was trained at the Newport and Monmouthshire Hospital, and has held the position of Staff Nurse at the Cottage Hospital, Bromley, Kent, Charge Nurse at the Royal Victoria Hospital, Bournemouth, Sister at the General Hospital, Colchester, and Sister at the Newport and Monmouthshire Hospital.

**Pontypridd Urban District Council Isolation Hospital.**—Miss Annie Hunt has been appointed Marion. She was trained at the Infirmary, Walsall, and subsequently held the positions of Sister at the Bradford Infirmary, Maternity Sister at the Fair Vale Infirmary, Staff Nurse, Charge Nurse at the Borough Hospital, Southampton, and at the Sanatorium, Burnley. She has recently held the position of Assistant Matron to the City Hospital, Walker Gate, Newcastle-on-Tyne.

### SISTERS.

**Royal Westminster Ophthalmic Hospital.**—Miss Olive Pollett has been appointed Sister. She was trained at the Poplar Hospital for Accidents, and has held the position of Staff Nurse at the Royal London Ophthalmic Hospital, Sister at Fulham Infirmary, and at the Infants' Hospital, Vincent Square, Night Sister at the Royal London Ophthalmic Hospital, City Road, and Ward Sister at the Royal Hospital for Diseases of the Chest, City Road, E.C.

**Fermanagh County Hospital, Enniskillen.**—Miss Kathleen W. Harris has been appointed Theatre Sister. She was trained at the Hospital for Sick Children, Great Ormond Street, and at the Oldham Infirmary, and has done Night Sister's duty at the Horton Infirmary, Banbury. She has also had experience of private nursing.

### NIGHT SISTER.

**Union Workhouse, Shaw Heath, Stockport.**—Miss Ada Foster has been appointed Night Sister. She was trained and has held the position of Nurse at the Poor Law Hospital, Stopping Hill, Hazel Grove, Stockport.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses:—

**England and Wales.**—Coroline Amelia Lee, Lily Parker, Ann Watson Bird, Margaret Cox, Annie Elizabeth Hewitt, Dorothy Kate Bennett, Ethel Coates, Edith Mary Hall, Mary Stuart Harrison, Maria Catharina Latenston, Mary Elizabeth Blackwell, Hannah Jane Hughes, Betsy Shutteworth, Florence Ellen Dow, Florence Beatrice Fidler,

Mary Ann Jones, Gertrude Lee, Isobel Anne Manley, Ann Williams, Gertrude Eliza Roberts, Ann Thomas, Jane Woodley, Ethel Frances Wood, Ada Mary Bartlett-Thorpe, Edith Mary Berry, Elizabeth Anne Munro, Margaret Sprophord, Alice Helen Pickhomb, Mary Alice Powell, Emily Firth, Joanne Main, Violet Fetter, Gertrude Morris, Frances Forster, Beryl Goss, Ethel Pearson, Bertha Ashworth, Mabel Sater, Brambroth, Mary Ann Angus Norman, Alice Costance, Violet, Alice Brown, Clorice Hopkins, Maud Kramer, Nora Smyth Mountford, Elizabeth Richards, Katharine Condy, Bessie Dickson, Mary Beardwell, Ellen Grace Broadbent, Marion McAlister, Elizabeth Prior, Sarah Ellen Street Smith, Miriam Anne Whitman, Emily Irving, Corry, Rosa Noble Wilkinson, Helen Anne Carter, Ursula Hughes, Amy Flora Townsend, Ellen Annie Robinson, Edith Elizabeth Bab, Emily Snodges, Florence May.

**Scotland.**—Annie Jane Barr, A. H. Margaret Gordon, Grace Jack, Marion Macdonald, Barbara MacKichin, Grace Menah McNeill, Mary Martin, Margaret Paton, Annie Ross, Helena Strath, Barbara Jane Tennant, Jessie McIntyre.

**Ireland.**—Margaret Ahern, Nora Josephine Gordon, Ann Corcoran, Annie Campbell Masters, Agnes Maria Nesson, Margaret Mary O'Donerty, Mary Cole, Susan Evelyn Kinaston, Maria Roulston Smyth, Ellen Stanley.

**Travellers and Appointments.**—Miss Annie B. Edington, to Gloucester, as Staff Midwife; Miss Ellen Carson, to Tonbridge; Miss Ethel Bamister, to Quedgey; Miss Alice Marian Tibby, to Danmow; Miss Rhoda Gorges, to Tipton (Bloomfield branch); Miss Annie Godfrey, to Wisbech; Miss Julia Clark and Miss Elizabeth Longworth, to Dartmouth; Miss Ethel Wilson, to Leeds (Hanslet Home).

### WEDDING BELLS.

The engagement is announced of Major J. A. Burdon, C.M.G., Colonial Secretary, Barbados, late Resident of the Sokoto Province, Northern Nigeria, to Miss Katharine J. Sutherland, youngest daughter of the late Mr. Robert Sutherland, of Wray Park, Reigate, and formerly a Sister of St. George's Hospital.

### THE PASSING BELL.

We regret to record the death of Miss Violet Bosonworth, a nurse at the Middlesbrough Infirmary, through a distressing accident. The nurse was tidying the dispensary when she dropped a bottle of methylated spirit. The bottle broke and the vapour was ignited by a gas jet, and the flame spread and set fire to the nurse's clothes. She was wrapped in a rug by other nurses, who put out the flames, but she was terribly burnt and died the same night.

Miss Hattie Spaldenhead, of the Mortar Nurses' Co-operation, 14, Norfolk Square, W., asks us to make clear that Miss Amy Downey, now 14, Norfolk Square, helped in the management of the Home, not of the Co-operation, which is a separate business.

## Nursing Echoes.



On Saturday last the King and Queen paid a visit to the London Hospital, Whitechapel, E., and as it was the first opportunity which the people of London have had in any numbers of seeing their Majesties since the death of the late King, their visit aroused a good deal of interest to the crowds which assembled along the route.

The Royal visitors were received by the officials of the hospital, and visited some of the wards, Finsen and X-ray Departments, and the Out-patient Department.

In the last-named Department the nurses and students were assembled, and the Queen presented their certificates to the three probationers, who took the highest place in the recent examination, Miss McNab, Miss Derrick, and Miss Reid. We hope that the interest shown by her Majesty may stimulate the authorities of the London Hospital to increase the period of training for their probationers from two years to three, so as to bring the standard into conformity with that generally accepted throughout the kingdom—a reform which we know is keenly desired by many London Hospital nurses.

The King, when in the Outpatient Department, recalled to the Secretary, Mr. E. W. Morris, his last meeting with him, when, as Prince of Wales, he paid a private visit to the Department, sat among the students, and saw for himself how the women were treated by the doctors, as an allegation had been made, which he considered worthy of investigation, that the women outpatients at the London Hospital did not receive the respect to which their sex entitled them. He was satisfied on that occasion that they were treated with respect and delicacy.

We are glad that his Majesty is interesting himself in the outpatient departments of hospitals, as only a few weeks ago we heard from a nurse who took up a refined patient for advice to the London Hospital that she was required to undress before twenty-three other patients without any screens being provided, and it was reported not long since that a woman patient at the National Hospital, on entering a small room by the direction of a medical man, found when she opened the door it was occupied by a man destitute of clothing. If people are poor, they are still entitled to consideration and delicacy in their treatment.

In these days the art of advertising an institution often makes its success, and those interested in the Army and Navy Male Nurses' Co-operation were wise to invite the inspection of the British Medical Association of 47b, Welbeck Street, in order to see its method. When this co-operation of male nurses was first started, we hoped it would soon be self-supporting as well managed women nurses' co-operations are. It is, therefore, satisfactory to note that the staff now numbers 38, and that the fees paid to the men, which were only £500 the first year, have in the second year's work risen to £1,800, and that the element of charity in its management is no longer required.

Mr. Haldane and his colleagues at the War Office are specially sympathetic towards the scheme, as they consider the knowledge that such a co-operation exists is an incentive to men in the Services to attain a high standard of proficiency in their nursing duties, under the highly-qualified Sisters of Queen Alexandra's Imperial Military Nursing Service.

We regret that the London County Council Education Committee failed to accede to the recommendation of the Day Schools Sub-Committee that the Birley House Open-Air Schools be continued two months longer until December 31st. To objections made, Mr. Hobson said that it was the general opinion that children attending an open-air school on the Yorkshire moors derived great benefit from their sojourn there, and surely what was done on a bleak Yorkshire moor could be done in the neighbourhood of London.

Much better get children out of stuffy schoolrooms into the open all the year round, if possible.

The proposal to hold a Conference on Hospital Diet for nurses would arouse great interest. There are still many institutions where the food is not of good quality, well cooked, or nicely served, and with all the modern culinary appliances surely it would be possible to perfect these domestic matters. In France they are far ahead of us so far as cooking and serving is concerned, and some day, no doubt, when Matrons are trained for their duties, and not pitchforked into places of responsibility by whim and favour, a course of domestic management, including a knowledge of food values, will be required of them before they graduate, as Home Sisters and Housekeepers.

Dr. Hindshaw, the Medical Superintendent at the Hope Hospital, Salford, seems

alive to the value of food in sickness, and has recommended to the Guardians the adoption of a new dietary scale for the patients. He has assumed that he believes in cure by good food rather than by drugs—good or bad—and is with the view of this principle being carried into practice at Hope Hospital that he has drawn up the new scale. A calculation of the amount of food put the cost of new dietaries at £1,200 per annum above the cost of the patients' meals on the present scale. The Infirmary Committee are naturally "staggered" at the prospective increase in cost.

Dr. A. Renshaw, at a meeting of the Roman Catholic Congress held at Leeds, expressed the extraordinary opinion that a strange woman was an intruder in a man's sick room, and had no right to attend upon him. The cult of Priapus was the cause of the present unhappy state of unrest, and if it were not for this heathenish revival things would be different. A sick man ought to be nursed by a man, and the ministrations of medical women should be restricted to their own sex. He knew that women preferred to be attended by men, and said that they had more sympathy and kindness from them than from their own sex. He had, he asserted, seen things that made him wonder why women were so hard with women. He further said that he felt convinced that the real motive at the bottom of making post-mortem examinations, in which the naked body was handled and examined, and the sick nursing of men by strange women, was heathen in origin. We wonder how this gentleman (whose Church teaches him to reverence the human body as the temple of the Holy Ghost) reconciles his opinions with the fact that some of the noblest and most feminine of women are to be found in the ranks of the medical and nursing professions.

In the Town Hospital of Munich, just before midnight, a revolt recently broke out in the ward in which the young prostitutes are, on account of disease, forcibly detained. At a given signal, some of the patients suddenly began to give way to extreme excesses. Glasses, washing basins, windows, and chairs were smashed and the water turned on so that the ward was partly flooded. So great was the disorder that the police had to be called in. Eight of the ringleaders, girls of 16 and 17 years of age, were arrested and taken to the police station. Comment is needless. At what age did these girls, hardly more than children, become prostitutes, to have reached this stage at 16 and 17?

## Reflections.

FROM A BROMPTON BROMPTON.

The King has given, Parliament has passed, the Cross Society, and the King and Queen have become patrons of the Brompton Hospital for Consumption.

St. Peter's Hospital for Stone and other Urinary Diseases, Henrietta Street, Covent Garden, W.C., has now completed the ninth year of its existence, and, in commemoration of its jubilee, the Committee are endeavouring to raise the sum of £5,000 to complete the equipment of the building, towards which £2,500 have already been promised. Considering the great amount of good work done in relieving and curing a most distressing and painful class of disease, and the excellent results obtained in surgical operations, including the most serious which can be performed—such as prostatectomy—the amount appealed for seems a very modest one, and we hope it will speedily be raised.

The late Mr. John Summers, of Stalybridge, Cheshire, a well-known iron master, has bequeathed £500 to the Stalybridge Sick Nursing Society, and left £1,000 to his wife and son upon trust to use the income and the capital for the purpose of providing luxuries, Christmas treats, summer picnics, fruit, flowers, etc., for the patients and staff of the District Infirmary, Ashton-under-Lyne. He also left £2,000 to his wife and son to use the income and capital for sending sick and needy persons in Stalybridge and Dukinfield to and from convalescent homes, and to provide children in the same boroughs with country holidays and clothing.

At the annual meeting of the Sister Dora Convalescent Hospital, at Milford, a very satisfactory report was received. The Chairman, Captain W. S. B. Levett, in moving its adoption, said it was gratifying to find they could again present a satisfactory report of the home. It was 27 years since the hospital was started, and under the able administration of Miss Ellis they found it at the end of that period working up to the fullest extent of its capacity for usefulness as a convalescent institution. Almost all the inmates had been bread-winners; therefore the benefits of this charitable institution had been far more widely reaching than mere figures could show. It was becoming more and more evident that in the near future it would be impossible to maintain hospitals by voluntary contributions, not only because of financial difficulties, but because of the increased amount of work laid on private institutions by the State. It is pleasant to note that the year's work ended with a small balance in hand. Mr. Adams, who seconded the report, spoke of the valuable services rendered by Miss Ellis, remarking that, in fact, she ran the institution.

An anonymous donor has sent to the treasurer of Louth Hospital £1,500 to be expended in memory of King Edward, a benevolent deed which is very suitable.

## The Evolution of a Hospital.

This is serious and not serious. Nothing can be honestly serious, straight through, in the country where I live, thank Heaven. Here we play as we work, though we have not yet learnt, thanks be, once again, to work at playing. Here, too, we know how to laugh and cry quite naturally in two successive moments, and how to pass off lightly and impersonally, misfortunes which would crush you calmer sister islanders, all art about with a sense of your conscious self-importance. We are not important, and we know it. Neither are we self-conscious, but we don't know it.

My apologies to you, Mrs. Editor, now, once and for all: a continual apology, to run concurrently (like two sent nees or imprisonment) through the whole course of my articles.

I live in Ireland.

That must stand as a paragraph by itself. For that at once explains, and condones everything. Ireland, like charity, covers a multitude of sins, delightful and charming sins. That, possibly you have heard before. Everyone preaches to us about our sins. We let them preach, because we are naturally courteous. But when they are gone, then it is the fun begins. If they could only see themselves as we see them! Dear creatures. We are a remarkably receptive people.

It will go hardly with you, I take it, as time goes on, to believe that there was, or ever will be, any hospital at all. Certainly there was not, neither is there. But that there will be, in the near distant future, I must ask you to take for granted.

In the meantime, I want to introduce you, firstly to the idea, secondly to the place, and thirdly and all through, to the people. For the idea, it is as God made it. For the place and the people, they too are from the moulds in which He pleases to fashion things beautiful and rare and good. Just how good you can never know, unless you be willing to come and dwell among them, observantly, simply, and withal very humbly, and this last is perhaps more necessary than either of the other two.

If you are a "proper" person in any sense of the word such as makes for pulled out righteousness, drop this article like a hot potato. (Has potato an "e"? Potatoes? I always write it so in my imagination, but the "e" fades away on paper. "O" for a finish is very bad, isn't it? but the "e" looks wrongly too.) Potatoes—you see we never use them singly here, but in heaps—in pots. How to explain all there is to explain, without being purely didactic, I cannot guess. "Eat," for instance, means "eat." That's one of your worst points: you English people over there, you know so little. Would you ever have guessed that "eat" meant "eat"? Of course you wouldn't. How could you with your limited experience? But it does. Kindly try and remember it. It is sure to occur again.

If you would be so good as not to keep interrupting like this I would be very thankful to you. I am come to a serious bit. And whilst I think

of it, never put down anything that strikes you as unusual in my style or wrong.

It is merely our Irish turn of a phrase. Is that clear? Very well then. This is the seriousness that is on it. I am sorry to tell you—No, I'm not. It's only like saying, "Dear Mr. Bore,—Will you give us the pleasure." I don't regret it at all. I enjoy telling you that from first to last this thing, that we are doing, and the way more especially in which we are doing it, is an outrage on British Feeling. Propriety would blush. I often hear it blush—Poor thing. It is wonderful how long Propriety keeps its youth—ah, and innocence. I am trying very hard to condense into some one phrase the whole essence of shock which shall kill off Mrs. Proper and leave only the better sort of reader. I have it! Here, in Kerry—Did I tell you Kerry better? Never mind, you would have come to it sooner or later, and it is not of the least consequence—the geography part, with the lakes and mountains and rivers and the eternal, awe-inspiring, peace commanding sea (see ancient Irish MSS.), comes in due sequence, not now. Here, in Kerry, in my set, *we never dress for dinner*.

Hush! And now, if Mrs. Boffin has left the room, I will tell you the reasons, which are quite as shocking as the fact, perhaps more so. (1) We have no evening dresses. (2) And we cannot afford to buy them. (3) We have our dinners about no-day, and even Royalty has ceased to uphold full dress—how did low necks and a strap ever come to be called full dress?—at that time of day. (4) We have our suppers as soon as we get home from work, about half-past six to seven, and get to bed as soon after as we can with a clear conscience, and if not without it. (5) And in the end of it what's the good bothering after thin things at all?

I just give it you as a sample. It is a very good measure of our life, and sunders us from many kinds of bores and boredoms, and conventions and unwholesomeness, and things which make against health of mind and body, such as too much talking, which leads to slander and to exhaustion of mind, too much eating which leads to exhaustion of the gastric juices, too much drinking, which leads to things untellable, and too much nervous strain which leads to the ruin physical and moral of the next generation as well as of our own.

Then, with the ground cleared, we come to the Idea. And since an idea presupposes a brain and a brain a body, let me for the first and last time tell you something of myself. Only as a necessary appanage to the Idea, because, although the Idea was never mine, but came to me from that glorious place which is the last home of thought, it had to take shape somehow in some brain. A woman—middle-aged and unshamed. Conscious that middle life has brought her her share of the best things that life has to give. Peace, such as youth can never know. Experience, born in pain and failure, now blossoming for fruit. Patience or the makings of it. A keen sense of conscious enjoyment which realises its powers and their fulfilment. Above, and beyond all, Love—not the selfishness *a la* Jean, but that spontaneous, unmerited love, which she can but receive thankfully and with

in humble desire to give something in return, however poor, for so many riches, so I write to my avowed open foe.

It all came about so naturally. A friend was asked who asked another friend, and so, after an interval of six years of trailing, the Kerry which had first inspired me came to me back again to live with her for ever, in it to ease God, with the idea already springing to birth. How it originally came to me, I do not know. When first I knew it, it was already a certainty, not just a possibility, but one of those things which must be, because it had to be. A hospital for Kerry, for one corner of Kerry, because of the children haunted by tuberculosis, the women tortured in childbirth, the men struck low before their time. Full-formed, the question lay not in the what, or the why of the idea, but only in the how. And that how is still with me, and I work on in spite of it.

I took a great deal of advice from a great many people, of different kinds and schools of thinking. Most of the people were kindly, as one is apt to be to some poor fool that knows not his folly, the length of it, and the breadth of it. Nearly all smiled benevolently upon me, though not upon the idea, which seemed to them a thing unheard of. "Tut, tut, why pioneer down in remote Kerry when there is plenty of work lying nearer to hand?" Have you ever pioneered yourself? No? Then let me tell you what it is like. It is like being a Commander-in-chief without a War Office, a telegraph system, or an advance guard. If you fail, you fail alone, there is no one to hold you safe. "We said it all along," it should not be advised. "You can't for volunteers. But first you must give yourself. You place your workers, but you must learn of them silently, in order to control them in those ways which it needs a lifetime to know. You must be the brain and the courage, and the moderation, the help and the certainty of your tiny army. You may never be tired, or impatient, or hopeless or doubting. Mistakes, pointing to defeat, must be met undilutingly, and as undilutingly rectified. Defeat itself, for defeats there must be, must be fronted with a smiling face, a sure hand, and a steady brain. Ponies must be stemmed. Justice must be meted out. Whoever fails, whatever fails, you may not fail.

And success? Well, we have not touched it yet.

But, it is all worth it. Even the failures and defeats are worth while. Always and always the words ring in my mind:—

"One that never turned his back, but marched breast forward."

Never doubted clouds would break,

Never dreamed though right were worsted wrong would triumph.

Held, we fell to rise, no baffled to better,

Sleep to wake."

Have I them right? It is seven years since I read them, and my "As ands" lies in an Oxford warehouse, with the snuff of the stable through it.

What a discussion! Einsam, lonely, all night alone, I torturately. Otherwise there would be no evolution to a hospital, then. One man tried to back me for Manchester, one or two for London,

Adina, Stige, Mayo, India, only, of Kerry, and pioneering. "Tread in respectably-trodden paths" was the burden of their cry. "Take to something else and give up a luxury like a hospital for Kerry." A luxury. Did you ever need to be driven eighteen miles with a fractured thigh? Has your wife died in childbirth for want of help? Is it your child that goes lame for want of treatment? A luxury!

There was amusement and fun, glad to be indulged in privately. Oh, fellow-women, are we all, we women, the fools of the world? And, if not, how comes it that unflinchingly we are met with the calm assurance that it is impossible that we should have considered the matter from a commonsense point of view at all? Time after time, I have quietly met question after question, varying from whether one had any idea of cost, to the gentle suggestion that if there were an operating theatre a supply of water would be necessary, or from whether I had any plans to work from, to the assurance that "down there it is necessary to tie on the slates." And at the end it has suddenly struck the questioner that I knew what I wanted, that I had my plan, that I had not sat down to build my tower without counting the cost, that I was a professed nurse, accustomed to theatre work, that even damps-courses were not a thing of mystery—that, in short, one was a woman and not a court jester, nor an infant in arms. Oh, the scores of dear, delightful bodies that I have slain, the windmills against which I have tilted, the scarecrows, wagged at me by the frankest of hands, which I have demolished. The sum and the summary of it all was "Don't." But I did and do.

The best man, almost, was a Board—one of the forty-seven or so which rule our hapless country. It was—no, we are not there yet. I wrote to it about some land; it replied, putting me off. I asked for further information; it referred me to a Committee of quite another kind. I interviewed the Committee's representative after several ineffectual attempts. I wrote again to the Board; they had nothing to offer. I wrote back that I happened to know that they had, as I knew the district, and asked for details; they sent maps. I pointed out two convenient sites, and inquired price and other possibilities. My letter was "acknowledged." I wrote that I would like to meet that Board and speak to it face to face; it replied that the affair was not sufficiently advanced and the Board saw no advantage in an interview. But I went, all the same; it sits seldom, and you have to make the most of it. I sent in my name, was received, had a quarter of an hour's friendly talk with some excellent and businesslike and sympathetic men, and left, with the land, so to speak, up my sleeve.

So it was all settled. No, not at all. Six weeks later I had a letter. The Board saw dangers ahead; there are always dangers ahead of every scheme, and if you look round the corner often enough every house on the road will denude the features of a wolf. The Board could not advise. I never asked them to. By the time I reached them I was already in the "not-a-point-out" of my own

and had no room for any more. Already I felt like the bones of that is, a baby pig of one of my neighbours, which had been fed until one entertained very serious doubts as to whether the skin had any stretching power left. The Board, in short, regretted. Bad loss to that Board! Here was the end of the idea once more. I have spared you the account of the six months' transaction which preceded my application to the Board, which had already once ended the idea in one direction. Oh, that I had been a dog, that I might lay my head against a wall, uplifted, and howl and howl until I was quit of my misery by sheer force of giving expression to it.

I am afraid it may not have been a very nice letter that I wrote to that Board. It is long off my conscience and out of my mind, and I can only judge from the answer before me. It does not somehow look to me as if my letter could have expressed any appreciation of the Board's grand-fatherly care of me, for it was no other than that which had dictated theirs. I almost think, from the gently sarcastic tone, that I may have hinted that woman and I were not in the same column of the dictionary, nor absolutely synonymous terms. I assure you its answer was quite reproachful. It hadn't, I think, meant all it said, and couldn't understand at all any connection between folly and the feminine mind—and—I must go my own way; they would adhere to their bargain. It is, as I mentioned before, a beautiful Board. When we say that in Kerry we mean something really good. At the same time it made me feel like a bull-dog, do you love bull-dogs? I don't; their expression is too essentially British. I had got a grip at last, and someone had been trying to choke me off, but had fortunately forgotten the pepper, and I was still holding on. Heaven send that it might be the right leg!

ERIC.

#### BERIBERI IN THE UNITED STATES.

The Surgeon-General of the United States Public Health and Marine Hospital Service draws attention in a Memorandum in a recent issue of the Public Health Reports to the experiments described in the *Lancet* which led Drs. Fraser and Studdert to attribute the origin of beriberi to a deficiency of phosphorus in the diet. The deficiency is caused by the removal, in the process of milling, of the smutty layers of the rice-rain in which is contained the highest proportion of phosphorus. It is quite possible that it may be found that, altogether apart from a preponderance of rice, a deficiency of phosphorus constituted in a public institution so as to contain an insufficient amount of the phosphorus which is necessary for the nutrition of normal nerve tissue, and that in this way an outbreak of beriberi might arise among the inmates of the establishment. The dietaries of asylums, prisons, and the like are often monotonous and lacking in variety, and their continued use may produce a deficiency due to deterioration of health. It is therefore probably that careful investigation is required before any cases by competent experts may add to the common stock of knowledge respecting this interesting disease.

## Disinfection Measures in Enteric Fever.

It is an accepted axiom among sanitarians that the health conditions of a district may be fairly gauged by the presence or absence of typhoid fever. Sporadic and imported cases will occur from time to time in the best regulated communities, but the average number of notifications over a period of years usually indicate whether the sanitary administration of the district is on sound lines. The bacillus typhosus is fortunately easily killed by chemical disinfectants, whether *in vitro* or outside the body, and the leading authorities are agreed as to the precautions to be adopted in its presence.

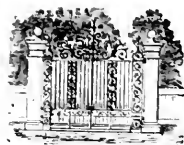
The most usual cause of typhoid epidemics is by polluted food or water, but direct infection is by no means rare, especially amongst nurses in attendance on cases.

The excreta of patients is, of course, highly infectious, and it is known that flies will carry infection on their legs and wings from excreta to articles of food. Urine and sputum also contain the bacillus, so it is obvious that all excretions and discharges from typhoid cases must be thoroughly disinfected. Dr. F. W. Andrews, who has dealt with this subject at length in his book, "Lessons in Disinfection," suggests that when the discharges have to be poured away down a water closet they should be intimately mixed with Izal or other disinfectant of such strength that the disinfectant forms at least 1 part in 100 of the total mixture, all lumps being well broken up. They should stand for some hours in contact with this disinfectant before being poured away. In the absence of a water closet system, the excreta after sufficient soaking in the disinfectant should be deeply buried in the ground at some spot far removed from any source of water supply.

Such precautions as are outlined above will prevent any widespread infection, but those engaged in the actual work of nursing are always liable to transfer infection by their hands to their mouth. Dr. Andrews writes on this point: "When one considers the frequency of diarrhoea in typhoid fever, and the commonness with which the bed-clothes and linen are soiled by the discharges, it is obvious that nothing can prevent infection of the nurse's hands, and sometimes of her attire." This being so it is of essential importance that the nurse should frequently and thoroughly scrub her hands with soap, hot water, and a nail brush, paying especial attention to the nails, and afterwards the hands should be rinsed in a dilute solution of Izal or other efficient disinfectant. Considerations of space prevent reference here to the internal use of antiseptics for the prevention of infection in enteric fever, but a paper by Dr. A. Kynvett Gordon, formerly Medical Superintendent of the Moseley Hospital at Manchester, on this subject, has been published by Messrs. Newton, Chambers, and Co., Ltd., of Thorncliffe, near Sheffield, and will be forwarded by them on receipt of a postcard.

# Outside the Gates.

## WOMEN.



Miss Mason, the first woman inspector in any Government Department, has been presented, on her retirement, with her portrait as a national testimonial, and last week was the hostess at Mr. Harris Brown's studio in the Fulham Road, where the portrait was on view. Miss Mason has 25 years' experience as Chief Inspector of Poor-Law Children, and her splendid work in this capacity is widely recognised. Her term of service began when Mr. Balfour was President of the Local Government Board, and she has worked under a dozen presidents, including Mr. John Burns.

Touching on the question of the "Vote," and the economic position of nurses, Miss Dock writes:—"The vote from which I hoped so much for you is deferred, evidently in a manner to make the heart sick. But, of course, we must not, and cannot, despair; only it is really a hard mountain to move, this mountain of economic and legal inferiority of position. Added to it, to make it worse, this silent, undying antagonism between higher spiritual nobility of thought and purpose; and dense, brute, selfish determination to dominate and crush out the higher. Well, well! I fear I am gloomy. You need cheer and inspiration from without, not gloom and benedictions. Love and loyalty to you all, splendid fighters for the right."

# Book of the Week.

## LETTERS TO MY SON

There are mothers and mothers, some full of the love and wisdom which increase with increasing years, and some who never seem to understand what motherhood means. Nurses and midwives meet with all kinds, but even they are apt to forget that motherhood begins long before they are called into the field of action, and that mothers have hopes, fears, longings, and anxieties which, unless they are of a very sympathetic and understanding nature, they are apt to overlook altogether.

For this, amongst other reasons, they should read "Letters to My Son," written by an anonymous, expectant mother, and published by Chapman and Hall, the first of which explains why they were written:—

"Little son, these letters are for you, so that if I should not live to see you grow up, if I should have to leave you before ever your eyes look at me or your voice cry to me, you should know how much I loved you, and you would be able to come to them for the comfort I could have given to you if I had lived."

"There will be times, both as a boy and as a man, when it will seem as if an old hand came to every-

thing, and there is no one to turn to for help. It will not be for nothing that I shall reason fast the end does not come. But when it happens, child of my heart, come away to me and we will talk it out together. We will be foolish together and wise together, and at last strong together, because when I was in the world it seemed as if there was no minute that I did not have to wait, and even though it blasted and seared, yet it taught me to know all the pain and all the joy—that the earth holds."

"Oh, little things, if your mammy has to leave you, and by any chance gets to heaven, they won't keep her very long. She'll always be leaning out of a top-storey window trying to catch sight of her baby as he goes out for his walk, or else forgetting to do her singing while she worries about his caters being long enough or his vests warm enough. Heaven and earth will have changed places then, and I shall be on the wrong side."

"But I shall have had you all the beautiful time you were coming."

"God bless you, little precious."

And so for this son, whom, perchance, she may never see, the mother-to-be writes her letters, loving, tender, and wise. "On a Discovery"—the discovery that after seven long years the gift of motherhood was to be hers—"On Fathers and Mothers," "On Anger," "On Religion," "On Respecting the Body," and others, twelve in all.

This is how she writes to her son:—

"I want you once and for always to get it out of your dear little head that Oliver and I are Growing-up, with capital G's, therefore incapable of understanding the joys and pleasures and pains that belong to you as a child and a boy. Oh, beloved, we aren't *really* old, although Oliver rides a horse without a groom at his bridle, and I haven't worn pinafores for quite a long time. But our hearts ride their ponies and tear their pinafores just the same as ever, believe that." And again:—

"Oh, little thing, as you lie beneath my heart, I would think great and tender things, that you in the quietness of your growing time may grow as great and loving as I myself would like to be."

So she pens the letters to her baby, this mother whose "heart goes out in a great longing to live" because there are so many things she can do for husband and child which they cannot do for themselves.

It is the glory of midwives that through their agency the maternal mortality rate has been appreciably reduced. Yet it would seem that many expectant mothers are haunted by the fear that as the new life which they desire to shield and guard comes into the world, their own will go out, and that indeed the chances are about even. What is the fact? In cases attended by midwives working in connection with the Queen Victoria's Jubilee Institute, the maternal mortality is something less than one per thousand. Can we midwives do something to lessen the fear of death on the part of expectant mothers, by telling them how great is the ground that is won for them?

P. G. Y.

## Letters to the Editor.



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

### THE PERSONAL POINT OF VIEW.

To the Editor of the "British Journal of Nursing."

DEAR MADAM, In speaking of Registration of Nurses to several matrons I have been disappointed to find that they look at the question from a purely personal point of view, and seldom with that width of vision by which the nursing of the sick and protection of nurses should be approached. The question invariably is: "How will it effect small hospitals—or never, or special hospitals—such as mine?" Seldom, "How will it effect nursing and patients as a whole?" This is the more personal because almost invariably these matrons are trained and certificated general nurses, who, wisely in their own case, realise the importance of general training. Of course, I know "committees" lean largely on the matter, and as nursing has been, and is, merely a domestic incident in their arrangements, and as under the voluntary hospital system such committees concern themselves primarily with financial as apart from educational questions, and are independent of any real responsibility to the nursing profession as such, each one is fighting for its own hand without any system of co-operation, and more matrons find themselves prevented from taking any part in furthering professional interests. I was conversing with a very keen woman of business the other day, who expressed the opinion that the selfish isolation of voluntary hospitals meant that sooner or later they would be placed under control and supervision of a central authority, and she considered it was time it was done, and that this entailed a financial struggle to maintain a system of individualism in hospitals was stopped. It was repugnant to the best interests of the patients and nurses. At present there was protection for nothing. She advocated a Minister and Board of Health, under which department the health of the nation could be conserved and medical and nursing education could be properly provided for without this everlasting boggling, borrowing, and waste. Though the question of national efficiency and power of competition in the future depends upon physical power and good points, the nurses fighting for such efficiency and so handicapping so that the already inefficient and in the slim home shall come under the hammer as well stamp it out. At present we are not doing much for ourselves, the hospitals cannot be put together to run up and without a central authority they will be much longed for at that.

Hope you will find space for this letter in your valuable Journal.

Yours truly,

A MILDRED MAYSON.

### "WAIT AND SEE."

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—A London man recently said to a Bath's nurse: "We are chucking at the London over this appointment—that you will have to knuckle under to a Londoner." Thank God I am out of it.

Yours truly,

OUTRAGED.

[Our correspondent wrote man.—Ed.]

## Comments and Replies.

Miss C. T., Birmingham.—The article, "Thou Shalt do no Murder," by the Hon. Albinia Brodriek, appeared in last month's *Fortnightly Review*. It is all nonsense that such an article is injurious to the best interests of nursing, or an attack on the nursing profession. The people who injure trained nurses are those who, through monopolising power over them, and their earnings, do all in their power to prevent nurses helping themselves to improve their own work. We have a box full of newspaper cuttings dealing with such cases as Miss Brodriek reports. Hushing up abuses is the only really injurious policy. Read the article and do all in your power to prevent these "murders." The Editor will be grateful for cuttings from local papers dealing with the injury to the sick through inefficient nursing.

## Notices.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

### THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

An application form for those who wish to become members of the Society for the State Registration of Trained Nurses will be found on page iv, of cover. It will soon be a date to help on the important work of this Society. No habitual reader of this journal can, we feel sure, be content to stand aside and let others found the future Profession of Nursing. Now is the time to help.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives' Board.

### THE MONTHLY MEETING.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, July 28th, Sir Francis Champneys presiding.

### CORRESPONDENCE.

A letter was received from the Home Secretary, conveying the thanks of the King for the Board's loyal and dutiful resolution of sympathy on the occasion of the lamented death of his late Majesty King Edward the Seventh and of congratulation on his Majesty's accession to the throne.

### REPORT OF STANDING COMMITTEE.

A letter was received from the Clerk of the Council, transmitting the copy of a letter addressed to him by the Lord Mayor of Manchester, with a copy of a resolution passed by the City Council, suggesting the omission of the words "conducted for profit" in Clause 15 of the Midwives Bill, 1910, as introduced into the House of Lords by Lord Wolverhampton.

Clause 15 provides that any officer appointed by a Local Supervising Authority shall have power at all reasonable times to enter any premises which he has reason to believe to be a lying-in home, in which a certified midwife is employed or practises, or in which a woman not a certified midwife practises in contravention of the principal Act.

It was agreed to reply that the Board observes that the suggested amendment has been carried out in the Midwives (No. 2) Bill, 1910.

A letter was received from the Medical Officer of Health for Leicester as to the "covering" by a certified midwife of Emma Measom, whose name has been removed from the Roll.

The Board recommended that inquiries should be made as to whether Emma Measom has ever delivered a patient by herself since her name was removed from the Roll, or whether she has visited a patient unaccompanied by the other midwife.

It was decided to reply to the Secretary of the Medical Defence Union, and to another from a registered medical practitioner, complaining of advertisements by midwives, that the midwives concerned did not appear to have infringed any rule of the Board.

A letter was received from the Clerk of the London County Council as to a charge of misconduct brought by a certified midwife against another certified midwife formerly in her employment.

The Board decided to request the Local Supervising Authority for the County of London to trace the midwife, if possible, and, if she can be communicated with, to consider whether a *prima facie* case of misconduct has been established against her.

A letter was read from a certified midwife, inquiring as to the necessity of notification of intention to practise where, though a doctor is always engaged for a case, she herself habitually delivers the patient.

The Standing Committee recommended that the midwife be informed that she would be right in notifying the Local Supervising Authority under the circumstances mentioned, but Mr. Parker Young objected. The midwife, as shown in her letter, lived in a doctor's house, and acted as his assistant in midwifery. He moved an amendment that the midwife be informed that under the circumstances it is unnecessary for her to notify, as the doctor is responsible. Miss Paget seconded.

The Chairman objected to the amendment, on the ground that it would be undignified of the Board to give an opinion which might land the midwife in a prosecution.

Eventually the amendment was withdrawn, and the Board decided to reply that "inasmuch as the question involves points of law the Board do not consider it their province to advise."

A letter was received from a pupil midwife complaining that the approved midwife under whose supervision she had taken her cases declined to sign the necessary certificate in respect thereof. It was decided to refer the pupil midwife to the terms of the certificate, as given in Form III, in the schedule of the rules of the Board, and in particular to the words, "to my satisfaction."

### APPLICATIONS RESPECTING ROLL.

The applications of five certified midwives for removal of their names from the Roll were granted.

The application of Emily Catherine Bligh Hall, late No. E394, for the restoration of her name to the Roll, after removal on voluntary application, was granted.

The applications of fifty midwives for certificates under Rule B2 were granted.

The application of the authorities of the Oldham Union Infirmary for its recognition as a training school was granted.

The applications of the following medical practitioners for approval as teachers were granted:—Dr. F. R. Cassidi, Mr. W. G. Copestake, M.R.C.S.E., Miss H. E. E. M. A. Greene, L.S.A., Dr. Robert Laurie, Dr. F. Chown, D.P.H., Mr. F. C. Morgan, M.R.C.S., Dr. Henry Robinson.

Applications for approval to sign Forms III, and IV, from the following midwives were granted:—Marian Ancott (No. 23288), Rose Fremont Gyllis (No. 6319), Annie Martin Snook (No. 2992).

The Secretary made a report on the examination on June 15th, and presented the analysis of training, which showed the percentage of failures from training schools to be 33.7 per cent., from pupils under private tuition 24 per cent., total 17.2 per cent.

As September 30th is the last day on which applications for admission to the Roll under Rule B2 can be considered, it was agreed to hold a Standing Committee on that day, to be followed by a special meeting of the Board, dealing only with the granting of such applications. The next regular meeting of the Board will be held on October 5th.

## PENAL CASES.

Special meetings of the Central Midwives' Board, under the provisions of Rule D5, were held at the Board Room, Caxton House, S.W., on Wednesday, July 20th, and Thursday, July 21st, when the following cases were considered.

## CHARGES DISMISSED.

Those which occupied most time, and which were legally defended, were (1) the case of Mary Jane Barnett (28233) Newport (Mon.) (L.O.S. certificate). The Board, after a careful investigation of the charges, occupying 2½ hours, considered that the allegations as to not explaining that a case was one requiring medical assistance were not proved, and as regarded the employment of uncertified substitutes, the Board was satisfied that such substitutes were employed as pupils, and did their duty. Miss Barnett is to be congratulated that she was able to disprove the charges preferred against her. Once again the case is one in which a midwife appeared in person before the Board to answer the charges against her, and she had a complete answer. (2) In connection with charges of negligence and misconduct against Elizabeth Ann Evans (286233), Glamorgan (C.M.B. Examination), the Board also considered the indictment not proved. (3) In the case of Mary Anne Goldsby (11114), Worcestershire, charged with negligence and misconduct, the Board did not consider the charges proved.

## STRUCK OFF THE ROLL.

The following certified midwives were struck off the Roll and their certificates cancelled:—

Charlotte Bates (4012), Stoke-on-Trent, charged with not advising that the attendance of a medical practitioner was required in the case of an infant suffering from inflammation of the eyes.

Anne Chivers (20722) Somerset, charged with persistently neglecting to provide herself with necessary appliances, etc.

Emma Frost (1586), Boks, charged with various offences against the rules.

## SEVERELY CENSURED.

Sarah Harvey (5955), Stoke-on-Trent, charged with negligence and misconduct in not advising that a registered medical practitioner should be called in in a case of inflammation of the eyes, and of informing the mother that medical advice was unnecessary, as she was quite capable of dealing with the case.

Ellen Potter (2024), Sheffield, charged with negligence and misconduct in not advising that medical assistance should be sent for in a case of inflamed eyes in an infant and in other offences against the rules.

## CENSURED.

Elizabeth Jane Harris (29654), Somerset, charged with negligence and misconduct.

## CAUTIONED.

Anna Jane Harvey (9312), Salford (L.O.S. certificate), charged with negligence and misconduct in not advising that medical advice should be summoned when a patient was suffering from inflammation of the throat, and from conduct, and with other offences against the rules.

The consideration of a case was adjourned.

## The Midwives (No. 2) Bill.

The Midwives' Bill introduced into the House of Lords by the Lord President of the Council, Earl Brougham, was read a third time and passed on Monday last. It now goes to the House of Commons, where we understand that opposition will be offered to Clause 17, which provides that Boards of Guardians shall be made responsible for the payment of fees of medical practitioners summoned on the advice of midwives.

## The Union of Midwives.

A sale of work and entertainment arranged by the Union of Midwives in aid of the funds of the Union were held at the Cavendish Rooms, Mortimer Street last week. The entertainment commenced at 8 p.m., and, considering the time of year, the house filled well. The following artistes gave their services: Miss Tones (soprano), Miss Barton (piano), Miss Guyon (soprano), Miss D'Arcy, and Mr. Bristow (recitation), Mr. Frank Virgo (charitoner). The Union is founded on trade union lines, but the subscription is very small. The members organised the sale of work to help to defray their initial expenses. One of the objects for which the Union was formed is to promote direct representation of midwives on the Central Midwives' Board, in which good work they have the hearty sympathy of this Journal.

The Union was only founded last April, but it already has a membership of 400. The President is Mrs. Robinson, and the Secretary, Mrs. Carnegie Williams. Its address is 33, Strand, W.C.

Mrs. Owens, certified midwife, of 1 and 3, Malden Crescent, Kentish Town, was recently "At Home" to members of the Union of Midwives and their friends. Among the guests were: Mrs. Robinson (President and Founder of the Union), Mrs. Rawden, Mrs. Hales, and Miss Webb (members of the Committee). Despite showery and gloomy weather a most enjoyable afternoon was spent, and several new members joined the Union.

## Hospital Sunday Fund Awards.

The Council of the Hospital Sunday Fund has approved of the following awards for the year 1910, recommended by the Committee of Distribution: British Legion Hospital, Endell Street, G124 118, 84, City of London Lying-in Hospital, City Road, L200; Clapham Maternity Hospital and Dispensary, L38; St. George's, East End Mothers' Home, L24 9; 104, General Lying-in Hospital, Lambeth, L113 158; Princess Maternity Hospital, L13 9; St. George's, City of London Lying-in Hospital, Marylebone, R. L2 75; Home for Mothers and Babies, Walswich, L2 75; 161.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,167.

SATURDAY, AUGUST 13, 1910.

XLV.

## Editorial.

### THE MEDICAL INSPECTION OF SCHOOL CHILDREN.

At the third International Congress of School Hygiene Mrs. Clondesley Brereton presented a most interesting paper dealing with the medical inspection of school children, which, as she pointed out, is not only a new subject but embodies a new ideal as to education as a whole—*i.e.*, the idea that education deals with bodies as well as minds, and that as minds cannot be sent to school to be taught while bodies stay at home to be cared for, educational authorities must officially recognise the body.

The following points were insisted on by the speaker:

1. The co-operation of the mothers of the children of every school must be enlisted; they must learn to realise that medical inspection is not designed in order to relieve them of responsibility, but to help them to fulfil their own responsibilities, and that the work of the school doctor and the mother must go hand in hand, or much of the expense and experience of medical inspection will be useless. It would be worse than useless if the mother thought that because the child was medically inspected at school that the laws of health could be disregarded in the home.

2. The value of the work of voluntary educated social workers in visiting the homes of the children and explaining to the mothers the worth of the medical advice given, for which parents in a higher rank of life would have to pay a substantial fee; further that it is for the parents to give effect to this advice, or the treatment prescribed by the doctor will be useless. It must be brought home to parents that the doctor is the signpost pointing the way, the school nurse and the ladies' committee

guides on the way, but that the real passengers are the parents and children, and the destination the home; that, in fact, the whole crux of the matter rests with the mothers, with the breeding and early rearing of children.

3. Mrs. Brereton is careful to point out that the fact of fatherhood is an essential factor in the problem, and any system of race regeneration which ignores it is bound to be one-sided. But, nevertheless, it is true that the primary responsibility in the home rests largely with the mother, and it is therefore desirable to give simple lessons as to the best means of attaining cleanliness, cheap and wholesome methods of feeding, the necessity for adequate sleep, clean bedding, and open windows. In short, the sanitary conscience of the home must be aroused, so that less and less shall be wrong when the children shall arrive at school age.

4. A point referred to as of great value in maintaining efficient school inspection is that the school nurse should, where possible, keep a record for the doctor of those parents who did not accompany their children to the medical inspection, and subsequently visit them in their homes, giving precise and written directions as to what the doctor's orders were, and instructions as to how and when they should be carried out.

Lectures by the school doctor to parents once a term, on actual points which have come under his notice, are also spoken of as of great value, and the instruction of women students in the training colleges in the ideas and ideals of medical inspection, and the interdependence of home and school, body and mind, would, she believes, be of great influence for good in the present generation.

The paper is a most thoughtful survey of the whole question.

## Medical Matters.

### THE BRITISH MEDICAL ASSOCIATION. KERNELS OF THE CONGRESS.

Last week we briefly referred to the Addresses in Medicine and Surgery delivered at the meeting of the British Medical Association, held at the Imperial Institute. It is obviously impossible to give a full report of the twenty-one sections, but the following points are of interest to nurses.

#### THE EFFECT OF FOODSTUFFS ON TEETH.

Professor Sir Wallace spoke on the effect of different kinds of foodstuff on the teeth. The disease known as dental caries, he said, arose from the undue lodgment of fermentable carbohydrates in more or less immediate contact with the teeth. The soft foodstuffs which little children were so generally compelled to consume did not clean the mouth, but left it sticky with fermentable carbohydrates. There were two classes of foods—those which tended to leave these carbohydrates in the mouth and those which brushed them away. The foods which operated in the latter direction were those of a fibrous nature which required mastication. But when they turned to the foods which children were compelled to live upon very largely, such as milk, porridge and milk, sloppy milk puddings, bread soaked in milk, potatoes and gravy, bread and jam, they realised the impossibility of efficient mastication being carried out.

#### CHANGES IN THE NERVOUS SYSTEM AS THE RESULT OF CHRONIC ALCOHOLISM.

Dr. Merril, who read a paper on "The Histological Changes Occurring in the Nervous System in Certain Cases of Chronic Alcoholism," stated that the poisonous effects of alcohol are dependent upon the dose, but still more on the susceptibility of the individual. He further discussed the transient effects upon the stable, healthy, nervous system of occasional alcoholic abuse, and the permanent effects of its continued abuse. Under proper treatment, and when alcohol was withdrawn, the tendency was for the symptoms to disappear and for the patients to recover.

#### RADIUM IN THE TREATMENT OF CANCER.

Dr. Lees Wickham, of Paris, in the course of his address, illustrated with lantern slides, and with the aid of a series of radiograms, the use of radium in the treatment of cancer. He stated that radium was a powerful agent in the treatment of cancer, and that it was a powerful agent in the treatment of cancer. He stated that radium was a powerful agent in the treatment of cancer, and that it was a powerful agent in the treatment of cancer. He stated that radium was a powerful agent in the treatment of cancer, and that it was a powerful agent in the treatment of cancer.

### TROPICAL MEDICINE.

In the Section on Tropical Medicine, Lieut.-Col. Sir R. Havelock Charles, K.C.V.O., M.D., dealt with "Special Factors Influencing the Suitability of Europeans for Life in the Tropics." The special characteristics of the tropics were, he said, long continued high temperature, with great diurnal variations, and parasitic disease. Once a person had had a severe illness in the tropics, a prolonged change to Europe was essential. The best kind of man to go to the tropics was the average Britisher, with a clear head, even temper, abstemious, and not over-intellectual, and the best asset a working man in the tropics could have was a true woman. Persons addicted to drugs or drink should not go out; the obese were heavily handicapped, and asthma and tuberculosis should be an absolute bar.

#### MEDICAL TREATMENT OF SCHOOL CHILDREN.

Dr. James Kerr, Medical Officer (Education Department) London County Council, claimed that medical treatment of school children was the inevitable result of general medical inspection, though the medical inspector should never treat the cases. Ninety to ninety-five per cent. of all school cases could be included in the following groups—(1) Dental, (2) visual, (3) nasal (including throat), (4) debilitated, anaemic, and strumous children (in which class medical treatment was of secondary importance to hygienic environment), (5) ringworm. For the great majority of these cases neither hospitals nor private doctors offered material help; in the case of private practitioners possibly because the children did not go to them; at the hospitals they were simply cases to be got rid of. The school clinic appeared to be the only complete and scientific solution; it gave every doctor his chance, and reasonable reward, saved the parents' time and much annoyance, relieved the hospitals, and gave relief for every child requiring it. The way must be made easy. The London County Council was acquiring experience from its arrangements with hospitals and existing institutions. It arranged the patients about four shillings a case, counting a certain amount in lost time cases.

#### DEFECTIVE EYESIGHT IN CHILDREN.

In the Section of Ophthalmology, Mr. N. Bishop, H.M.C., moved the following resolution: "That a survey of the importance of early recognition and treatment of defects of vision of school children throughout the period of development, and of proper recognition of medical inspection and treatment, is highly recommended by the Ophthalmological Society of the Association of the Medical Officers of School Boards."

### Clinical Notes on Some Common Filments.

By A. KNYVETI GORDON, M.B., Cantab.

## NEPHRITIS

We come now to the treatment of the various affections of the kidney which we have discussed, and it is firstly essential to remember that we can hardly affect the kidneys directly at all; we cannot get at them with local applications, except to a very slight extent, and they are hardly as yet amenable to surgical treatment except for gross lesions such as a stone or an abscess in their interior.

But in reality there are few ailments in which treatment makes so much difference to the comfort of the patient, and the means which are at our command whereby we can regulate the amount of work which the damaged kidneys have to do are very numerous. The essential point is that we should realise what we are doing and why we do it, when we employ any of them.

We can treat disease of the kidneys in one or more of several ways. Thus it is possible to

- (a) Divert part of the work of the kidneys to other organs.
- (b) Diminish the amount of waste matter in the blood, so that there is less work for the excretory organs to do as a whole.
- (c) Stimulate the kidneys to renewed activity.
- (d) Diminish the harmful effect which the retained urea and its allies are having on the system.

We will now discuss each of these methods in detail, and we shall then be in a position to see how they fit in in the treatment of the various forms of dis-ease of the kidneys. It is often desirable to relieve the kidneys of as much of their normal duties as possible, or, in other words, to throw part of the work of the excretion of water and nitrogenous waste on to other organs, and in practice we can do this fairly successfully. We endeavour, then, to make both the skin and the bowels perform more than their normal share of this work.

To this end we use, for the skin, applications which increase the secretion of sweat, or we can do the same thing by the use of drugs internally. We can employ either hot baths, hot packs, or rubrication, or vapour-bathes; of these, hot baths are the easiest to administer, but their effects are very great, especially in young children, as they scarcely can be covered over the skin while they have been repaired by warmth. The application must be made to suit the strength of the patient, and to

100 deg. to 108. deg. is a useful limit, and the time of immersion should be similarly suited to the individual, but may vary from ten to twenty minutes; after the bath the patient should be wrapped in hot blankets and put to bed; a warm drink often increases the effect of the bath, and is much appreciated by the patient.

Hot packs act more violently, but are sometimes not well borne by feeble patients; the wat'r out of which the blanket is wrung should be at a temperature of 120 deg., and the pack should be applied for from ten to twenty minutes; or, generally speaking, until beads of perspiration are well marked on the forehead of the patient. If a patient feels faint while in the pack, it usually suffices to lower the position of his head and to give a warm drink, or sometimes a little cold water; dashing cold water on the head is also useful, but it is best not to take him out of the pack until perspiration is well established, as the feeling of faintness appears as a rule just when perspiration is beginning, and ceases when the flow is in progress.

Vapour and radiant heat baths are more convenient, though not more effectual methods for promoting tree perspiration; their use can best be learnt by studying the apparatus itself.

Apart from these mechanical methods, perspiration can be induced by the administration of certain drugs called diaphoretics, which act by relaxing the blood vessels in the skin and stimulating the nerves going to the sweat glands. Of these by far the most powerful is pilocarpine, which is given by hypodermic injection, but it has the grave disadvantage that it sometimes produces dangerous collapse, especially in children; other drugs, such as acetate of ammoniac, spirit of nitrous ether, and the like, are quite safe, but have a much slighter effect. They can usefully be combined with hot packs or baths.

It is also advisable to keep the bowels well open, preferably by saline purgatives, of those like jalap, which cause watery evacuations.

of the blood in the arteries, all of which are assisting in carrying the blood to the smaller blood vessels throughout the body. As a matter of fact, it would be better if every patient whose kidneys are weak, or whose arteries are older than he is himself, would become a vegetarian, but these diseases exist in just the class of men who would as soon think of joining the blue ribbon army, though that or any other method by which they could be induced to regard alcohol as a necessary accompaniment, not only to each meal, but whenever they are not actually buying and selling, would be good for their health.

In practice, the dieting of these people is a very difficult matter, but the principle to aim at is to cut down, firstly, the total quantity of food they always overeat themselves, and then the proportion of nitrogenous food which their diet contains.

(To be concluded.)

## A Survey of the Nursing of Mental Diseases.

By WILLIAM L. RUSSELL, M.D.,

*Medical Inspector of the State Commission in Lunacy, New York.*

No branch of medicine or nursing can be more important and dignified than that which has to do with mental diseases. To minister to a mind is as a demand as that a nurse minister of skill, patience, and delicacy. And yet, of all branches of nursing, none has received so little attention from the leaders in medical nursing, and from the benevolent supporters of nursing. By the average general nurse, and by many teachers as well, mental diseases are spontaneously looked upon as something apart from their subjects and activities, with which it is well their while to concern themselves. The articles on the subject have been written by nurses, and it is entirely ignorant of the results they have produced. In fact, it is surprising that by many nurses the study of mental diseases is regarded as a work for the medical profession, and is inferior to those of medicine, surgery, and obstetrics, professions which are the primary, and not the secondary, of nursing. The articles, however, are of great value, and it is to be hoped that the study of mental diseases will be more generally recognized as a work for the nursing profession, and that the nursing profession will be more generally recognized as a work for the medical profession.

### THE ASYLUM SYSTEM.

The lack of intelligent interest in mental disease, which prevails so generally, may, in part at least, be explained by a glance at the history of the care of the insane. A century ago, many of the accepted methods of treatment for insane persons were cruel and stupid. Emancipation from chains, dungeons, whippings, and gross neglect was begun by Pinel in France and Tuke in England in the latter part of the 18th century, but has scarcely reached its complete fulfilment even now. The demand for more humane provision for the insane led, however, to the development of what is known as the asylum system, by which institutions were established as a refuge or asylum where at least humane care might be received. This system grew rather slowly in this country, and as late as 1850, only 20 of the 230 public institutions for the insane which now exist had been established.

Valuable as the asylum system has been, it has not contributed much to the dispelling of popular ignorance concerning mental diseases, and the best ways of dealing with them. The institutions are, in many instances, remote from large centres, and even those near by are, by most persons, known only to be shunned. No yellow journal story in regard to them is too exaggerated to find credence, and little regarding the true nature of mental diseases and the real treatment received by the patients reaches the public. Such a strange alteration in speech and behaviour is produced by diseases which affect the mind that the sufferers are generally looked upon with wonder, fear, and perplexity. Frequently they are regarded as subjects for ridicule. To be afflicted with mental disease, or to be a near relative of one thus afflicted, is considered a disgrace, which must be carefully concealed if possible. The more obvious forms lead, therefore, to early seclusion, at first in the home, and when making no cure there becomes too difficult, in the asylum. The less pronounced types are not recognised as disease at all. This profound ignorance in regard to mental diseases and their proper treatment pervades every community. From this ignorance neither physicians nor nurses are exempt. The public has not yet learned to expect much in the way of cure, and still in these diseases from the majority of doctors and nurses, who have consequently not been brought face to face with any great obligation to regard them. The study and treatment of mental diseases have, in fact, been extremely superficial. This has been necessary, no doubt, and has served a useful, though perhaps not a wise, purpose. Now, however, a wider interest in mental diseases is being called

for, and is needed to bring about the better management of the whole problem of insanity.

#### THE HOSPITALISATION OF THE ASYLUMS.

To physicians and nurses who are brought into close relations with persons suffering from mental disease, it is perfectly plain that for their proper treatment much more is needed than simply provision for humane care. They see the cases in quite a different light than those who think only of the insane as a class, or in terms of the prevailing ignorance. Asylum physicians have, therefore, always striven to emphasise the medical character of the cases, and the need of medical and nursing supervision and care. As a result of their efforts the asylums have gradually developed more and more along hospital lines. In token of the soundness of this tendency, during the past ten or fifteen years, the official name of nearly all the institutions in the country has been changed from asylum to hospital. There has, too, been a change in much more than the name. The suppressive and more neglectful methods of the past are giving way to more rational and active measures of treatment. Classification with a view to specialisation and concentration in the treatment of the different conditions from which the patients suffer is taking the place of more haphazard methods.

For the reception of the new cases, separate buildings are being provided, where liberal arrangements can be made for active medical and nursing procedures for those who need them. For those suffering from acute physical diseases and surgical conditions special hospital provision is made. The buildings or wards used for this purpose are arranged and organised as general hospital wards. A well-equipped surgical operating room and all the appliances and facilities for thorough medical and nursing work are features of this service. Attending oculists and dentists, and a corps of consulting physicians and surgeons assist the resident medical staff in the management of conditions requiring knowledge and skill in the various specialities. For the infirm and feeble in mind and body from chronic disease, infirmaries are provided. Many of these cases are confined to bed, and many others are so entangled as to require attention and assistance in every detail of their lives. It is doubtful if in any other kind of public institutions, chronic bed cases receive as good care as they do in the best hospitals for the insane. Tuberculous patients, of whom there is a much larger proportion than in the general population, are segregated and, in many institutions, are cared for in buildings specially designed and equipped for the purpose. Special provision is also made for the

isolation of cases of highly infective diseases, which are not of infrequent occurrence in the institutions. Epileptics, for whom special dietary and precautionary measures are necessary; the restless and uncontrollable who require skilful and tactful management, and the several other classes for whom special provision is made. The best administrative methods provide also for medical and nursing supervision in the care of all classes of patients in the institutions.

More definite classification has made possible and has necessitated more specialisation, and more efficient organisation to this end. For a number of years progress in hospitalisation of the asylums has been towards bringing to the treatment of the patients the diagnostic and therapeutic resources of modern medicine and surgery. This has done much to improve the physical treatment of the cases and to make available for systematic study and for teaching purposes the valuable resources of the institutions. At present the tendency is to focus attention more particularly on improving the methods of bringing about mental readjustment and restoration to normal activities, which is the special work that the hospitals for the insane may be expected to do better than it can be done elsewhere.

The hospitalisation of the asylums is a gradual process, and may be seen in every stage in the different institutions of the country. The highest development is to be found only in the very best, and in all there is room for improvement. It is hampered by the weight of traditional views and methods, by the lack of harmony between the needs and the provision made, and by the great accumulation of incurables. The purpose in view in bringing it to your attention is principally to give you some insight into the present condition and trend of asylum development as a field for nursing and nurse-teaching.

#### THE TRAINING SCHOOLS FOR NURSES.

To the hospitalisation of the asylums nothing has contributed more than the establishment of the training schools for nurses. The two developments have gone hand in hand, the needs of the one being provided for by the other. This has been the case from the time the first attempt was made to establish a school, as may be learned from an extremely interesting article on "Nursing Reform for the Insane," read by Dr. Edward Cowles at the International Medical Congress in 1887. The schools in the institutions for the insane followed in the wake of the world-wide movement for better nursing of the sick, which was started by Eng-

land about fifty years ago. The need of a high grade of medical and nursing attention for mental diseases has, however, never taken deep root in the public mind and the nursing of the cases has never commanded the same quality of service or received the support from the benevolent that have been bestowed upon other forms of illness. The Nightingale movement brought to the nursing of the sick in general a host of high-minded intelligent women who looked upon the work as a vocation. The mentally sick did not come within the scope of this movement and the same class of women did not feel impelled to offer to care for them. The foundation in knowledge of mental diseases and in provision and methods in caring for the cases had, perhaps, at that time scarcely been laid. The work of Dorothea L. Dix and that of Dr. Cowles were probably more suited to the needs of the situation. The consequence has been, however, that the training schools for nurses in connection with the institutions for the insane have developed under different auspices and from different material than the general hospital schools.

The training schools for nurses connected with the public general hospitals were, at first at least, established and supported by private benevolence, and some of them are still detached organisations. In not a single instance, so far as I am aware, has a similar development occurred in connection with a public institution for the insane. In the spread of the movement for general hospital schools, the best of the graduates of the parent schools were employed to establish new centres, and thus the movement spread under nurse auspices. The schools in connection with the institutions for the insane have, on the other hand, developed under medical auspices, and are the outcome of a want which medical superintendents have long felt for better personal service to the patients by the attendants. Dr. Cowles was the first to show what could be accomplished by organising a school on general lines, and by hospitalising the methods of the institution to meet its needs, and he thus followed gladly in his footsteps. The persons to be trained were, however, only the attendants already employed, and no better material appeared. The physicians had themselves to provide the instruction as best they could, and to this day the grade of intelligence needed for building up an efficient nurse organisation for teaching and supervision has only exceptionally been available. The schools have, however, steadily improved, and with their hospitalisation the facilities for the teaching of nurses have been constantly increased.

*(To be continued.)*

## The First "Isa Stewart Scholar."

It will be remembered that the League of St. Bartholomew's Hospital Nurses undertook the responsibility and privilege of giving the first scholarship of £100, and of selecting the first scholar to be appointed, in connection with the memorial to the late Miss Isa Stewart, Matron of St. Bartholomew's Hospital, and Founder and first President of the League. This scholarship, tenable for a year, at Teachers' College, Columbia University, New York, has now been offered to Miss M. S. Rundle, who holds the certificate of St. Bartholomew's Hospital, and for the past year has been Sister-Housekeeper at the Royal Free Hospital, W.C., where she has been entrusted with the entire re-organisation of the Housekeeping Department. Miss Rundle has accepted the honour and will leave for New York next month.

The course for nurses at Teachers' College has now been founded for eleven years. As a result of a paper read before the American Society of Superintendents of Training Schools for Nurses by the late Mrs. Hampton Robb, a committee was appointed to consider the training of teachers of nursing, with the view of bringing about greater uniformity in method. Mrs. Robb, who was made chairman of this Committee, visited the Dean of Teachers' College, asking if some arrangement could be made to admit graduate nurses desiring to prepare themselves for teaching and supervision in training schools for nurses. Largely owing to her forcible presentation of the needs of nursing education, the co-operation of the College with the Superintendents' Society was secured, and the course established.

In December, 1909 Mrs. Helen Hartley Jenkins became interested in the course through Miss Wald, Head of the Nurses' Settlement, New York, and decided to endow the Department of Hospital Economics, in order that it might enlarge its work, carry on its important function of nurses' education with greater efficiency, and develop in new directions, in response to the newer needs of the day. It is under the supervision of Miss M. A. Nutting, Professor of Institutional Administration, Columbia University.

Miss Isa Stewart took a keen interest in this course, and desired the establishment of a similar one in this country. It was felt, therefore, that no more suitable memorial could be established to her memory than to maintain an "Isa Stewart Scholar" at Teachers' College, New York, and to this the League of St. Bartholomew's Hospital Nurses has led the way.

## The Good Name of Bart's Nurses.

"But the cup is broken, and all the King's horses and all the King's men cannot mend it. There—put the fair side outwards on the mangled piece and the wound will not show."

*The Virginians.*

It is a pity that the world has for the most part so little understanding for its most precious possessions; that a child it throws away what can never be replaced, breaks what can never be restored.

The end of the Bart's protest has left one with a feeling of bewilderment; it was not unexpected, but it is as if all one's landmarks had been uprooted. In all my twenty-five years' work since I left the Hospital, whenever I met with petty injustice, or tyranny, narrowness, or stupidity, there has always been the firm conviction that things were different at Bart's. Whatever faults Bart's had, and it had few in our admiring eyes, it was loyal and honourable, broad-minded, progressive, and consistent—something you could rely on. The pride, the clean pride in one's Alma Mater, was joined in old Bart's nurses to a passionate loyalty that had the most fervent faith in the loyalty of the Hospital. That Bart's should fail Bart's was a thing not to be imagined for one moment. For loyalty is a reciprocal virtue, and trust and confidence gained through decades are a valuable asset and not to be lightly thrown on one side.

But that confidence has been betrayed, and the Bart's authorities have been disloyal, and have acted with injustice towards their nursing staff. It is easy to say that they have acted within their rights, but the worst injustice and the cruellest wrongs are inflicted under the cloak of legal right. It is easy to say that no harm has been done; it is not true. Not only has the standard which the authorities have themselves planted and in which we were trained not been upheld, but deliberately and to the whole world the Governors have declared that they have acted within the last twenty-five years no woman worthy to succeed their late Matron. They have declared openly to the world that they cast for her life a failure, her work a sham, and of all the Matrons she has given to England and the Colonies not one is fit to hold the reins after her, and they have turned to a hospital whose training and views are notoriously opposed to those she held for her successor. And that is Bart's loyalty. If it is ignorance, it is excusable; if it is folly, and if it is simply a conscious policy, it is equally inexcusable.

Who steals my purse steals trash;  
Twas mine, 'tis his, and has been  
thousand's.

But he who steals from me my good name,  
Robs me of that which no enriches him;  
And leaves me poor indeed."

and it is with our good name, the Governors have tampered. There are rights, others are not, that are above all the stoppages and postponements lawyers ever spoil.

The one good thing about the matter is, that the defeat is a victory. It is the disturbance of the idea that the training of the nursing profession can be dealt with solely as part of the domestic and private affairs of an individual hospital, and that the nursing staff need no guarantee that the standard of efficiency shall not be lowered at the caprice of a Committee. If Bart's was strong for registration before, it will be solid now.

It was a Machiavellian stroke of policy to appeal to the business instincts of the Governors by saying that the 40 years of age limit was to safeguard the interests of the Hospital with regard to pensions. For the last three Bart's Matrons, whose combined terms of office extend over thirty years, not one qualified for a pension. Heavy must be the amount the Hospital is paying its post Matrons in pensions. Unfortunately we are all perfectly well aware why the forty years' limit really was fixed upon.

A great point has been made in some quarters of the fact that physicians and surgeons have at times been appointed to their hospitals than those to which their own medical schools are attached, but the positions are not in the least analogous. The teaching at the various medical schools does not differ materially, the curriculum is bound to be the same, the examination is a controlled one. Then, the physician or surgeon, even at a great physicians or surgeons' school, is not standard, as the only medical body. But the best of our training school for nurses is a specialist, and a most marked one, and this is the hospital. It is not too much to say that such a school is made or marred by a principal. A Matron who is not in sympathy with her nursing staff's hospital to be successful, and that the Election Committee's mind had been so far from that fact, chosen a Matron from a hospital that has never openly and honestly attacked and repudiated the prime place of the St. Bartholomew's nursing staff and its late Matron. They have chosen a school shown to the world to be a failure, and shown to the nursing profession to be a failure, and shown to the nursing profession to be a failure.

with regard to this election is the kindness and honesty of those Governors who championed our cause. We owe them a debt of gratitude which we may not be able to repay, but which we shall never forget. Their courteous appreciation of the principle that animated our protest was a great comfort and satisfaction to us. The manner in which Lord Sandhurst received our protest is of little moment. It appears to have been expressive of the irritation of an angry man, vexed at the strength of the opposition aroused on all sides by the appointment.

M. MOLLETT.

## Progress of State Registration.

Nurses are once again indebted to Lord Amphilh for his advocacy of the cause of State Registration, in a convincing "Rejoinder" to Mr. Sydney Holland, in the current issue of the *Nineteenth Century and After*. Lord Amphilh writes:—

"It is not much use arguing with Mr. Sydney Holland, but he cannot be allowed to have the last word in the discussion of the question of State Registration of Nurses, for which this Review has afforded a useful opportunity.

"Mr. Sydney Holland began by announcing his intention of 'stating some of the arguments' against State Registration, and if he had carried out this intention it would be easier to frame a rejoinder. There is, however, very little trace of argument to be found in his article, which consists entirely of that species of chaff at which Mr. Holland is an adept, but which almost precludes serious discussion. Take, for instance, the passage in which he tries to make fun of Mrs. Bedford Fenwick's statement that 'the want of organisation has produced a marked deterioration in the quality of women presenting themselves for training.' It is surely quite reasonable to argue that the higher the reputation of any profession or vocation, the better will be the class of persons who seek to adopt it, and that those who are able to qualify themselves for a profession which demands training and ability are not likely to seek employment in which ability and training are at a discount. Mr. Holland says that Miss Florence Nightingale was not deterred from becoming a nurse because State Registration did not exist in her day, and from this feeble proposition he seeks to draw the conclusion that Registration is unnecessary. Just as well might he argue that the Medical Acts were undesirable and unnecessary because great physicians like Hunter, Jenner, and Bright did without them.

"Mr. Holland says that he certainly 'does not want at the London Hospital any woman who cares so little for nursing the sick that she is deterred because she cannot be on a register.' It would be equally good argument to say that no young man ought to be admitted to the Army who cares so little for fighting that he entertains notions of military reform.

"It is hardly worth while to pursue Mr. Holland's so-called argument any further. It is easily summed up in the catch-phrase with which he has contrived to satisfy those whom he has prejudiced against Registration. That catch-phrase is, 'You cannot register character.' After referring to the registration of other professional workers, Lord Amphilh writes:—"Mr. Holland knows perfectly well with what object the State supervision of all these professions has been undertaken, and he ought also to know that it has not only raised the standard of those professions by enforcing regular standards of efficiency, but also proved an immense and invaluable safeguard to the public at large."

Lord Amphilh concludes his article as follows:—"Finally, the readers of this Review can judge for themselves which is the more legitimate method of controversy: to charge those who disagree with you with 'prolonged and unreasonable opposition,' or to say that the contentions of your opponents are 'irresponsible' and 'spiteful chatter.'"

Mrs. Bedford Fenwick will be in Glasgow next week, and upon the invitation of Miss Wright, Matron of Stobhill Hospital, will give an address to the Nursing Staff on the Educational and Economic Aspects of State Registration.

## An Association of Trained Nurses in China.

Miss Maud Truxton Henderson, graduate of the Boston City Hospital, writing from Wushih, Kiangsu, to the *American Journal of Nursing*, says:—

"I am writing to tell you of the step taken by the trained nurses in China in the formation of an association.

"The plans for an association have long been in the air, and now it has been formally organised. We call ourselves the Nurses' Association of China, hoping to be, before too long, the Nurses' Association in China. We have come together for the mutual help and inspiration and knowledge that can come to us through an association; and with the deep and earnest

purpose of strengthening ourselves for a great work, a large opportunity which is before us presenting many complex and difficult problems. Before us who are here now, and before the many recruits from the homelands to whom we are waiting to extend our welcome, eager that we may share together the great privilege, the great responsibility, noble work has been done by the pioneers who have opened the way, opening hospitals, starting training schools, translating books, and working against odds which we in the new China of to-day will scarcely know. But after all there has been so far only a beginning, and there will be problems for many days to come. There are only a few training schools that require a standard and deserve the name.

"It is only recently that the women of China have been ready to step into this new place of service and discipline, obedience, and trust. Even now only a very few are coming forward, but the leaven of a new public opinion that follows close upon the teaching of our Master is beginning to work.

"By the next post I will try to send a copy of the constitution that we adopted. You will see that the question of standard has been especially before us. We want from the beginning to make it stand for something to be a member of the association: for one reason, in order that a better class of women will be attracted to the profession, and that those who begin their training shall have a definite standard to press forward to; another stimulus to help them face the dreaded question of examinations; and to help them at their post when a wavering will would suggest to them to give up, or that a half training would do.

"We have our plans, too, for a nursing literature. We are all busy women and it must be a step at a time. The editors of the *China Medical Journal*, the organ of the Medical Missionary Association of China and Korea, has offered us space for a nurses' department. We are also planning for a nurses' department in some of the Chinese papers. Our constitution will be printed simultaneously in Chinese and in English, and in English and Chinese papers. We hope that we may arrange exchanges with the home papers.

"With the constitution will come the list of the first officers and their places of graduation. You will see that Mrs. Hart, of Anking, is our first president.

"We are most anxious to get into close touch with the associations at home and be mutually helped."

Let us hope by 1912 that the Nurses' Association of China will be ready for affiliation with the International Council of Nurses.

## The Third Volume of "A History of Nursing."

The chapters on the history of English Nursing from 1875 to date, to be incorporated in the third volume of "A History of Nursing," to be edited by Miss Nutting and Miss Dock, have been entrusted to Mrs. Bedford Fenwick and Miss M. Breay. It is essential that a vast amount of information should be compressed into the 26,000 words allotted to this country. The scope of the new volume will deal as far as possible with the evolution of nursing as a profession, and in the English section the struggle for sound educational facilities and registration by the nurses of the United Kingdom has never been exceeded in its persistence, nor have more influential influences ever been brought against any class of workers in the whole passionate struggle against the feudal conditions from which the men of this country have emancipated themselves. The sum total of human suffering to women in the evolution of scientific nursing for the community, all under the delusive cloak of charity conducted by men, is a story worth writing, and shall be truthfully told. Much can be gathered from the 44 volumes of this Journal, but the personal touch is all important. Mrs. Fenwick will, therefore, be greatly indebted to nursing pioneers for accurate and reliable information upon this very important question it sent to her to 20, Upper Wimpole Street, London, W.

The third volume of the History is now well under way, bringing nursing history up to date. Miss Dock reports that the chapters on Germany, France, Holland, Italy, and Cuba are practically done, the United States material gathered together, the finished chapters are being verified in the countries to which they belong, and the text is going to be wonderfully interesting. Denmark, India, China, and Japan are giving their "own stories," and, in Miss Dock's opinion, it will be a wonderful chapter of the Woman's Uprising and Forward Movement. She writes: "It seems to me the 'Marseillaise' should be sung and shouted to it the whole way through."

As time goes on the first two volumes of "A History of Nursing," written by Miss Dock and Miss Nutting, are becoming widely known, and finding their way into the hands of nurses all over the world. So long as they know English all is well, but this is not enough for Germany, with her thirst for knowledge, patience, and accuracy, and she will soon have this great work published in her own expressive language.

Sister Agnes Karll is just now hidden away in Switzerland at work on the translation, thereby doing German nurses a wonderful service. The great firm of Dietrich Reimer, of Berlin, is going to bring it out at its own expense, the first volume this year, the second in 1911. Reimer has invited Sister Agnes to add copious foot-notes about German nursing history. The policy of this firm in publishing is never to ask but one question, "Is the book needed?"

### Miss Dock to the Rescue.

We are apt to think that because matters in the United States are more breezy than at home, nurses have no prejudice to contend with, but, indeed, they have, and wherever women are self-supporting, they are met with economic laws which attempt to depreciate the value of their work or to exploit their labour.

Though American men as a rule are generous to a fault to their "own women," a minority is to be found scattered through the various States which has the same innate contempt for the working woman as prevails in Europe.

The *New York Medical Journal* has given space recently to an article by a Dr. Potter, which would delight the heart of medical baronets, and the autocrats who compose the Central Hospital Council for London. We know all the miserable prejudice which inspires this article by heart, so will not waste space in quotes. To it Miss Dock replies, and as all that she says and writes is a valuable and heartening quantity for nurses, we have pleasure in reprinting part of her letter "to set straight some of the misdirected turns of Dr. Potter's thought." Miss Dock squanders the enemy on several educational inaccuracies, and then proceeds:—

#### STATE REGISTRATION.

Next, I should like to make, as plainly and explicitly as the English language permits, the declaration that the major part of Dr. Potter's article is based upon nothing more than a senseless fear. Dr. Potter thinks that the modern movement toward State registration of nurses, with the necessary accompaniment of a minimum standard of training, portends a secret, dark invasion of the field of medical practice by nurses. He surmises that they have their eyes fixed on this goal, and that their train of being laid. He sees significant signs, showing the direction of the march, in certain common phrases: "the practice of nursing," the "nursing profession." And he points out that, as Dr. Potter has said,

autonomy and independence mark the profession as against the calling or trade, and as nurses cannot have autonomy or independence in the sick room, therefore, if they ask for any autonomy or independence at all it means that they are not going to keep their places in the sick room. I am quite sure that, if any physician offered the *Medical Journal* a medical article so full of the traces of superstition as this one about nurses, it would be promptly declined. Let me, from my personal and intimate knowledge during twenty-five years of nurses and nursing affairs both at home and abroad, and as one who has taken a share in all the organisation work of nurses, try to explain to Dr. Potter and to those men of whom he is a type, what nurses really do want. The movement for registration is not a shove forward into the medical sphere; it is not an attempt to get anything new; it is simply and solely an effort to protect a standard of nursing education which we have attained and which time has shown to be a reasonable minimum. Few nurses have any wish to be doctors. Those who have, can, and do, study medicine. The vast majority, however, see in their own work so full and ample a content of satisfaction, interest, and importance that I can say positively they not only have no wish to practise medicine, either openly or surreptitiously, but they have a very definite wish *not* to practise it. In other words, compared with nursing, medicine does not attract them. But what about autonomy and independence? Nurses do claim a human and democratic right to the same share of autonomy and independence that all citizens of a free country may claim. Here I must ask Dr. Potter to discriminate. Nurses do not want this autonomy and independence in the sick room or in the hospital ward or in any branch of their work as nurses. On the contrary, they delight in working under the orders of a medical general whose leadership calls for their every capacity to be put forth to its utmost. It is surprising that Dr. Potter does not realise how impregnable the position of the medical man is as regards the nurse. All he has to do, in order to maintain it, is to fill it in the ethical and professional dimensions. But the nurse does claim autonomy and independence in her social and economic relations as a self-supporting woman and as a member of the human family. She demands them, and she asserts unflinchingly that the subordination due to the medical profession in the practice of nursing does not apply or find place in her life as an individual. When medical men attempt to control the functional processes of the nurse, they are attempting to control a free living com-

ditions and so on, keeping the people from rushing down to sea-side and coasting stations, they meet with her determined resistance, and her fixed refusal to acknowledge their right to manage and control her own affairs.

#### Nursing Economics.

There are countries where the status of nursing now is just what it would be here if Dr. Potter's suggestions could be carried out, for one-year training, cheaper nurses, more obsequious nurses, and two grades of nurses—to highly trained (evidently for the rich), the other just given the simple elements, openly for the patient of moderate means. The thing exists, and the results are most unsatisfactory, so much so that foreign governments are taking a hand in bringing up standards of nursing education to approach ours. When such standards of nursing as Dr. Potter advocates are in general practice, what actually happens is that patients are nursed by their own families rather than call in a nurse; patients will not go to public hospitals unless they are in the most dire extremity; doctors' private hospitals are regarded with dread; physicians themselves are not able to get the results nor let me put it frankly the fees they get here. Finally, but not least important, there is in these other countries a wretched proletariat of ignorant, half-taught, incompetent nurses who are unable to maintain themselves above the poverty line, and whose only prospect in old age or sickness is the almshouse. Now, leaving them quite out of the question as objects of pity, I ask Dr. Potter if he sees any advantage to society in general in this economic degradation of nurses as a class of workers. The great middle-class must be nursed by systems that do not imburden the nurse. Such systems are possible. Besides, we must not forget that the superior quality of our nurses has built up our innumerable comfortable and pleasant little general hospitals where middle-class patients go willingly on charges that are within their means.

#### ETHICS.

Nurses over the whole country are beginning to think that it is time for the medical profession to frame some ethical principles which shall guide medical men in their relations to nurses as workers, and which shall pronounce medical traffic for profit in nurse-training or nurse-sweating a social and disgrace to the science of medicine.

Mrs. Shuter, Hon. Secretary of the Federation of Nursing Students' Committees, asks us to acknowledge an enormous donation of £250, sent to her by Mr. L. M., for the fund raised by the Committee.

## Practical Points.

For a salt bath, pour out the water.

#### A Salt Bath.

It is cooled and run down, says Dr.

*National Hospital Record*.

salt bath, either tepid or cool, each day, followed by brisk rubbing, is especially valuable. For weak or poorly developed children, when judiciously used, it has given excellent results. Many of the less intelligent mothers would scorn the idea of an ordinary daily bath in plain water as a curative agent in a child while they would diligently continue to give a bath containing salt or some drug. This is a point which nurses among the poorer classes will do well to remember.

#### Creolin in Erysipelas.

Dr. W. B. Taylor, in the

*Medical Council (U.S.A.)*, re-

ports the rapid and success-

ful treatment of erysipelas by

painting the surface with pure creolin, waiting three minutes, and washing off with pure water. One application suffices. His explanation is that creolin, being a saponified coal-tar cresosote, dissolves the sebaceous matter of the skin, thus penetrating to the deeper layers and to the superficial lymph vessels, and destroying the streptococci in their remotest habitat. This action of creolin is worthy of attention, as it may be applied to other conditions of the scalp.

#### Warming an Operation Bed.

After a long and serious

operation, it is a very impor-

tant matter that the patient

should be put into a really

warm bed. To ensure this, says the *Nursing Journal of India*, is an easy matter where a large dressing steriliser is at hand. Dressings are usually sterilised the day before the operations, so that, as a rule, the steriliser is not in use on the day of operation. Two pairs of blankets can be put into the steriliser, which should be heated to just below the point where steam comes into the container. These can be left there until the patient is ready to be taken off the table, when one pair ought to be spread under and the other over the patient. It is surprising how hot blankets can be made in this way, and how long they retain the heat, especially if a cotton quilt is put on the top. It is much more satisfactory than hot bottles, as every part of the body gets the warmth, and there is no danger of burning the patient.

#### THE PASSING BELL.

We greatly regret to record the death on Thursday in last week of Miss Jessie Margaret Duff, Matron of the Royal Infirmary, Dundee, and daughter of the late Colonel James Duff, Knockloth, Aberdeenshire. Miss Duff was trained at Charing Cross Hospital, and was appointed Matron of the Royal Infirmary, Dundee, 14 years ago. During her term of office the Maternity Hospital and the Cancer Pavilion have been opened, and the nursing staff largely increased. Her death, which took place at the Infirmary, will be deeply regretted by the large number of nurses trained under her supervision, who regard her with the warmest affection and esteem.

## Appointments.

### LADY SUPERINTENDENT.

**Maternity Home, Mahe, Seychelles.**—Miss Alice M. Beeche has been appointed Matron and Lady Superintendent of the above Maternity Home, under Government. She was trained at the Withington Infirmary, Manchester, where she subsequently held the position of Sister; she has also been Sister at Queen Charlotte's Hospital, and had experience of private nursing in connection with the Nurses' Co-operation, 8, New Cavendish Street, W. She has been Matron of the Accident Hospital, Somerton, Somerset, and Matron and Lady Superintendent of the Aberdeen Maternity Hospital. She is a certified midwife.

### MATRONS.

**Mile End Infirmary, Bancroft Road, N.E.**—Miss Grace A. Preston has been appointed Matron. She was trained at the Whitechapel Infirmary, where she has held the positions of Sister in the maternity wards and of Night Superintendent. She has also been Lady Superintendent of the Union Hospital, Newcastle-on-Tyne. She is a certified midwife and a certified masseuse.

**Cottage Hospital, Romford.**—Miss Gertrude Pickman has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and has been Sister at the Royal Hospital for Sick Children, Edinburgh, and the General Hospital, Birmingham. She has done holiday duty at the East London Hospital for Children, and has had experience in institutional house-keeping.

### ASSISTANT MATRON.

**City Hospital for Infectious Diseases, Walker Gate, Newcastle-on-Tyne.**—Miss Eileen O'Kane has been appointed Assistant Matron. She was trained at the Belfast Infirmary and Fever Hospital, and has been Charge Nurse at the City Hospital, Newcastle, for nearly four years. She has also had experience of private nursing.

### SISTER.

**St. Luke's Hospital, Halifax.**—Miss Dora Williams has been appointed Sister. She was trained at the Bradford Union Hospital, and has been Sister at the Children's Hospital in connection with the same Union, and Night Sister at the Sealecoates Infirmary, Hull. She is also a certified midwife.

### WARD SISTER.

**Shirley Warren Infirmary, Southampton.**—Miss Annie Jones has been appointed Ward Sister. She was trained at the Woolwich Infirmary, Plumstead, and has held the positions of Staff Nurse at the Cottage Hospital, Enfield, and Staff Nurse at the East Dulwich Infirmary. She is also a certified midwife.

### HOME SISTER.

**City Hospital, Newcastle-on-Tyne.**—Miss M. A. Cairns has been appointed Home Sister. She was trained at the Greenwich Infirmary, where she held successively the positions of Head Nurse, Midwifery Sister, and temporary Assistant Matron. She has also had experience of private nursing.

### NIGHT SUPERINTENDENT.

**City Hospital, Newcastle-on-Tyne.**—Miss E. Wilcox has been appointed Night Superintendent. She was trained at the Parkhill Hospital, Liverpool; the

City Hospital, Fazakerley, Liverpool; and the Fulham Infirmary, Hammersmith.

### NIGHT SISTER.

**Children's Hospital, Hull.**—Miss Amy Foster has been appointed Night Sister. She was trained at the Newport and Monmouthshire County Hospital, and has had experience of private nursing.

### CHARGE NURSES.

**Cottage Hospital, Romford.**—Miss Mary Thwaites has been appointed Charge Nurse. She was trained at the Blackburn and East Lancashire Infirmary, and has been Sister at the Victoria Hospital, Keighley.

**Kirkburton Joint Isolation Hospital Committee.**—Miss Aldis has been appointed Charge Nurse. She was trained at the Hull Sanatorium, and has held the position of Assistant Nurse at the Norwich Isolation Hospital, and of Sister at Normanton and District Hospital.

### STAFF NURSE.

**The Children's Infirmary, Carshalton.**—Miss Margaret McCraith has been appointed Staff Nurse. She was trained at the Royal Hospital for Sick Children, Edinburgh, and has been Staff Nurse at the Convalescent Home, Gullane, in connection with the Hospital.

**Scuola Convitto Regina Elena, Policlinico, Rome.**—Miss Grace C. Kirk has been appointed Staff Nurse. She was trained at the Stanley Hospital, Liverpool, and the Fever Hospital, Cork Street, Dublin, and is a certified midwife.

### NURSE.

**Hemel Hempstead Union Infirmary.**—Miss Ethel May Teague has been appointed Nurse. She was trained and certificated at the Bridgewater Union Hospital, where as probationer and Staff Nurse she worked for five years. She has also been Staff Nurse at St. Giles's Infirmary, Camberwell, S.E., and is a certified midwife.

### QUEEN ALEXANDRA'S NAVAL NURSING SERVICE.

Miss Mabel Bere, who was trained at St. Bartholomew's Hospital, has been appointed Sister in Queen Alexandra's Navy Nursing Service, and is stationed at Haslar. She has held the position of Sister at the Children's Infirmary, Carshalton.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Elizabeth Hiron, to Grantham, as Senior Nurse; Miss Mary Cole, to Chapel End; Miss Norah Farrant, to Chatham, as Senior Nurse; Miss Violet Fenton, to Higher Sutton; Miss Elizabeth Milner and Miss Mabel Ryder, to Huddersfield.

### THE HOSPITAL OF ST JOHN OF JERUSALEM.

Amongst the promotions and appointments to the Order of the Hospital of St. John of Jerusalem in England, which the King has been pleased to sanction, are the following:—

*As Lady of Justice.*—Her Royal Highness Princess Victoria Patricia Helena Elizabeth of Connaught.

*As Ladies of Grace.*—Her Excellency the Countess Grey Edith, Mrs. Bland Sutton; Jessie, Lady Truscott.

## Nursing Echoes.



At the time of the death of the late King the members of the Territorial Force Nursing Service subscribed for a cross to be laid on his tomb, and it has been found that there is a surplus of £93. The Queen Mother has expressed the desire that this sum shall be handed over to the Trained Nurses' Annuity Fund as the nucleus of a

King Edward VII. memorial annuity, to be awarded to a disabled nurse who has been a member of the Territorial Force Nursing Service. The Council of the Fund have issued an appeal for funds to enable them to found this annuity. To endow a memorial annuity of 10s. a week in perpetuity the sum of £900 is required. Further details may be obtained from Dr. Ogier Ward, Hon. Secretary, 73, Cheapside. We are asked to state that if any members of the Territorial Nursing Service have not already subscribed to their own special fund, the Principal Matrons, or Miss Sidney Browne, 31a, Mortimer Street, W., will receive subscriptions till the end of this month.

The Cookery and Food Exhibition, promoted by the Universal Cookery and Food Association, will this year be held from November 1st to November 5th inclusive, at the Royal Horticultural Hall, Westminster, S.W. The section of chief interest to nurses is Section III. in Group B, Invalid Cookery, in which Class 32 is a special class open only to trained nurses. The entrance fee is 1s., and entries must be sent in before October 15th. The dishes in this section will be exhibited on November 3rd and 4th. The exhibits are to comprise an invalid tray containing a dish of fish or meat, a light pudding, jelly, or custard, and two beverages, including beef tea or a soup.

Class 33, invalid trays, including the same dishes as Class 32, will be open to all except trained nurses, and in Class 33a, the exhibits will be invalid trays containing five meatless dishes, including soup and a beverage. The dishes in Classes 33 and 33a will be exhibited on November 1st and November 2nd. The prizes to be awarded in these classes are a Gold Medal, Silver Medals, Bronze Medals, Cookery Books, and certificates of merit.

These exhibitions are not commercial speculations, but are intended to be of real educational value to the community, and the profits will be devoted to educational and charitable purposes, and for the benefit of the Benevolent

Fund of the Association. The Exhibition Offices are at 320, Vauxhall Bridge Road, S.W.

The Valedictory Meeting of the Nurses' Missionary League, when nurses will be dismissed to the foreign mission field, will be held at University Hall, Gordon Square, W.C., on Wednesday, Oct. 5th. Two members of the League have recently left for work abroad—Miss E. Plumbly (St. Bartholomew's Hospital), for South Africa, in connection with the Society for the Propagation of the Gospel, and Miss McMinn (Belfast Infirmary), for Assiut, Upper Egypt, in connection with the American Mission.

In the absence of the Lord Mayor of Bradford, the Deputy Lord Mayor, Mr. James Hill, last week presented the medals and certificates to the nurses of the Bradford Royal Infirmary who had passed the recent examinations. Mr. George Priestman presided. The report of the Examiners, read by Dr. Phillips, stated that every one of the twelve nurses examined gained the certificate of merit, and three of them (Nurses Hurdley, Dowson, and Woodhouse) obtained an average of over 75 per cent. of marks. Among the seniors Nurse Morgan, last year's silver medallist, won the gold medal with an average of 77.5, Nurse Gilbertson being second with 73. Nurse Stephenson was first amongst the juniors, and therefore the silver medallist, with an average of 79.25. Mr. Hill, after presenting the medals and certificates, said in addressing those present that it was very gratifying to find the nurses working so hard to make themselves proficient.

At a meeting of the Gillingham Town Council last week, on the minutes of the Health Committee being presented, Councillor Tapp said it had come to his knowledge that on July 20th a child had broken out of the hospital at 10 o'clock at night, and made its way home, arriving there at 10.20. The child was suffering from scarlet fever, and it was a very wet and cold night. He would like to know whether this matter was considered in the report of the Medical Officer.

The Medical Officer said the nurse came to his house late at night, but failed to make him hear, as he had no night bell. She reported the matter next morning.

Councillor Tapp thought it a shame that the Council was given no information on this matter. This was not the first time a child had broken out of the hospital.

The Medical Officer said the case was not a severe one, and there was only one other child in hospital. The boy escaped while the nurse had left the ward to have a bath. Seeing one

of the beds vacant on her return, she roused the Charge Nurse, and went down to the boy's home. The parents refused to let the boy return that night, but he did so next day.

Councillor Tapp said it was no explanation to say, as had been urged, that the boy was a naughty boy. The staff should be able to manage a boy of twelve. There was great neglect somewhere.

Dr. Anna Hamilton, in *La Garde Malade Hospitalière* gives an interesting account of the method of examination, and the classification of pupils, in the nursing school of the Protestant Hospital, Bordeaux, both in practical work and theory (the latter in two sections). The pupils who headed the list at the last examination were Mlle. Bryant, Mlle. C. Mignot, and Mlle. Larribau.

In the same journal, Miss Elston describes a visit which she paid to the Civil and Military Hospital of Ellent, in the Seine-Inférieure, in order to see the work of the brave band of Bordeaux nurses to whom three years ago the laicisation of this hospital was entrusted. She was met at the station by the Directrice, Mlle. Gonthier, a former pupil, and the cheffaines who were assembled in the hospital, bombarded her with questions concerning their former training school.

*The Canadian Nurse* for July is largely devoted to the report of the proceedings of the Fourth Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses, held in the Residence of the Hospital for Sick Children, Toronto. Miss L. C. Brent, President, was in the chair, and the Address of Welcome was given by Mr. John Ross Robertson, President of the Hospital Board. In her Presidential Address, Miss Brent referred to the loss sustained by the nursing profession through the deaths of Mrs. Hampton Robb, Miss Ida Stewart, and their own efficient Secretary, Mrs. House, concerning whose work a paper was read at a later stage in the proceedings by one of her pupils, Miss Edgar.

Miss Amy Downey, owner of the new Nurses' Residential Home, 11, Norfolk Square, W., informs us that the position recently held by her at the Mental Nurses' Cooperation, 19, Norfolk Square, was that of Matron, the Cooperation and the Home being under the same management. She is prepared to substantiate this statement, and her solicitor, Mr. W. Gipsy Kent, of 11, Gray's Inn Place, has informed the solicitors of the Superintendents, Miss Hastings, that he is ready to accept service on her behalf.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King and Queen have been pleased to become Patrons of Charing Cross Hospital, the Royal Dental Hospital of London, and the Italian Hospital.

His Majesty has also granted his patronage to the Royal Westminster Ophthalmic Hospital, and the German Hospital, Dalston, and the Queen has become Patron of the Royal Ear Hospital.

The King has intimated his intention of increasing his yearly subscription to King Edward's Hospital Fund for London from £500 to £1,000.

The Prince of Wales has forwarded a subscription of £100 to the same Fund.

The following gentlemen have accepted the invitation of the Lord Mayor (Sir John Knill) to serve on the Mansion House Committee for providing a memorial in London of the late King:—The Archbishop of Canterbury, the Duke of Fife, Lord Rothschild, Lord Iveagh, Sir Ernest Cassel, Sir James Gilden, Sir Thomas Barlow (President of the Royal College of Physicians), Mr. H. T. Butlin (President of the Royal College of Surgeons), the Presidents of the Law Society, the Royal Academy, and the Chamber of Shipping, the Governor and Deputy-Governor of the Bank of England, the Chief Rabbi, Sir H. Beecham Tree, and most of the London Mayors.

A scheme is favoured in Edinburgh, and it is understood may be approved in Glasgow also, for the improvement of Holyrood Palace as a memorial to King Edward VII. It is hoped that the Palace may be rendered suitable for occupation by the King and Queen for a short period each year.

It has been unanimously resolved that in memory of the late King Edward VII. steps shall be taken to raise a sufficient sum to pay off the debt upon the "King Edward VII. Hospital" at Windsor, to endow the same, and to erect a statue to his late Majesty on the grounds in front of the hospital.

The Special Correspondent of the *Times* writes that Doctor Treven, who has been successfully applying Ehrlich's specific 606 at the Kalinkin Hospital in St. Petersburg, reports that marvellous results have followed the injection of the same remedy into the veins of patients suffering from recurrent typhoid, a disease which affects many who recover from cholera. Of 50 patients so treated 98 per cent. have completely recovered.

The third International Congress of School Hygiene in Paris adopted a series of resolutions relating to the instruction of teachers in hygiene, compulsory physical education in both boys' and girls' schools, and graduated lessons in matters of sex, beginning with natural history and leading up to complete instruction for advanced pupils.

## Our Foreign Letter.

## A HOLIDAY IN THE LEBANON MOUNTAINS



I spent my summer holiday in a sweet little village in the Lebanon Mountains, and oh, how I enjoyed it! Two whole months' rest!

I stayed part of the time with friends, whose summer residence is a short distance from the village. Two members of the family, rather and son, are doctors, and are greatly beloved by all the native population, to whom two days of the week during the three months of the year they reside at their mountain home, they give their services, never accepting any payment from the multitude of sick folk, who come sometimes at most inconvenient hours, to claim their care and skill. We were a big house party, and every day made delightful picnics under the pine trees, or took long walks in the cool of the day with now and then a drive down to Beyrouth, and every day brought with it such a sense of rest, enjoyment, and renewed vigour to each one of us after ten months of hard work in hospital. We always tried to keep Sundays like we used to spend them in England, and although there was no real church in the little village, there was a large room arranged as nearly like one as possible, and one of the doctors read the morning service and we sang hymns, and whenever there was a clergyman of our party we had a sermon. One Sunday morning we were all starting out to walk to this very primitive church, when one of the doctors came to me and said, "Will you come and help me instead of going to church? A small boy has just arrived, a patient, with a fractured femur, so we must set to work and do our best for him." The little boy was accompanied by his mother and several other relations, but as the splint had to be made and then padded we sent them all away, only permitting the child's mother to remain with him. An orange-box provided us with wood for the splint, this had to be hewn and planed into shape, and then padded, and then the leg was set, the boy made as comfortable as circumstances would permit, and then put on a stretcher and carried very carefully to his home. The doctor and I both accompanied him to the cottage and put him to bed, telling his mother on no account to disturb the splint and to keep the little patient absolutely at rest. To all our injunctions she replied "Maloom ya hakeem, maloom, ya sittee" (Of course, doctor, or course, lady, and so we left the house, promising to call again later in the day).

Towards evening we went to have a look at the child, when to our dismay we saw him lying on the floor playing with his little sister. The splint was off, and when we asked the meaning of all this, the mother said, "Dach'ak ya hakeem" (I have

seen a doctor, and he has set my son's leg, and he told him all about the splint, so he must have set it, and my boy said, 'see you, maloom' (I understand you), and took it off, and then he said, 'I have set the leg, and the splint is coming every day to rub the leg, and not hard, you know, sir, but just a little gentle rub.' All our troubles for nothing! The doctor said he would not attend the case any more, but I used to climb the hill every day to see how the leg went on. I was curious to see how this native management of the case would answer. To me it was so interesting how this mountaineer, a shepherd, should know that massage is the right treatment, it rarely used for fractures. Strangely enough, the boy did far better than we expected, or than some of us hoped; long before our holidays were over he was hobbling about and asking very well, but there is a shortening of about two inches of the leg. Well, we did what we could, we could do no more. That is the difficulty with cases nursed out of hospital.

And now the holidays are over and we are back at work again, and how delicious work is after such a good rest, in such delightful scenery, and the invigorating air of the mountains. All the people, both fellahs and townfolk, seem so glad we are back again, and every day numbers of patients, new and old, come for relief, or just to give us welcome home again. This morning I spied Sultany and Me'ia in the courtyard, they simply came to show themselves, not for medicine, for both now enjoy robust health. I forget if I told you about these two patients. It was one afternoon in the rainy season, that our late Matron, who was always "going about doing good," went down into the slums of the town and found in a one-roomed house built of tin boxes, a woman and her little two-year-old girl, lying on a piece of old matting on the earthen floor which formed their bed. In this part of the town there are a good many of these tin huts; they are made from the big tins which contain petroleum, which the natives term "gaz." In the little tin shed of which I am writing lay Sultany and her child; the woman had fallen ill from malaria, and consequently could not do any work, and both she and poor little Me'ia were almost dying from cold and starvation. There was no furniture whatever in the room, and under the damp matting on which the two were lying, huddled together trying to keep each other warm, the earth worms were crawling, and the rain was streaming in through an aperture which served for the door. This woman had once been beautiful, but had lost the sight of one of her eyes, the lid of which was always closed, which added to her dejected appearance. She seemed to have lost all hold of life, and only wished to die. A carriage was hired to bring these two patients to the hospital, and in an hour's time both were lying between the blankets on warm beds. Me'ia was quite equal to the situation, and was so delighted to have new clothes and plenty of good food, and other children to play with, and soon afterwards became the pet of the ward. Her mother was much more little than her daughter, no more than a very kind, but very poor, old woman.

prove her condition. Whatever she took of either, she declared made her sick, and after the smallest quantities of even liquid food she would always say: "I'm going to be sick." She really was a very difficult patient. Nothing would induce her to acknowledge that she was even a little better or that her circumstances were improved by leaving her little tin hut. Sometimes the doctor would say, "Isn't it better here, Sultany, than out in your damp shed." To which she would reply "Naam ya rhowwhager, ahsan, bass." (Yes, sir, better, *but*)—always "bass." For weeks this was always her answer to every question. "Naam, bass." (Yes, *but*.) So at last, from sheer fun and the wish to make her cheer up, we all called her "Sitt Bass." *I.e.*, "Mrs. But," and finally a faint sense of humour, long dormant in Sultany, was awakened, and she would hesitate before she added the final "bass" to each response, and would actually smile.

SISTER MARIE.

(To be continued.)

#### BUSH NURSING IN AUSTRALIA.

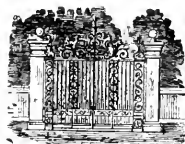
Miss Amy Hughes, speaking at a meeting convened under the auspices of the National Council of Women of Victoria, in support of Lady Dudley's scheme for district nursing, in the Chapter House of St. Paul's Cathedral, Melbourne, at which Lady Gibson Carmichael presided, and the Governor, the Prime Minister, and the Lord Mayor were amongst those present, said that Australia had an advantage, and was to be congratulated upon the excellent organisation of the nursing profession and the relations between the nurses and medical men; she had been struck with admiration and envy at the way in which the nurses had attained there what they were striving for in England. Victoria had the honour of being the first country to form such a register as that of the Royal Victorian nurses. This high standard would help the district nursing scheme very much in providing the right material for the work. The old-age pension system in England was leading to many old people remaining with their friends, and such cases would find much benefit from district nurses. The nurses would help the local hospitals by attending cases outside, which now had to be kept in the hospitals to the exclusion of more deserving cases. A keynote of success in England had been the special training in social problems, such as sanitation and hygiene, so that, in a homely way, they could apply the teachings in the homes they visited. She dwelt also on the importance of maternity nursing in saving the lives of mothers and children in places where mortality now occurred for lack of knowledge. It was said the scheme would cost £1,000,000.

It would not cost anything like that, and was a memorial which the late King would have desired.

The following resolution was adopted.—"That this meeting looks forward with confidence to the announcement very shortly of the plan by which Her Excellency the Countess of Dudley hopes that the benefits of district nursing will be extended as widely as possible throughout the Commonwealth, and is ready to do all it can to help by practical means in attaining the object which Her Excellency has so much at heart."

## Outside the Gates.

### WOMEN.



Lady Laura Ridding, President of the National Union of Women Workers of Great Britain and Ireland, with the Hon. Treasurer, Mrs. Rowland Prothero, and the Editor of the Occasional Paper, Miss E. M. Eaton, are appealing for increased support of this useful national society. They state that at least £900 is needed, that, owing to the enormous extension of the work, the office expenses have necessarily increased in the last two years, and that there must of necessity be a further increase as the N.U.W.W. grows in Committees, in Branches, and in importance; that the office is worked on the most economical lines, and the Finance Committee feel that further petty economies would be useless. To meet the present deficit the Executive Committee have decided to ask each member of their Committee to give or collect two guineas, but it is hoped that every member of the National Union will also help—by endeavouring to find new members who will subscribe annually one guinea; by doubling or raising their own subscription; or by collecting small donations in support of the N.U.W.W.

They state that what is really required is a reserve fund, from which the quarterly payments can be made without over-drawing at the bank. Every Association worked on a sound financial basis has its reserve fund, and the National Union of Women Workers is too important a society to dispense with such a desirable system of financial security. An increased yearly income from subscriptions is also necessary to enable the work of the N.U.W.W. to develop on the lines which are opening out to it an extended field of service and of influence.

The Isle of Wight County Education Committee have appointed Miss Florence Jane Monk, B.A., Principal of the Pupil Teachers' centre at Haywards Heath, Sussex, as Head Teacher of the County Secondary School, Newport. The Chairman stated that the successful administration under former women had influenced the Board of Education to alter their policy of opposition to such appointments.

The flower sellers of Covent Garden, known as the Louis Pennington flower girls, have lost a good friend in the late Vicar of St. Clement Dances Church in the Strand, the Rev. J. H. S. Pennington. At the funeral service last Saturday they occupied pews which were specially assigned to them, and during the officiating minister's reference to the deceased's work among the poor, many of them were overcome with grief. The poor of the neighbourhood gathered in such numbers as to stop traffic in the Strand.

## Book of the Week.

### RANCHER CARTARET \*

This is another Canadian story. It is told in a manner that compels the reader to catch the evident enthusiasm of the writer for his subject, and his subject is above all—the land—the joy of physical output in spite of corresponding discomfort. These are the dominant notes.

There was in Cartaret a spice of the saving contempt for bodily weariness and physical pain, which is to be found in many an amateur athlete such as he had been, as well as in most of the small ranchers and axemen who are stubbornly driving their roads and clearings farther into the wilderness he was travelling through.

He had set out for Canada on what he had decided should be neither more nor less than a fishing and shooting trip. It was clear, however, that he must spend at least a week or two with his Canadian relatives.

From a letter received on his journey he learns of his brother's financial ruin (involving his own) and disgrace, followed by his suicide. Feeling that it must reflect on himself, he determines to hide his identity under an assumed name. Inadvertently he is thrown amongst the people he would have wished to avoid. His uncle and Clare Cartaret, his cousin. Passing as a stranger, he works as their hired man, using his spare time for the clearing of the ranch he has purchased.

Part of his duties consist in attending his cousin on canoeing and fishing expeditions, and, as they are both possessed of more than average attractions, it is not difficult to understand that they become drawn to each other. She, with feminine intuition, divines that there is a history attached to their hired man.

It was wonderfully exhilarating. The lash of the cold wind and whirling spray upon his cheeks set his blood tingling. Trees and rocks flew up faster and faster towards them, the craft lurched and plunged, swung in the eddies, and shot between half-seen masses of stone, until there was a wild swoop and thud, and they were flying out again upon a slow and even stream. Then Clare laid down her paddle with a little soft laugh.

"Oh," she said, "that was splendid!"

Sydney admitted it, but he was afterwards silent until they reached the lake. Clare had showed him a new phase of her character, and it was one that appealed to him.

He noticed she relished, as he did, on the scheme and dimness of the primal bush, and that the unchanging song of the river had the same charm for her. It was significantly clear that he had never felt it quite so deeply as he did then. Some of the little word paintings are wonderfully instructive, and the difficulties and uphill work of a small rancher's life are set forth in detail.

It was a hot morning, and the heavy stillness of the woods was emphasized by the distant sound of falling water, when Cartaret stood beneath a

cedar, listening attentively. He felt a sudden out-thrust in one hand and a coil of stout rope in the other, and he was very hot just then, as well as somewhat out of temper, for he had been trailing his work, even through the bush for the last two hours, and was as far as ever from laying hands on them. Cartaret became suddenly intent, as the faint clucking of a bell stole out of the scented shadow. Then a pair of horns rose above the brake, and holding the rope carefully behind him he thrust forward the bundle of hay.

"Farragut," he called seductively. "Poor old Farry! Come along, Tillicum!"

A big red-and-white beast raised its massy head and regarded him with contemplative eyes. Then it walked through the thicket with an ease he envied, and while the bell upon its neck set up a mellow tinkling, moved a few paces forward and stopped again.

Sydney remembered he had left his breakfast cooking at least two hours ago, and made a determined effort to keep his temper, and spoke again in the same seductive voice, though the words were different.

"You villainous, suspicious old beast," he said. "It doesn't matter to you that the bottom of my frying-pan is probably burning out by now!"

He fancied he heard a peal of silvery laughter, and when a minute later he crawled out, hot, savage, and scratched all over, he was far from pleased to see Clare and Lucy Briarton standing upon the edge of the rock.

"Aren't they delightful?" said Lucy.

"No," said Cartaret shortly. "If you had been chasing them without any breakfast half the morning, I don't think you would call them that either."

It is in little episodes like these that the charm of the book consists, though the course of true love between Cartaret and Clare is sufficiently interesting.

H. H.

### DOMINION DAY.

Awake, my country, the hour is great with change!

Under this gloom which yet obscures the land  
From ice-blue strait and stern Lamentation range

To where giant peaks our Western bounds command,

A deep voice stirs, vibrating in men's ears—

As if their own hearts throbb'd, that thrush forth.

A sound wherein who darkens usde hears—

The voice of the desire of this strong North

This North whose heart of fire

Yet knows not its desire.

Clearly, but dreamy, and mournful in the dream  
The hour of dreams is here—Lo, on the hills the gleam!

From "The Old North Canadian Confederation."

By CHARLES G. D. ROBERTS.

### WORD FOR THE WEEK.

I have to say that my children are not quite so good at spelling as they used to be.

GUTHRIE.

\* By Harold Bindloss. (John Long Limited, London.)



# The Midwife.

## An Embarrassment of Riches.

A lecture delivered by Dr. J. Force to the Alameda County Nurses' Association, and published in the *Nurses' Journal of the Pacific Coast* is of so much interest to midwives and nurses that we reprint the greater part.

In the early morning hours the stork stepped out into the veranda and looked about him. Before him spread broad, well-kept lawns, blooming flowers, and fine old trees. He glanced back into the house, which he had hardly noticed the night before when he had tapped on an upper window. He saw oaken floors, Oriental rugs, well-filled oaken book-cases, and comfortable furniture. "It is evident," he said, as he half spread his wings, "that my little charge will receive every attention. This is the home of culture, refinement, and wealth." A disquieting memory came to him; a memory of a hollow-eyed, pale-faced mother into whose waiting arms he had delivered his burden. All that a mother's love could give would be assured, but—"Oh, Dr. Stork, before you go have you any directions for feeding the baby. The mother never can nurse it." Dr. Stork lowered his wings and faced the nurse. Why should he be bothered with such matters? Was he not a great obstetrician? Did he not glory in the dark nights and fierce storms through which he must often buffet his way? Was he not always careful to protect the baby's eyes against the perils of the journey? Let the nurse attend to the feeding. That was only a minor detail. "Why, nurse," he demanded, "are you not familiar with infant feeding?" "Yes, doctor," she replied. "I have studied percentage feeding, and know all about making formulae." "Ah, that is very gratifying. I am sure the baby will thrive in your care. Good morning." And the stork spread his wings and departed, flying a little heavily, for it had been a wearying night.

The nurse began the feeding of the newcomer with the calm assurance of knowledge. She was beyond reproach in her care of glassware and utensils. She knew that human milk had a certain percentage composition and reaction, therefore cow's milk should be modified to that percentage. What could be simpler? She had been warned against the tough cases, with its indigestible curd appearing in the stools as a call to dilute the proteids. She knew about cereal mixtures, condensed milk, and proprietary foods. She was sure that advertisements always told the truth, in were not the fat ladies shown in the pictures.

She put out her fingers for she never trusted her memory to important things like figures, and began on: Fat, 4.00; sugar, 7.00; protein, 0.30. At the second week she was feeding: Fat, 2.00; sugar, 6.00; protein, 0.00. This formula furnished 157 calories per gram, so she was feeding 550 grams of milk a day, or 352.75 calories. But the baby weighed 3,500 grams at each ten of these grams

was calling loudly for a calorie. Well, she was only eight calories a day short, and higher protein would upset the digestion, so she kept to the table. The child gained weight, but very slowly. At six months she was feeding: Fat, 1.00; sugar, 7.00; protein, 2.00 per cent., a mixture which gave 0.744 calories per gram. The baby took 1,500 grams a day, or 1,115.5 calories. His weight was 7,000 grams, but at that age each 10 grams only wanted 0.9 calorie, or 630 calories in all. So he was getting 400 calories too much, and began to suddenly gain weight to everyone's joy.

The nurse took no chances with summer complaint. She dipped the top milk from "certified" bottles with a sterile dipper, added her milk, sugar, lime water, gruel, or whatever she needed. Slowly a small cloud grew on the bright horizon of her success. The baby was constipated. Obedient to her conviction she raised the fat. This did not relieve as readily as she had expected, but, on the contrary, large "curds" began to appear in the stools. She again reduced the proteids, and again raised the fats. The constipation still continued, and she added magnesia to the feedings. The constipation was slightly relieved, but the baby began to refuse its bottles, to cry at night, to fret during the day. The urine stained the napkin, smelled strongly of ammonia, while the stools grew putty-like in colour and consistence. Worst of all began a steady loss of weight, a swollen look at the wrists, little knobs on the breast bone, and one night vomiting, diarrhoea, fever, and prostration.

Mrs. Stork answered the telephone. "The doctor has gone to tar Carhay with Chinese triplets, and I am afraid that he will not be back until morning. Call up Dr. Owl. He is in your neighbourhood, and is sure to be awake."

Dr. Owl sat in the nursery adjoining the bedroom. The baby had fallen into a trancel sleep, and the mother had been sent to her room. The nurse came in and showed a napkin. The thin green stool was filled with yellowish-white, hard lumps. "This is what I spoke of, doctor," she said, "either these or an even white patty. I confess that I am beaten." Dr. Owl looked at her thoughtfully. Here he saw a careful nurse, and one worth instructing.

"Were you ever on a farm, Miss Jones?" he asked. "Why, yes, doctor, I have a cousin who has a large dairy farm, and supplies most of the certified milk that is used in this town. I have often visited there. He has a beautiful dairy place." "Do you know anything about his feed?" "It is mixed Jersey and Holstein. He makes the milk run a constant six per cent. of butter fat."

Has he ever told you that he has tried feeding the Jersey cows to feed on Jersey milk?" "I have heard that. I guess that the milk is better specialised for them, one thing is too much, isn't it?" "Yet knowing that, and yet becoming fat, six per cent. of fat in the milk, isn't it?" "Why, I

thought of that, and any way the proteid is to blame. Look at all the curds." "Miss Jones, do you know anything about soap making?" "How funny! Grandmother used to tell about the ashes and fat in the leach barrel, I think she called it."

"Exactly. Alkali from the ashes plus acid from the fats makes soap. Now if you will bring some of those 'curds' to my office to-morrow, I will pour strong acid on them, and you will see the fat drops swim out. Or shake one in a glass with a little water, and see what fine suds you can make. Did you know that the baby had scurvy?" "I was beginning to think so, but what has that to do with the soaps?" "Why, in order to keep your soap factory running you have had to have some alkaline salts to unite with all that fat rich top milk. The bone nutrition of the child has had to pay for it. That is all. Those are not curds in the stools. They are soaps from excess fat feeding, and those putty-like stools are another evidence. Why even the proprietary food people are beginning to drop this talk about proteids, and claim that their products will 'motify fats.' Why motify fat? Why not reduce it?" "But, doctor, the child will be constipated." "If that happens, skim the milk and feed it straight." The nurse jumped to her feet. "What!" she exclaimed, "feed a young baby on whole cow's milk skimmed? Why, a baby's stomach isn't like a calf's! It would have awful colic. The casein would go into one big lump." "I am not so sure about that, Miss Jones. Heubner has shown that if rennet and milk are placed in a tube and the motion of peristalsis is imitated, the milk will coagulate in floccules. Czerny and Keller have shown that cow's milk proteid is perfectly digested by infants if the fat is not in excess, and that it is the excess of fat that assists in the formation of the thick curd in the stomach and curds in the stools. Try some liquid rennet with skimmed, and four per cent, milk, and see for yourself." "But a child cannot thrive on skimmed milk alone, doctor." "No, and a certain amount of fat can be tolerated. In Paris, Budin, in his great milk depots fed only plain sterilised cow's milk; but foreign milk runs 3 per cent, about, and 3.5 per cent. is a safe upper limit of fat." "Suppose we lower the fats and dilute the proteids?" "Then you would do what the proprietary foods accomplish. Cut down the inorganic salts in the food and thus make the fats more apt to draw on the body tissues in order to experty."

In answer to the question, "Doctor, how do you feed infants?" he replied, "Well, that is rather a large order to fill, because babies are different. In general, however, I weigh the child and allow a daily quantity of 3 per cent, fat milk equal to 1.5 the body weight up to three months, 1 from 3 to 6 months, and then 1.5 to 1.10. If the milk is 4 per cent, fat, 1.5 ounces of the top after the cream is risen. This top milk contains the most bacterium, so get getting rid of it you are doing the child two good things. Mix up the remainder, and 4 bottles are enough for the number of feedings. If the milk is 'infantile pasteurised,' it may be necessary to begin with 1 per cent, milk and gradually add whole milk until the tolerance is 3.5 per cent, or more, as above. But the new top skimmed milk, at 4 per cent, fat, is able to feed whole milk at one month. At six months the child can be on whole cream milk."

this a new idea, doctor?" "No, indeed, it is very old, and forgotten; but it began to be revived in 1908. At that time the Federal Government published an article by Scherschewsky, and several articles came out in the medical journals on the 'top milk fallacy.'"

## The Midwives (No. 2) Bill.

The Midwives (No. 2) Bill, as introduced by the Lord President into the House of Lords, provided seats on the Central Midwives' Board for two certified midwives in Clause I, sub-section (c), which ran: "Two certified midwives to be appointed, one by the Incorporated Midwives' Institute, and one by the Royal British Nurses' Association." As amended on report, sub-section (c) runs: "Two persons, one a certified midwife to be appointed by the Incorporated Midwives' Institute," and the representative of the Royal British Nurses' Association is included with other "persons" in sub-section (d). We hope that when the Bill is before the House of Commons the question of direct representation of midwives on their governing body may receive consideration.

An important addition to the Bill is in Clause 12, which refers to the "Reciprocal treatment of midwives certified in other parts of his Majesty's dominions."

A new sub-section (b) now provides for the recognition of Irish midwives: "Any woman who produces to the Central Midwives' Board satisfactory evidence (b) that she is qualified to be appointed as a midwife by a Board of Guardians in Ireland under any regulations of the Local Government Board for Ireland for the time being in force, shall on payment of the like fee as is payable in ordinary cases be entitled to be certified under the principal Act," etc.

## The Central Midwives' Board.

### EXAMINATION PAPER.

The following are the questions set at the examination of the Central Midwives' Board held on August 5th.

1. What are the duties of the midwife to the patient according to the Rules of the Central Midwives' Board?

2. What is the normal period of pregnancy? How would you estimate the date of confinement? What are the signs and symptoms of beginning labour, and for what may they be mistaken?

3. What are the causes of delay in the second stage of labour, and how would you treat them?

4. What is nature's method of checking hemorrhage from the placental site after the separation of the placenta?

How would you treat post-partum hemorrhage (a) Before, (b) After the expulsion of the placenta?

5. Describe in detail your treatment of a patient during the first three days after a normal confinement.

At what period would you allow the patient to get up, and what circumstances would influence you in determining this?

6. What are the causes of constipation in the infant, and how would you treat the condition?

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,168

SATURDAY, AUGUST 20, 1910.

XLV.

## Florence Nightingale, O.M.

THE FOUNDRESS OF MODERN TRAINED  
NURSING.

The passing of Florence Nightingale deprives nurses, not only in the United Kingdom, but wherever modern nursing has been introduced, of the foundress of their profession, of the woman of genius, of action, of wise counsel, whose magnificent labours in relation to nursing are the heritage of humanity, and it is with a sense of personal bereavement that they have learnt of the quiet ending of her life so fruitful in good to her generation.

The name and fame of Florence Nightingale are associated chiefly in the public mind with Army Nursing Reform, as the result of her splendid efforts during the Crimean War, but it is because she realised and enforced the truth that nursing is not only a technical handicraft but a science that we owe her an inestimable debt. She has given to the nursing world practical, tangible laws; in her broad-minded and unanswerable works on nursing and hygiene she has laid down the principles of nursing too clearly to be refuted; she founded a school for the training of nurses in connection with St. Thomas's Hospital, with the nation's gift to her of £50,000, and led the way from the maze of good intentions to the clear path of practical usefulness, instituting nursing as a profession, on a scientific basis, peculiarly adapted for women.

It is rare for those who lay foundations to see great results from their work, but Miss Nightingale has lived to see not only Army nursing initiated on a sound foundation, but the uprising of training schools for nurses in this and many countries, the inauguration of nursing in the homes

of the poor in which, both in Liverpool when inaugurated by Mr. William Rathbone, and later in connection with Queen Victoria's Jubilee Institute she took a deep interest; the improvement of nursing in workhouse infirmaries had her sincere sympathy and support; the training school at the St. Marylebone Infirmary was for many years in touch with that of the Nightingale school at St. Thomas's Hospital, and it will be remembered that Agnes Jones, who laid down her life during her effort to introduce trained nursing at the Brownlow Hill Infirmary, Liverpool, was one of the earliest Nightingale probationers.

As all the world knows, Miss Nightingale has been for many years a confirmed invalid, but to the last she retained her deep interest in nursing, and to her sick room were taken many nursing problems for solution. When we consider the secret of her success we must admit that fate was kind to her in giving her position, culture, and wealth. But these were incidental aids. Her work was permanently successful because of the period of stern preparation which preceded it. She spared no pains to make herself efficient, and when opportunity came to her it found her equipped and ready. She demanded thoroughness of others, but she imposed it first on herself; and added to this were a clear grasp of fundamental principles, and the power of translating them into action. Her determination enabled her to compel circumstances instead of being compelled by them; her genius enabled her to surmount difficulties and to establish order where chaos reigned, so that she stands out to-day as the most notable, as well as the best beloved, personality of the Crimean War.

To her bier the nurses of the world bring homage. Time will but add lustre to her fame, which is imperishable.



FLORENCE NIGHTINGALE, O.M.

*By Sir John Steele.*

## A Great Heroine.

The story of the early years of Miss Nightingale is one which has been oftentimes told. All the world knows that she was born in the fair city of Florence, whose name she bears, that her happy youth, which was passed at Embley Park, in Hampshire, or Lea Hurst, in Derbyshire, was that of an ordinary English girl, though even in her early days her strong individuality asserted itself, and the stories told of her care for wounded animals, and her love of visiting the cottagers, gave an indication of the bent of her mind.

Amongst the many notable men and women of her time for whom Miss Nightingale had a sincere admiration were John Stuart Mill, Elizabeth Fry, and Dr. Elizabeth Blackwell. The latter described her as "a young lady at home, chafing under the restrictions that crippled her active energy," and relates that walking on the lawn at Embley Park in front of the drawing-room she said, "Do you know what I always think when I look at that row of windows? I think how I should turn it into a hospital and just how I should place the beds." Throughout her life Miss Nightingale was an advocate of thoroughness, and her advice to girls who desire to qualify themselves is as necessary to-day as when it was written. She wrote:—

"I would say to all young ladies who are called to any particular vocation, qualify yourselves for it as a man does for his work. Don't think you can understand it otherwise. Submit yourselves to the rules of business as men do, by which alone you can make God's business succeed, for He has never said that He will give His success to sketchy and unfinished work," and again in the introduction to the life of Agnes Jones, she wrote:—

"Three-fourths of the whole mischief of women's lives arises from their excepting themselves from the rules of training considered necessary for men."

In accordance with her convictions, Miss Nightingale endeavored to obtain practical experience in nursing, a difficult problem in the middle of the last century, both because of the inevitable opposition, and the fact that training in this country was practically non-existent, while the conditions under which experience was obtainable in the hospitals of that time were both hard and revolting. She, however, succeeded in studying nursing conditions in different parts of the United Kingdom.

Happily for Miss Nightingale, her attention was directed by Mrs. Fry to the value of the

training given in the institution at Kaiserswerth-on-the-Rhine, founded by Friederike Fliedner, wife of the pastor, who ably seconded her efforts, and there she spent some months, and afterwards studied the methods of the Sisters of St. Vincent de Paul in Paris. Later she took charge of the Home for Invalid Gentlewomen, then in Harley Street, W., and lately rebuilt on a larger scale in Lisson Grove.

It was while she was in charge of this Home that war was declared in the Crimea, and later, owing to the good offices of Sir William Russell, *Times* correspondent, the country became aware of the appalling and unnecessary suffering and terrible waste of life of the soldiers who had won our victories, who died with wounds so neglected

that they were breeding maggots, and of never intended.

The inadequacy of our medical arrangements was the more emphasised, as the French and Russian sick and wounded were attended by Sisters of Charity, and it is noteworthy at the present time when the right of women to nursing has been challenged, that in this extremity "Medicus," appealing in the *Times* for nurses, wrote: "Why are there no female nurses? Away with this nonsense 'rules of service', there *must* be female nurses."

This was recognised by Mr. Sidney Herbert, the humane Secretary at War, and by Miss Nightingale, who had training, experience, and



An Early Portrait.

capacity, and simultaneously they wrote the one to the other, Mr. Herbert asking for her services and promising those essentials to success, a free hand and strong support, and Miss Nightingale offering her services with the proviso that obedience to her orders should be rendered with military discipline.

So the "Lady-in-Chief," as Miss Nightingale was named, left for the Crimea, with her little band of nurses, to wrestle with a task so Herculean that the power of man had failed to compass it. Her triumph is a matter of history, and remains a record of what organisation and trained woman's wit, united with genius, can achieve, although from Lord Stanmore's line of Mr. Sidney Herbert—always her firm ally and supporter—it is evident that that Statesman must have had the not unusual experience that genius is not an easy quality to work with, but the genius was there triumphant: for the saving of thousands of lives, and the comfort and solace of thousands of

suffering sick soldiers. The qualities which could successfully surmount the difficulties of nursing in the Crimea did not make for homely work, but for freedom of speech and methods, and intolerance of opposition.

After nearly two years' heroic work in the hospitals of the Crimea, Miss Nightingale quietly returned home, endeavouring to avoid a popular demonstration, but public feeling was too strong to be denied expression. The commemoration of her services was made lately, and warmly bestowed upon her, she was bidden to stay at Balmoral, and presented by Queen Victoria

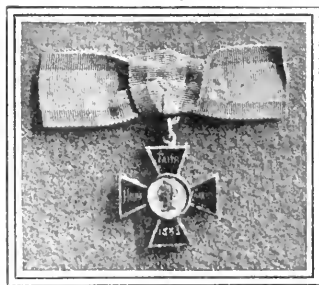
with a magnificent jewel designed by the Prince Consort, and in a letter to the Duke of Cambridge her Majesty, commenting on Miss Nightingale's "wonderful, clear, and comprehensive head," wrote, "I wish we had her at the War Office."

The public were not behindhand in their appreciation of her services, and as she would receive no personal gift, on the motion of the Duke of Cambridge, at a public meeting in London, it was agreed, "That the noble exertions of Miss Nightingale and her associates in the hospital, for the sick and wounded of the British forces, demand the grateful recognition of the British people . . . and that as she has expressed her unwillingness to accept any tribute designed for her own personal advantage, funds be raised to enable her to establish an institution for the training, sustenance, and protection of nurses and hospital assistants."

So was founded the Nightingale Training School in connection with St. Thomas's Hospital which has been fruitful in good work in two directions, i.e., in sending out its pupils when trained to superintend other training schools, or to nurse in other institutions, and in stimulating the authorities of other hospitals to abolish their old bad systems of nursing, and to institute training schools in which the pupils are taught their work by experienced nurses. The rules for the training school were drawn up by Miss Nightingale, and she kept in close touch with its work. The plans for the inauguration of many new schemes connected with nursing were submitted to her keen and wise criticism,



The Order of Merit.



The Royal Red Cross.

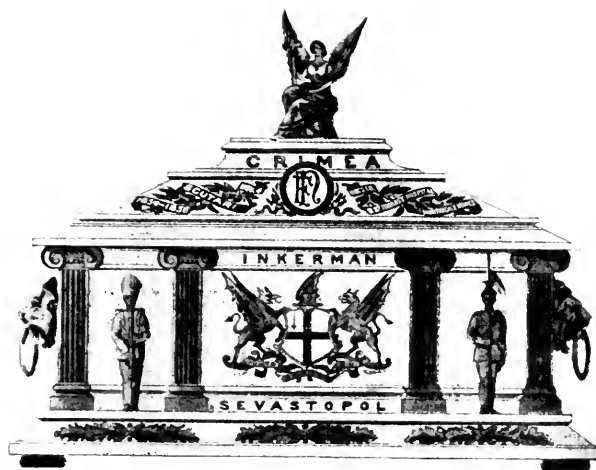
and the India Office constantly consulted her in reference to the well-being of the Army in India. The promotion of sanitary reform had always her warm sympathy, and she was a keen supporter of women's suffrage. Of her reasons for desiring the suffrage she once wrote, "I have no reasons. It seems to me almost self-evident an axiom that every householder and tax-payer should have a voice in the expenditure of the money we pay, including, as this does, interests the most vital to a human being."

Amongst the honours conferred upon Miss Nightingale were the Royal Red Cross, given her by Queen Victoria in 1883, the Order of

gold easket being presented by her to the Queen Victoria's Jubilee Institute and the Hospital for Invalid Gentlewomen.

Miss Nightingale was also made a Lady of Grace of the Order of St. John of Jerusalem by the late King, and our present Sovereign—immediately after his accession—sent her a gracious message of congratulation on her nineteenth, and last, birthday, on May 12th of this year.

Of her writings, the most important are "Nursing and Organisation in the Crimea and at Scutari," "Royal Commission on the Sanitary State of the Army," "Female Nursing and Organisation in the British Army," "Sani-



Casket presented by the Corporation of the City of London, with Copy of Resolution Granting the Hon. Freedom of the City.

ment by the late King in 1907, and the Honorary Freedom of the City of London by the Corporation of the City in 1908. The ceremony of the presentation of this Freedom to Miss Nightingale is still fresh in the minds of those privileged to be present. Unfortunately, "by some unexplained omission," this Honorary Freedom was not conferred upon her when she could be present to participate in the welcome which awaited her at the hands of her fellow-countrymen and countrywomen, or be greeted as a "Free Sister" of the City of London. Characteristically Miss Nightingale elected to have the resolution granting her the Honorary Freedom of the City enclosed in an oak leaf casket, the 100 gs. usually expended on a

Sanitary Conditions of Hospitals and Hospital Construction." "Notes on Nursing," which will always remain a classic, and which having laid down fundamental principles are as true to-day as the day on which they were penned. "Sanitary State of the Army in India," "District Nursing and Workhouse Infirmaryes," and "Introductory Notes on Lying-in Institutions," which she dedicated to the "Shades of Socrates' Mother."

Her versatile pen dealt with many questions, but they were always subsidiary to that of nursing, and her passion for sanitation and fresh air unquestionably originated in her desire that the sick should have the benefit of the best possible surroundings.

## HOMAGE TO THE ILLUSTRIOUS DEAD

Although Miss Nightingale passed to her rest at 2 o'clock on Saturday, at her home, 10, South Street, Park Lane, W., the announcement of her death in the morning papers of Monday was the first general intimation of the national loss. In her last hours she was attended by Sir Thomas Barlow; and two nurses from the Nursing Sisters' Institution, Devonshire Square, E.C., founded by Mrs. Elizabeth Fry in 1810, had the honour of nursing her at the last.

### THE KING'S MESSAGE

The King and Queen at once expressed their sympathy with the relatives of Miss Nightingale, who received the following telegram from his Majesty:—

The Queen and I have received with deep regret the sad news of the death of Miss Florence Nightingale, whose nursing and devoted services to the British soldiers in the Crimea will never be forgotten, and to whose striking example we practically owe our present splendid organisation of trained nurses. Please accept the expression of our sincere sympathy.

GEORGE, R. & I.

### THE SYMPATHY OF THE QUEEN MOTHER.

We understand that Queen Alexandra is to be represented at the funeral service, and is sending a wreath.

### THE LAST RESTING PLACE.

There was a strong feeling that the highest honour bestowed by this country on its illustrious dead should be shown to Miss Nightingale, and the Dean of Westminster has voiced that wish by expressing to her relatives his desire that the burial should be in Westminster Abbey. It was fitting that this offer should be made, but Miss Nightingale expressly directed in her will that her funeral should be of the quietest possible character, and it was, therefore, inevitable that her executors should feel bound to de-

cline the honour. In death as in life her will is law. It has, therefore, been decided that she shall be laid to rest at West Wellow, Hampshire, where the bodies of her father and mother lie, and where the funeral will take place on Saturday next, August 20th. A Memorial Service will be held in St. Paul's

Cathedral on that day at 12 o'clock, conducted by Canon Newbolt, Canon Alexander, and other dignitaries of the Cathedral. The War Office is undertaking the arrangements. Admission will be by ticket, for which application should be made in writing to the Secretary, War Office (Memorial Service), Room 109, War Office, Whitehall. A limited number of tickets will be issued for the choir and choir gallery, for which application should be made to the Secretary at the Chapter House.

Under the auspices of the Guild of St. Barnabas for Nurses a Requiem will also be sung at St. Alban's, Holborn, on Thursday, August 25th, at 10 a.m.

### SOME FLORAL TRIBUTES.

The International Council of Nurses, including the National Councils of Great Britain and Ireland, Germany, the United States, Holland, Finland, Denmark, and Canada are sending a chaplet of roses—favourite flowers of Miss Nightingale's—on a laurel leaf foundation, the roses selected being the deep crimson Richmond rose, the Kaiserin Augusta, creamy in tint, and the pink Mine. Abel Chatenay.

The members of Queen Alexandra's Imperial Military Nursing Service, and the Territorial Force Nursing Service are also sending flowers.

We are asked in connection with the wreath of the latter Service to say that subscriptions of 6d. are invited, and can be sent to the Matron-in-Chief, T.F.N.S., 31a, Mortimer Street, London, W. Any surplus will be given to the King Edward VII. annuity for a disabled trained nurse belonging to the Territorial Force.

The Matron of St. Thomas's Hospital and the Nursing Staff are sending a cross having a white foundation decorated with choice white flowers and mauve carnations, and the Home Sister of the Nightingale Home and the Nightingale probationers a white wreath with a fringe

of mauve staele decorated with choice flowers.

The Matron of King's College Hospital and the Nursing Staff have selected a large standing cross composed of stephanotis and Madonna and other lilies, with a wreath of lilies of the valley on the arms. Many beautiful wreaths have already been sent.



No. 10, South Street, Park Lane, W., where Miss Nightingale died.

The name of Florence Nightingale is henceforth added to those of the illustrious dead, but for all time she stands before the world a gracious, heroic figure bearing the light kindled by knowledge, by faith, by love, and on the trained nurses of each succeeding generation is imposed the duty of keeping that light burning with steady persistency, and ever increasing brightness.

## A Survey of the Nursing of Mental Diseases.\*

By WILLIAM L. RUSSELL, M.D.,

*Medical Inspector of the State Commission in Lunacy, New York.*

(Continued from page 126.)

### THE TRAINING SCHOOLS FOR NURSES.

By securing additional training for the best of the graduates, and by the employment of specially qualified graduates of general hospital schools for supervisory and teaching positions, the school organisations have been improved. It has, however, been difficult to obtain both the support and the material for the higher positions needed. Still, in many of the institutions, the position of Superintendent of Nurses commands a good salary. In New York State it is \$1,200 (£240), and there is also a position of Assistant Superintendent at \$900 (£180). Competent candidates for these positions are, nevertheless, very scarce. At a recent examination for the positions, not one of the first lot of candidates met the requirements even for admission to the examination. On a second trial, after the stated requirements had been slightly reduced, eight were admitted of whom three passed. Similar difficulties are experienced in other States. General hospital graduates, who have had merely an incidental or short experience in the care of mental cases, cannot measure up to the full requirements of these positions, which can be satisfactorily filled only when able women decide to specialise in the work, and are willing to face the unquestionable difficulties and unpleasantness which, in the present stage of nursing in mental diseases, must in most places be met in preparing themselves for it. Those who will accept these terms will, I am confident, eventually secure good positions and find an extremely useful and interesting field of work.

In New York State at least, the schools have developed sufficiently to be able to secure regis-

tration by the State Education Department under the Nurse Registration Act. The registration movement has also, I believe, been of assistance to the schools by the stimulating effect and by bringing to their support, and to the support of the better nursing of the insane, the sympathetic intelligent interest of the able body of nurses who act as advisors of the Education Department in executing the law. The pupil nurses of these schools receive a part of their training in general hospitals. Thus far no arrangements have been made for an exchange of pupil nurses and, owing to the lack of private support for the nursing of the insane and for the State hospital training schools, certain difficulties relating to this have not yet been overcome. At one of the New York State hospitals, King's Park, a post-graduate course for general hospital graduates has been organised and a number have availed themselves of it. A demand for such courses would no doubt meet with a favourable response in many places. Wherever there is a well organised school in connection with a well hospitalised institution for the insane, affiliation between it and a general hospital school could be arranged with mutual advantage. This is much to be desired in the interest of the better care of mental cases in the homes and in general hospitals. The lack of provision and the ignorance and indifference which result in such large numbers of insane persons being confined in gaols and lockups merely for safe keeping is a reproach to the medical and nursing professions alike. The earliest developments for the proper care of insane persons in this country occurred in connection with general hospitals, and these hospitals, the Pennsylvania and the New York, have still large departments for this class of work. And yet, at the department for general work of these very hospitals, and at nearly all other general hospitals, no matter how far distant they may be from a special institution for the insane, no obligation is felt to make provision for even the temporary care of mental cases. Enough has, however, already been done in a few places to furnish precedents, and it may be confidently expected that, in the not distant future, every general hospital management will make some provision for these cases. In New York City, a special institution for incipient mental cases is planned for under private endowment. With the growing interest in such cases and in the relation of mental states to disease and its treatment, more adequate provision than at present prevails is sure to be made, and more knowledge and skill in the care of mental cases will be required of nurses.

(To be concluded.)

\* Presented to the International Congress of Nurses, London, 1909.

## The Importance of Sleep.

### SIMPLE METHODS OF PROMOTING IT

Never perhaps has the value and necessity of sleep been more generally and fully recognised than in these days when so many people suffer from deprivation of what is in truth "tired Nature's sweet restorer." Without it body and brain gradually become more worn and enfeebled, more prostrate and wretched, until at last one or both collapse altogether because it is only during sleep when voluntary activities cease, that the flowing blood can perfectly perform its task, washing away the waste products of life and work and recuperating all parts of the body. The appositeness of Shakespeare's words, "Sore labour's bath," as applied to sleep, is very evident when we remember this, and his further description of it as "Great Nature's second course, chief nourisher in life's feast" is a reminder that assimilation of the new supplies of nourishment also goes on best during sleep, when the organs are more or less quiescent and renewal and building up of the wasted tissues can proceed unhampered. In the case of children also it is during sleep that growth proceeds, hence the necessity of ensuring sufficient for them, and this under the best and most natural conditions, or they will remain short and stunted.

Sleep, in fact, with the perfect mental and physical relaxation which it should bring, is as essential to life and health as are food and drink, and rest alone, though valuable in itself, is insufficient.

No exact law can be laid down as to the amount of sleep necessary for perfect recuperation, as this depends largely on temperament and occupation. "Those who think most," said a famous physician, "who do most brain-work, need most sleep, because the energies of the brain have then to be recuperated," and, he added, "time 'saved' from necessary sleep is infallibly destructive to mind, body, and estate."

On an average from six to eight hours out of each twenty-four will be found necessary in order to keep the brain and body of adults healthily active, much more, of course, being requisite for children, but Nature is in all cases the best guide, and soon gives warning of the effects of starvation in this matter, headache, heavy, wretched, feeling on rising in the morning, and other unmistakable symptoms telling of incomplete recuperation, and if the warning is disregarded, insomnia, that curse of modern life, and bringer of worse ills, will be the penalty, not one to be lightly resisted, as

many cases of nervous and mental breakdown prove.

Those suffering from any tendency to sleeplessness should most emphatically take every possible means of arresting it at first, or later it will be difficult to deal with. Among the details that should be considered as tending to promote healthful sleep are these: a cool, well-ventilated room, the window darkened in summer, especially if the light tends to wakefulness; a moderately firm bed, "springy" if you will, but not of the downy variety, which is enervating and heating, tending to weak, flabby muscles and preventing free respiration through the pores of the skin, not in any way conducive to healthful restorative sleep; a low pillow, not so thick and soft as to envelop the head and face, keeping the skin hot and wrinkled, nor so high as to strain the neck muscles, forbidding them to rest, and causing the headache with which many people wake in the morning; light covering, sufficient to maintain warmth, but not enough to cause over-heating of the body, and, of course, it need hardly be said that none of the garments worn during the day must be retained for night wear, as, being already impregnated with perspiration and gaseous matters given off by the body, these require airing and cannot promote the skin-respiration that is one of the essentials of recuperative sleep. Habit also is important, and those especially who have any tendency to sleeplessness will be wise to keep to a regular hour of retirement, remembering that sleep taken before midnight when the circulation is strong is more restorative than that in the early morning hours, when vitality falls and the blood flows more feebly.

When sleep refuses to come readily, in spite of hygienic inducements, other simple matters may be considered and modified or tried. Over-activity of the mind and brain at the time of retiring is a frequent cause, due to study, exciting reading, lively conversation, or other stimulating occupation, preceeding the effort to sleep, and in this case a short walk after a light supper may be tried (supplementing regular daily exercise), or a warm footbath or a hot water bottle in bed, either tending to promote a flow of blood to the lower extremities, and to lessen the flow to the brain (which has been previously increased owing to activity of that organ), pre-disposing it to rest. The same treatment is useful in sleeplessness arising from cold feet, which are a very common cause. Brushing the body over with a flesh brush, rubbing with a rough towel, or taking a warm bath will also be found helpful as promoting the general circulation, and thus preventing an

massive flow of blood to the brain. The application of cold water or vinegar and water to the head is also helpful, the hands also being sponged if they are hot and dry, and wakefulness during the night may often be remedied by rising and taking a little light refreshment, e.g., a biscuit and small glass of milk, which causes a flow of blood to the digestive organs, driving it from the brain and thus predisposing the latter to rest. For the same reason a light supper is often beneficial, though, of course, a heavy meal at that time is never good. Pillows filled with hops have been found efficacious in some instances, both for ordinary insomnia and for soothing in cases of delirium, and everyone probably is familiar with another old remedy for sleeplessness, that of repeating monotonous poetry or counting up to a certain number over and over again, all of which may be useful at times, as also the reading of a restful book before trying to sleep, or in very bad cases a good-natured friend may be found who will read something monotonous aloud.

Deep breathing exercises represent a newer and often a very successful means of promoting healthy sleep, and sufferers from insomnia may be strongly recommended to persevere with them both before trying to sleep, and when wakefulness occurs during the night. Air must be breathed in slowly through the nostrils (mouth closed) and the lungs filled as completely as can be, so that every cell is inflated, which requires some effort. Then the lips must be opened and the air expelled slowly through the mouth until as much as possible is driven out.

Half-a-dozen or more such breaths may be taken at an open window just before getting into bed, the body being well protected from the chilly night air, and the same slow, regular, deep breathing continued consciously when in bed, the body lying perfectly at rest, a dead weight, every muscle relaxed, no strain anywhere, and the mind completely occupied with the thought of breathing deeply. The quiet monotonous conditions thus induced are altogether favourable to repose, and if attention has also been given to other details previously mentioned, sleeplessness may often be prevented without dangerous recourse to drugs.

B. L. AGNEW.

Mrs. Shuter, Hon. Secretary of the Defence of Nursing Standards Committee, asks us to acknowledge the following donations:—Miss Villiers (London), 10s.; and Mrs. McDermott and Miss M. A. Lush (Lincoln, British East Africa), 2s. 6d. each for the funds of the Committee.

## The Nursing of Male Patients.

I have read Dr. Renshaw's remarks on nurses and other supporters, as reported in the press, if he is inaccurately reported and the impression I have received is a wrong one, I apologise, but as to his statements regarding the nursing of men by women as reported, I wish to make a few remarks. First I should like to make a personal statement. During all the years I was actually nursing, I have never once been, even faintly, made to feel by any single male-patient, however rough, however uncouth, however delirious, that my ministrations were objectionable to him on account of my sex. Never once have I met with the faintest taint of that prudency which Dr. Renshaw suggests underlies the nursing of men by women. I have certainly been knocked down by a D.T. patient who was abjectly apologetic and ashamed when he recovered, but of that vile lewdness at which Dr. Renshaw hints, I, and thousands I am sure will endorse my experience, have met none. For the honour of the male sex I will say every man I have ever nursed, however inveterate an old grumbler he might be, has accepted my nursing of him in the spirit in which it was offered; he was sick, was helpless, and required assistance, and I gave it him; nor did I stop to sit down and consider and think out whether or not it was exactly agreeable to me; as a matter of fact, I never worried about the question at all. I had, like thousands of other English nurses, a healthy mind, and the fact that my patients were sometimes men affected me not at all; to judge by the patients' demeanour it worried them even less.

When at my anatomy lectures I was shown bones and specimens the idea that they were somebody's dry bones and "putrid flesh" never forced itself upon my feelings. I was simply filled with wonder and interest at the beautiful and wonderful mechanism and perfection of the human body, and tried to learn all I could, that my work might be more carefully and perfectly carried out. I was, as are millions of others, quite capable of sufficient mental detachment, not to allow morbid emotionalism to hinder me from gaining necessary knowledge. I do not, of course, say that all the things one does when nursing are pleasant, but they are necessary, and she would be a poor nurse who shirked her duty because it was disagreeable.

The average clear-minded normal human being is not hypersexual at all. If he or she were so, Dr. Renshaw would be quite right. It

would be impossible not only for women to nurse men, but for male doctors to attend women—I had almost said for men and women to have ordinary free intercourse with one another—but luckily it is not so.

A surgeon will carry out a delicate operation on a woman much as a clever carpenter will do a special piece of joinery, whilst the average nurse washes a male patient with no more emotion than if he were a locker.

There are, of course, as everyone knows, certain male cases that should not be nursed by women, but they are, as everyone in the profession equally well knows, not nursed by women; there are sufficient male nurses for such cases. There are also some women who would be far better with a female doctor. But these men and these women are abnormalities, not common, and should be, and are, as a rule, provided for.

The classical bestialities to which Dr. Renshaw refers in connection with nursing are absolutely and entirely absent from the mind of every decent nurse in any decent training school. Dr. Renshaw can indeed know little of women, and I sincerely regret his unfortunate experiences with nurses; he must have met a curious type. He trots out the same dead lame old talking horse of "women being hard on women." It is sheer nonsense—generalising is always dangerous, and usually untrue, especially when you generalise concerning a whole sex. There are women so kind, so generous, so just to women, that you can trust them through thick and thin, and there are hard and bitter women—granted—but between the best and the worst runs a whole gamut of kindly, variable human beings, not perfect, thank Heaven, but loyal to their own sex, and kind and true to one another in trouble.

In "Faust" Dr. Renshaw will doubtless remember, it is the devil, Mephistopheles, masquerading as a professor, who gives the chuckling, brutal advice and suggestive hints to the would-be young medical student, not God.

If a nurse be pure, honourable, and decent, remembering that the poor body is only the basket of the spirit and the soul, she will not go far wrong if she follows the external instinct in her that bids her cherish, tend, and care for the sick and wretched, even if they be men, she will remember that there is nothing higher than the duty she is pledged to perform, and that no good and noble work was ever performed by any human being who was afraid to wade out into the mud to help another, and who was perpetually looking to see if the hem of his or her own garment remained clean.

M. MOLLAT.

## Progress of State Registration.

The *Week End* of August 4th, commenting on Mr. Sydney Holland's struggle "for the recognition of a nursing standard, which the great majority of the members of the medical and nursing professions consider inadequate," in connection with the Bart's Matrons' goes on to say, "But we hope that when next he feels disposed to state that the more important of the official medical bodies are opposed to the State Registration of nurses, he will remember that at the Annual Representative Meeting held recently at the Guildhall, the following resolution, moved by Dr. E. W. Goodall, and seconded by Sir Victor Horsley, was carried *unanimously*." The resolution published in our issue of July 30th is then printed, and the paragraph concludes: "After all, time is on the side of the women."

The *Birmingham Daily Gazette* devotes nearly a column of space to a sympathetic article on the registration question, giving the views of a Birmingham Hospital Matron on the subject.

In Scotland Miss E. A. Stevenson has ably championed the Registration cause in the *Glasgow Herald*, in which she has crossed swords with Mr. Holland. No unprejudiced person who has followed the correspondence can doubt to whom the victor's palm should be awarded.

## The Truth About State Registration in the United States.

LETTERS TO MISS L. L. DOCK.

ILLINOIS.

MY DEAR MISS DOCK,

Your letter of recent date at hand.

First, you ask me for some points demonstrating the gain that registration for nurses has been in our state. I will jot down a few of what seem to me the chief points.

First, is the desire of small and inadequate training schools to bring their course of study, period of training, etc., up to the requirements. Some of even the very poor schools, it seems to me, have quite a laudable desire to really possess the desired qualifications, not merely to seem to possess them. It is perhaps a satisfaction to the Board that we get the credit by these schools of poor grade as being the cause of their receiving so many less applications for entrance this past fall.

Another encouraging result is that nurses generally, it seems to me, are waking up to the necessity and desirability of affiliating themselves with various nursing bodies, their alumni, the State Association, Superintendents' Society, etc. Last night he mentioned the growing concern of the nurses who

have had inadequate training to supplement it so that their qualifications shall come somewhere nearly up to a reasonable standard.

HELEN SCOTT HAY,  
*Superintendent, Flinton Training  
School for Nurses,*

GEORGIA.

*State Board of Examiners of Nurses for Georgia.*  
MY DEAR MISS DOCK,

Our Examining Board has been in existence but barely two years. We have not yet held our first examinations, and, though we have registered 250 nurses, I doubt very much if the general public has been benefited by the law in any way as yet. This is to be expected when you consider the dense ignorance and profound indifference, when in health, towards the profession which the average individual entertains—and either the antagonistic or indifferent attitude assumed by the medical profession. We are neither discouraged nor impatient for results, knowing it to be merely a question of time and advertising. We are placing the best that we can offer within easy reach—we are gradually establishing local R.N. registries under careful supervision of the members of the State Board, and we are making it difficult for the fraud to remain undetected.

The real benefits of registration are found in the changes that are taking place in our training schools. The pupil of to-day—the nurse of to-morrow—is being trained and taught as never before in this State! Although the law gives us no special jurisdiction of schools, we have our inspector who yearly goes around to secure reports as to the amount of teaching that the different schools are giving—notifying some that their pupils are hopelessly ineligible, pointing out to others what changes and improvements should be made—and to all, preaching the advantages and necessity of affiliation. This method of helping out the curriculum of the small schools has been already started in two schools, and we feel sure it will soon be generally adopted. On every side we hear of new interest that has been roused on the part of Superintendents towards improving the theoretical training—diet-teachers are being employed (something before unheard of), and the fear of the State Board examinations is ever before their eyes. We believe we will eventually bring about a standard of curriculum and that in this will rest the real blessing that registration has been to the State. I don't believe the same dreadful conditions exist in England as here, where any ignorant, avaricious practitioner is able to rent a dilapidated old house, secure a charter, and start out with a hospital and a training school—sometimes he has a head nurse in charge of the pupils, but more frequently he acts in that capacity himself, and at the end of two years turns out his pupils with diplomas.

I am afraid I have been carried away by my enthusiasm into answering you at too great length, but perhaps not one of the least of the advantages that our registration responsibility has been is that it rouses and brings to the surface a strong purpose to put our best into the cause.

E. R. DEXDY, R.N.,  
*Secretary.*

## Appointments.

### MATRONS

**Borough Sanatorium, Shrewsbury.**—Miss J. Milne Mitchell has been appointed Matron. She was trained at the Carlisle Infirmary and the Belvidere Fever Hospital, Glasgow, and has held the positions of Theatre Sister at the Carlisle Infirmary, Night Sister at Rotherham Hospital and Dispensary, and Sister, with charge of the electrical department, at Leith General Hospital.

### NURSE MATRON.

**Rueberry Sanatorium, Osmotherley.**—Miss B. H. Whornt has been appointed Nurse-Matron. She was trained at Brownlow Hill Infirmary, Liverpool, and has worked as a Queen's Nurse in various parts of Lancashire.

### SISTERS

**General Hospital, Kettering.**—Miss Margaret Myers has been appointed Sister. She was trained at the East Lancashire Infirmary, Blackburn, where she has held the position of Night Sister. She has also been Sister at the Bradford Eye and Ear Hospital.

Miss Margaret Barron has been appointed Sister. She was trained at the Clayton Hospital, Wakefield, where she has temporarily held the position of Sister.

**Workhouse Infirmary, Uxbridge Union.**—Miss Rose Helen Cooper has been appointed Sister. She was trained at the Poplar and Stepney Sick Asylum, and the East End Mothers' Home, and has held the position of Sister at St. John's Infirmary, Hampstead, and of School Nurse in connection with the Royal Deaf Schools, Manchester.

**Children's Hospital and Union Workhouse, Bradford.**—Miss Hannah Williams has been appointed Sister. She was trained at the Union Infirmary, Ashton-under-Lyne, and has been Sister at the Salford Union Infirmary. She has also had experience of private nursing.

**Jewish Hospital, Manchester.**—Miss Alice Heyworth has been appointed Sister. She was trained at the District Infirmary, and Children's Hospital, Ashton-under-Lyne, and at the Royal Eye Hospital, Manchester.

### NIGHT SISTER.

**Union Workhouse, Stockport.**—Miss Vera N. S. Jones has been appointed Night Sister. She was trained at the St. Marylebone Infirmary, and has held the position of Charge Nurse under the Metropolitan Asylums' Board.

### SUPERINTENDENT NURSE.

**Huddersfield Infirmary.**—Miss L. K. Clarke has been appointed Superintendent Nurse. She has previously held the positions of Charge Nurse at the Newcastle-on-Tyne Union Hospital, Night Superintendent at the Harton Hospital, South Shields, Head Night Nurse at Stepney Infirmary, Superintendent Nurse at the Basingstoke Infirmary, and Charge Nurse at the Infirmary, Biggleswade. She is a certified midwife.

### SCHOOL NURSE.

**Borough of Bury St. Edmund's.**—Miss Katharine Farinon has been appointed School Nurse and Health Visitor. She was trained at the Royal Alexandra Hospital, Brighton, and the Victoria

Hospital, Ekestone, and has held the positions of nurse at the All-ye-ye (Directions) Hospital, Newport, Mon.; Acting Matron of the London Skin Hospital, Fitzroy's Square; and Night Sister at the Emmed Isolation Hospital. She has also had a varied experience in private nursing.

#### HOSPITAL SECRETARY.

**West London Hospital, Hammersmith.**—Mr. Hazlerigg has been appointed Secretary. He has gained experience in hospital management as assistant to Mr. E. W. Morris at the London Hospital.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses:—Miss E. M. Collins, Miss G. D. Morris, Miss J. L. Bentley, Miss M. C. Corbishley.

*Transfers to Stations Abroad.*—Staff Nurses:—Miss M. A. Carhemaille and Miss M. E. Medforth, to Egypt.

*Promotions.*—The undermentioned Sister, to be Matron: Miss L. E. C. Stoen. The undermentioned Staff Nurses to be Sisters: Miss M. J. Hopple, Miss S. Richards, Miss M. B. Williams.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Ada Conduit to Margie Bridge; Miss Helen Noble, to Wolsingham; Miss Louisa Hogarth, to Lingfield; Miss Mattie Roan, to Walsby; Miss Gertrude English, to Sheffield.

#### AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

The following officers have been unanimously elected for the ensuing year. President, Miss Riddle; vice-presidents, Miss Goodrich, Miss F. Freese; secretary, Miss McMillan; treasurer, Miss McKechum; councillors, Miss Nutting, Miss Louder Sutherland; auditor, Miss Hay.

#### PRESENTATIONS.

The townspeople of Laskard and district have presented to Nurse Pease a testimonial in recognition of her many years' services, which reached the sum of £33 15s. 6d.

Miss Tyrrell, who has been for the past few years one of the district nurses under the jurisdiction of the Elgin District Nursing Association, has been presented with a purse of sovereigns, subscribed to by the residents in the districts of New Elgin, Ashgrove, and Moycatt, on the occasion of her forthcoming marriage. Miss Tyrrell, in acknowledging the gift in a letter to Mr. Macdonald, asked him to convey to the subscribers her warmest thanks, and said that her work in Elgin had been very happy—a recollection that would ever be very pleasant and dear to her.

Sister M. Anastasia Quinn, of the Order of Mercy, Mt. Washington, Md., has been presented a pin by the Grand Army of the Republic, in recognition of services cheerfully rendered in the Douglas Hospital, Washington, D.C., during the Civil War.

## Nursing Echoes.



At the Quarterly Court of Governors of the Royal Hampshire County Hospital, at which Mr. J. Charles Warner, chairman of the Committee of Management presided, Mr. Henry Nicol said that in their administration there was no friction, and they seldom found hospitals worked without friction between the medical staff and the Matron and nurses, or the medical staff and the management, but here they worked extremely harmoniously and well, and as regarded the inside work of the hospital he did not think whatever they might do they would make any great improvement on it. The Court received a report from a special sub-committee, appointed to consider the system of management of the affairs of the hospital, amended and approved by the Committee of Management. The Committee reported that they had taken evidence from the Treasurer, the Matron (Miss Carpenter-Turner), and the Honorary Secretary, and others. A number of alterations in the rules were proposed, including the substitution of an Election Committee for the present Selection Committee.

The Chairman explained that this alteration was proposed as the Committee "thought the work would be better in the hands of a permanent standing committee. It would remove an invidious distinction which sometimes occurred under the old system when an individual was recommended for adoption, and was not in fact elected by the Court. The Election Committee had been adopted in other hospitals, and for these reasons the Committee recommended, and he proposed, that an Election Committee be constituted."

Does not the fact that the Governors have not always endorsed the choice of the Selection Committee indicate to them the wisdom of keeping the final decision as to appointments in their own hands? Whether they delegate their powers or not they will always be regarded as responsible for appointments made in their name, and even if the appointment is injurious and unjust they are powerless to intervene if they make an Election Committee the final authority. We hope that before October 26th, when the new statutes will be presented for approval, that evidence will be placed before the Governors as to the undesirability of this

system, and that they will study a case as an instance in connection with the recent appointment to the Matronship of St. Bartholomew's Hospital.

Mrs. Dingwall Fordyce presided at the Annual Meeting of the Maud District Nursing Association, and prefaced her remarks by referring to the death of his Majesty the late King Edward, and to what he had done for the sick and suffering. She spoke of the starting of the Maud Association, in affiliation with Queen Victoria's Jubilee Institute, six years ago, and attributed a large part of its success to the personality and the popularity of their first nurse, Miss Wilson. As the benefit of the nurse's services came to be realised, the only limit to her work was what lay in her power to undertake. This fact was becoming so apparent, that the Maud Association was beginning to think of a third nurse to work in Maud and Auchingatt districts; so that the parishes of New and Old Deer might have more complete benefit from the association.

Mrs. Burnett Stuart, of Crichtie, in moving the adoption of the report, said that the nurses were true social factors; she often heard appreciations of their homely ways and good common sense. The services of Nurse Owen, who was about to leave them, had, she said, been prized in many cases. The Secretary read the third annual report of Miss Guthrie Wright's Memorial Home for Queen's Nurses, to which a subscription is sent by the Maud Association, and in which during the year there have been 20 nurses convalescing after illness, and 29 using the home for rest and holidays. She also read an extract from the annual report of the Scottish Council, showing the many-sided and national character of the work.

Dr. Thomson, speaking at a recent meeting of the Belfast Corporation, of the increased powers which the Council will shortly have under the Public Health Amendment Act, by which they will be able to engage nurses to attend the sick poor in their own homes, said that a great many children never received a bath from their birth; and when Corporation nurses can be sent to houses where this kind of unsanitary condition prevails, one good effect ought to be the lessons in cleanliness which they should impart.

A correspondent of the *Irish News* writes:—There would be hostility to the idea; but I think some moderate scheme could be arrived at by which nurses, in cases of homes where, in the course of their attendance on children, they had found that the little ones lived in a

filthy state, should be empowered to go towards the respectability of the home, under penalty, in both directions, both if it was much cleaner to a fine of £10, or if it was less to a stay of it, for the ultimate danger of death, in health and of death, is quite so great. There are inspectors to prevent cruelty to children; and I cannot see that it would cause a revolution if we had also nurse-inspectors to prevent a deadly condition of dirtiness. The mere fear of the disgrace attaching to such an exposure, as a prosecution would entail, would be enough to induce lazy parents to wash their children; and I believe after a year's operation of the system an immense improvement would show itself in the infantile mortality rate.

At a recent meeting of the Ceylon Nursing Association, held at Colombo, some modifications of preliminary plans for Nurses' Quarters, proposed by the Advisory Committee, were accepted. The Committee recommended that, in lieu of separate buildings for Maternity and Surgical Wards, a single building be provided with two Maternity and two General Wards with sterilising room, kitchen, two duty rooms, with bathrooms, and accommodation for orderlies, ayahs, and private servants. In view of some correspondence in explanation of why a nurse whose services have been specially booked has not been available in consequence of her being employed at another case in emergency, it was resolved that the regulations for the employment of nurses be amended so as to make it clear that a nurse's services can only be previously booked on the distinct understanding that the services of that special nurse will not be available if, in the opinion of the Matron, she should not be removed from any other serious case in which she is at the time employed.

We are glad to note that the *Journal* of the American Medical Association advocates, as we have so often done, instruction in nursing as part of medical education. It says:

"Attention is called by Denny to the importance of nursing in therapeutics, because ignorance of nursing renders the physician's work less effective. He says that physicians need to have personal experience in nursing in order to prescribe treatment intelligently. His plan is as follows:—Experience in nursing could be given non-medical students in the male wards of a hospital. The students would do the nursing in the wards, under very careful and close supervision, the expense of the supervision being borne by the students' fees. The discipline should be very strict, military in character, and good conduct and good work in the wards would be essential for a medical degree. As few patients as possible should be assigned to each student, so

that the service rendered would be individual and personal. The students should be made to feel that they are responsible for the comfort of their patients. A nursing service of at least a month, preferably two months, should be required of each student. A part of the service should include night duty, as conditions are very different at night from the patient's point of view, and a physician's knowledge of sickness is incomplete unless he has spent a number of nights at a patient's bedside. Combined with the experience in nursing there should be instruction in the various therapeutic measures which a nurse carries out. It could probably be arranged that most of the students should do their nursing during the summer, just as the engineering students have their "field work" at that time. During his nursing service the student will get closer to his patients than he ever has before or ever will again. Pictures of disease, expressions, posture, types of respiration, knowledge which cannot be obtained from books or lectures become impressed on the student's mind in a way that years of clinics would not do. For training in practical therapeutics there is nothing in the present course to compare with it. Students will become familiar with its appearance, smell, taste, mode of administration, and action of drugs. In no other way can the student so well learn the worth of simple measures, which, in the hands of an intelligent nurse, can be of the greatest comfort; for example, moist and dry heat, cold compresses, ice bags, packs, baths, rubbing, counter-irritants, etc. As a means of learning practical dietetics this experience would have no equal."

#### THE BART'S APPOINTMENT.

Miss Cox Davies, President of the League of St. Bartholomew's Hospital Nurses, gives in the current issue of *League News*, a résumé of the reasons which made hundreds of nurses trained at St. Bartholomew's, in common with a large majority of the whole nursing profession and the public, raise their voices in wonder and sorrowful protest as soon as the appointment to the Matronship became known. In the course of this article she writes:—"I would like also to refer very briefly to a statement that has been widely circulated, both in print and elsewhere, that the 'agitation' was confined entirely to a few outside people, principally 'disappointed candidates and their friends,' and that it was not shared by the present nursing staff, who were loyally satisfied with the appointment. . . . The fact that a few only have been able to do the work, by reason of their independent position, does not make the statement true that the 'agitation' is confined to them. It is grossly untrue. The agitation is general, and except to those who deliberately shut their eyes, and will not see, it is patent to the whole world that the feeling aroused by this appointment is widespread, far-reaching, and long-lasting. The position of the present nursing staff is a very difficult one. No one who knows the Hospital intimately can doubt for one moment that their feelings are as deeply roused as it is possible for those of any body of women workers to be."

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King has granted his patronage to St. Bartholomew's Hospital, and the Weymouth Royal Hospital.

The memorial to King Edward VII., which seems to find most favour is the re-building or enlargement of hospitals. The Chichester Infirmary is to be reconstructed at a cost of £20,000, to which Mr. William James has already given £10,000. The Mayor of Cambridge suggests that the commemoration of the reign of the late King should take the form of doing something substantial to place the out-patients and children's department of Addenbrooke's Hospital on a better footing; it has been decided to add a new wing, to be called the King Edward VII. Wing, to the Coventry and Warwickshire Hospital; and a county memorial for Warwickshire is to be a hospital for the instructional treatment of consumptives. Newcastle-on-Tyne is considering a Convalescent home in connection with the Royal Infirmary; and the Chairman of the Royal Hospital for Incurables, Dublin (Mr. William Fry), suggests the erection of a "King Edward Memorial Pavilion" of 100 beds as the most suitable memorial for that city.

Mr. Peter Hubert Desvignes, M.R.C.S., of Weybridge, has bequeathed £6,000 to Guy's Hospital, where he was a student in 1853, to found, endow, and maintain four beds and four cots in memory of his late sister, Caroline Frances Desvignes, to be called the "Desvignes" beds or cots. He also left the residue of his property, which it is expected will amount to over £8,000, to Guy's Hospital.

The Committee for the removal of King's College Hospital to South London have received a cheque for £1,000 from an anonymous donor for the purpose of naming a bed (to be called the "Inter Crucies" Bed) in the new hospital at Denmark Hill.

A number of Nursing Associations benefit by the distribution of the Hospital Sunday Fund. The following is the list of awards:—Belyedere, Abbey Wood, £7 11s. 6d.; Brixton, £30 6s.; Central St. Pancras, £22 11s. 6d.; Chelsea and Pimlico, £22 11s. 6d.; East London, £189 7s. 6d.; Hackney, £22 11s. 6d.; Hammersmith, £53 0s. 6d.; Hampstead, £22 11s. 6d.; Isleworth, £15 3s.; Kensington, £53 0s. 6d.; Kilburn, £7 11s. 6d.; Kingston, £30 6s.; London District, £310 11s. 6d.; Metropolitan (Bloomsbury), £22 11s. 6d.; North London, £60 12s.; Paddington and Marylebone, £37 17s. 6d.; Peckham, £15 3s. 6d.; Plaistow, £136 7s.; Plaistow (Maternity), £174 4s. 6d.; Rotherhithe, £15 3s.; St. Olave's (Bermondsey), £30 6s.; Shoreditch, £15 9s. 6d.; Sick Room Helps Society, £22 11s.; Silvertown, £22 11s.; South London (Battersea), £53; Southwark, £37 17s. 6d.; South Wimbledon, £15 9s. 6d.; Tottenham, £7 11s. 6d.; Westminster, £30 6s.; Woolwich, £30 6s.

Mr. Frank Brown, J.P., has been appointed President of the Stockton and Thornaby Surgical Hospital.

## Our Foreign Letter.

### A HOLIDAY IN THE LEBANON MOUNTAINS

(Continued from page 146)



The question of feeding Sultany was still far from easy, she had only a bird's appetite, I was about to say, but I believe this is now

generally considered a very good one, as birds are nibbling at something most of the day, and Sultany had practically no appetite at all. She was in such a state of emaciation that the doctor said he must try some other means than those hitherto used. So far all medicines had failed to stop the nausea or induce an appetite. He decided to try liquor arsenicalis only, and no other medicine was given; to half a tumbler of water, equal to about 5 iv, were added minims x of arsenicalis, the glass was placed near Sultany's bed, and she supposed it contained water only. "Now," said the doctor, "whenever you feel sick just ask Sister to give you a teaspoonful of the water in that glass; it is a special cure for your sickness."

Teaspoonful doses were given about every hour, m. x, being taken in twenty-four hours, and at last the patient ceased to complain of nausea and began to exhibit some slight interest in her food. This was to the good, and we were truly thankful, but there was much to do for her yet. Massage was prescribed for her, three-quarter hour to be given morning and evening, and this "Mrs. Bass" actually admitted she enjoyed, "but," alas! there was always that everlasting "bass," until one almost lost patience with her! "Bass, what?" I asked, and the reply was, "Massage very nice, dear lady, bass I want to be"—sick, she was going to say, but added—"Bass, I don't know what I do want." There was nothing for it but to persevere with the massage and continue the homoeopathic doses of liquor arsenicalis; the reward was sure to come, and sure enough it did; after a month of this treatment we noticed a great improvement. Sultany took food eagerly, three good meals a day, and in addition to this two quarts of milk or leben and two hours' massage with olive oil. She was putting on weight at the rate of 4 lb. a week, her face grew rounder and rosier every day, and one evening when I took little Melia to say "Good-night" to her mother, the child remarked, "Mummy quieter shellaby" (my mother is very pretty), and I heard the other women and children in the ward remark, "Sahih-h, Sultany shellaby alkate" (it is true, Sultany is really pretty now). Another month of this treatment was given, our patient growing happier and more contented as her strength increased. She still went by the name of "Sitt Bass," and I am afraid she always will till the very end of the chapter. After ten weeks in hospital both she and her child were

in robust health. On the day when the doctor pronounced them fit to be inmates of a hospital. What a day it was! The rains had ceased, the sun shone brilliantly, the sweet scent of spring was everywhere. Tears and smiles blended in Sultany's eyes; she was full of gratitude at last. We wondered if she would still "bait" us before her final leave-taking. She and Melia had quite a trousseau to take to the new home that had been provided for them, for each nurse found she had something she could spare, and so it came about that both mother and child were well provided with warm under-clothing, stockings, boots, a nice dress, and a mandilla. Sultany made her adieux to us all, thanking each nurse in turn, she and little Melia kissing our hands, and raising them to their foreheads in Oriental fashion, vowing by the life of the Prophet they would never forget us; then came interminable good-bys to all the women and children patients, and still she lingered. "Well, Sultany," said I, "mashmashouta" (aren't you happy?) "haven't you all you require—good health, nice clothes, a dear little home to go to—what else can we do for you?" "Queteer mabsoutine, anna wa Melia, ya sittee," she replied (very happy, Melia and I, lady), and—would you believe it?—then came the inevitable "bass!" "Oh, Sultany," I exclaimed, "is it still 'bass'?" What else can you want?" She smiled and said, "Bass, ya sittee, ma fee jacquetta" (but, lady, I haven't a jacket). It was too bad, after all that had been done, but away sped a kind-hearted little nurse and soon came back with a nice thick jacket. "Sister, the cold weather has almost gone; I can do without this, and I think it will just fit her," she said, and so it did; and in this complete "rig out" Sultany and Melia, again smiling their thanks, left the ward.

To this day she goes by the name of "Sitt Bass."

SISTER MARIE.

### AN ENTERPRISING COMPANY.

Consumers of gas in the district of the Gas Light and Coke Company, among whom are many proprietors of nursing homes, will be glad to note that in the speech of the Governor (Mr. Corbet Woodall), at the meeting of the shareholders on the 5th instant, it was intimated that there would be a further reduction in the price of gas at the end of this year, making the seventh reduction in eight years.

This continuous decrease in the price charged by the Gas Light Company is very welcome alike to the consumers, who benefit to the extent of nearly £100,000 a year by every reduction of 1d. per 1,000 cubic feet; to the shareholders, whose dividend can only rise as the price falls; and to the employees, whose share of the profits also varies inversely with the price of gas.

The only people not pleased are the electricians, as every reduction in the price of gas further increases the already substantial difference in cost between electricity and gas.

Owing to the enterprise of this company a bed-room fire is now a possibility to many to whom it was formerly an unattainable luxury.

## Outside the Gates.

## WOMEN.



The Women's Imperial Health Association of Great Britain (3, Prince's Street, Hanover Square), of which Mariel Viscountess Helmley is President, are commencing a crusade on Saturday next on behalf of the health of the nation, and are sending out their first caravan, "The Aurora," from which lectures and demonstrations on health, illustrated by biograph pictures and views, will be delivered by competent lecturers in the towns and villages of England. It is hoped in the course of time to extend the sphere of operations by equipping additional caravans. This is essentially a Women's Association, and it is to the women that the lectures will chiefly appeal. It is desired to deal with the health question at its very foundation, and to teach the mothers of England how to rear and nurture their children, that they may become strong and healthy citizens. The young girls will be specially appealed to, that they may the better fulfil the duties which matrimony entails. No admission fees are charged to the lectures, and no collections are made. The Association have no tads, no "axes to grind." They are not "anti" anything nor "pro" anybody. Pamphlets and leaflets will be freely distributed from the caravan. Saturday's ceremony which will be very picturesque, will consist of a brief exposition of the work and aims of the Association and the display of a few typical biograph films. The caravan will be christened "The Aurora" (signifying "the dawn of a new era") with a flask of pure water. Mrs. Lena Ashwell, who has kindly undertaken the task of performing the inauguration ceremony and of sending the caravan off on its mission, is the wife of Dr. H. J. H. Simson, a member of the Executive Council. Immediately after the ceremony the caravan will proceed up the Thames Valley en route for Bath.

Mrs. May Wright Sewall, Founder and Hon. President of the International Council of Women, has just concluded the history of the Third Quinquennial of the Council, during which time she was the President, and which had its happy climax in Berlin in 1904. The work is being brought out by the Plimpton Press in two volumes, price 1 dol. 50 cents (6s. 3d.) a set. They may be obtained from Mrs. May Wright Sewall, Meadowlark Cottage, Eliot, York County, Maine, U.S.A. The first volume is a complete record of all meetings held under her administration, arranged so as to be of permanent value to the history of the period. It contains a double index, one of persons and one of subjects. The former includes over 350 names, and is a register of the active council workers in 19 countries, so carefully arranged that the work of each participant in the Council movement can be read as a continuous story of the Council record

of any individual. The second index enables the reader to study every subject, and the progressive development of each department of the work of the Council. The second volume contains the reports and addresses made by the most prominent and distinguished Council workers at the Berlin Quinquennial, and gives a bird's-eye-view of the work which the women of the world have undertaken for its social, civil, and ethical benefit.

Nurses who came under the spell of Mrs. Sewall's wonderful personality as a guest of the Matrons' Council at its Banquet during the London Congress in 1899, and again at its Conference next day, when she spoke most eloquently on "The International Idea," will be such that this book is eminently worth reading.

## Book of the Week.

## EARLY VICTORIAN—A VILLAGE CHRONICLE \*

The title alone of this volume is seductive, and gives a foretaste of the charming sketches within its covers, of the days when that good, wise, resourceful little Queen went riding on an afternoon with Lord Melbourne, when the stage coach was in a vigorous old age; when Islington was a country suburb; when policemen were called "peelers"; when young ladies bought and wore on each side of the face three little curls, and daily ironed them out upon the kitchen table.

Basset had a much too large Norman church, which the piety of a Chatelaine of Basset Manor had "improved" with two galleries. On the green were the disused stocks, and a large slinky pond, which the village always drank, and never connected with the typhus, which by some special dispensation of Providence was not always epidemic. Looking on to the green were some charmingly picturesque thatched cottages, with roses creeping up them, and within too often nameless vice and disease—the fruits of overcrowding.

Squire Harry never opened a book, and only skimmed a newspaper, honestly pitied any benighted person who spoke any language but his own, and had been taught by his mother that English would be the mother-tongue of heaven.

When in one of the aforesaid cottages, a man lay dying of typhus, the Squire put a couple of bottles of port into the deep pockets of his riding coat, it pleased the sufferer far more than if he had rebuilt the cottage. He went a wooing to Clayton Hall with some very thin excuse about the character of a housemaid, and Pollie came out to the door, with the curls shading a very becoming blush, gave his horse some sugar, and heard something in spite of the curls, that Harry bent over to say in her ears.

Finally there was a wedding with the bells ringing, the bride with her face blooming and glowing under a beaver bonnet, the cobs dancing to be off—shoes, rice, cheers, and Harry and Pollie had driven into futurity. The Parson was a straight shot, and had a military history before his clerical

\* By G. S. Tallentyre. (Smith, Elder, London.)

Harry could respect him with self-respect. He was a cadbrate not from conviction "if one had one's duty and a dream, one had enough for life." The dream was Pollicie. When she sang "I'd be a But-terfly" in the drawing-room, he used to take up a most awkward position on a chair just behind her, with his large red hand on his knees, and his eyes looking into space. In Peter Grant's code of duty it was written large that the seldomness of his services should be compensated by their length. So all that could be put into the Order for Morning Prayer he put there."

Dear old Dr. Benet, and his wife, are quite the most charming of all these delightful characters.

He was of an age which made quite sure that to be charitable is inevitably to do good, and asked no fees from the poor on principle. At half-past nine the Doctor locked up the surgery door, and went into the kitchen to tell his wife of some invalid who would like one of her puddings. Mrs. Benet herself buttoned her husband's short round figure into his driving coat, and put his great neckcloth the proper amount of times round his neck, gave him a sound smack on the shoulder instead of a kiss, and came down the flagged path to see him start off in the gig.

Very pathetic is the description of a rival setting up in the little village.

"Jeanie poured out a tornado of angry words against the deserters, and the character and conduct of Dr. Mark. Her old man looked ill and sunken, and her heart was hot within her."

We have no space to talk of Miss Pilkington in her centred cottage, who was really glad her sister would not live with her, but sorry she was glad.

But these extracts are only small samples out of a fund of delightful reading.

H. H.

## Coming Events.

August 20th.—Memorial Service for Miss Florence Nightingale, O.M., St. Paul's Cathedral, 12 noon. Funeral Service at West Wellow, Hants.

August 25th.—A Requiem will be sung at St. Alban's, Holborn, on behalf of Miss Florence Nightingale. The Service is under the auspices of the Guild of St. Barnabas for Nurses.

August 26th.—Inauguration of the first Caravan of the Women's Imperial Health Association of Great Britain, Botanic Gardens, Regent's Park, N.W. 12.30 p.m.

September 1st.—Garden Party in the Grounds of the Infirmary, Kingston-on-Thames, by invitation of the Matron.

September 3rd-26th.—Congress of the Royal Sanitary Institute, Brighton.

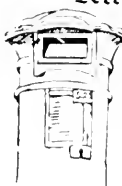
September 10th-17th.—Second International Congress on Occupational Diseases.

## WORD FOR THE WEEK

The more you spend on architects, the less you will want to spend on carpenters and gables. The more you spend on road and drainage surveys, the less you will spend on policemen.

MR. JOHN BURNS.

## 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 ST. BARTHOLOMEW'S HOSPITAL APPOINTMENT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—So the quarterly meeting of the St. Bartholomew's Hospital Governors, which has been agitating the minds of all inside, and keenly and anxiously waited for by many hundreds in the nursing world inside, is over, and, we are told, without much ado.

Well is it for those nurses who have learnt the lesson of self-reliance, for, contrary to all reason, those have tailed them who, by reason of their position, should stand shoulder to shoulder, recognising the splendid work done by the women of St. Bartholomew's Hospital, and giving them a just recognition to continue on the same lines.

Miss Isla Stewart for between 20 and 30 years devoted her life to the training of women to become nurses. By the great influence of her personal character she was able to instil into the minds of hundreds the absolute self-sacrifice and fearless courage in face of all dangers inseparable from a nurse who conscientiously fulfils her duty.

Necessarily the training under Miss Stewart was a severe one, for, so to speak, she made no soft bed for nurses—work and duty first, whatever the cost might be, and honour to one's hospital and training school were her maxims.

The personal influence of the Matron of any big London hospital is a first consideration, but if the present selected candidate takes up her duties, thus, one of the chief factors in the training of her nurses, must for some years to come remain in abeyance. It is not possible for her to exercise moral influence when all around her will feel that she has accepted a position under criticism and disapproval, and one that should have been given to another. If she has a feeling of loyalty to her own hospital she will understand what we Bart's nurses are feeling now, and Lord Sandhurst's statement that there the matter ends will prove a very incorrect summing up.

St. Bartholomew's Hospital, being one of the first training schools of the world, its work spreads far and wide, and into all countries. It is therefore urgent in the interests of the public, the nursing and medical professions, that its standard should be maintained and carried forward always in the first rank, and this could best have been done by one who has learnt her work directly under Miss Isla Stewart, and had the advantage of her justly famous example to guide her.

Apparently, however, a woman's life work, however good, counts for nothing under the present

regime at St. Bartholomew's. Not a very inspiring influence for its nursing staff.

Yours faithfully,

FLORENCE GARRATT,

An Old Bart's Nurse.

[This letter was unavoidably held over last week—Ed.]

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—All who have been interested in the circumstances which led to the appointment of a Matron at St. Bartholomew's who has not had a three years' course of training, will admit, I am sure, that this act of ignorance and prejudice on the part of those responsible for it has achieved what they never meant or expected—namely, it has given a great impetus to the cause of State Registration, and no doubt has brought it, in spite of continued hostility, considerably nearer.

In this case, if we cannot call it a blessing in disguise, undisguised blessings will result from it. No. 1.—"The Defence of Nursing Standards Committee." The following story is another illustration—it any more were needed—of the urgent necessity for the organisation of the nursing profession:—

A little boy, aged 11, had undergone an operation for appendicitis; he appeared to recover nicely from the operation. After a while various untavourable symptoms appeared. The nurse in charge told the poor, distracted mother that "mortification had set in, and that the child would soon be gone."!!! and began to busy herself in clearing away the sick-room requisites in a way that is only done after the patient has passed away. The doctor had ordered morphine; she administered more than was ordered, which naturally so angered him that he sent her away. It transpired afterwards that the trouble and continued rise of temperature were largely due to such serious neglect of the bowels that stoppage occurred. When that mischief was overcome the child began to recover.

It seems to me that we might get on faster with this great reform—State Registration for Nurses—in the public, especially those persons—and there must be very many—who have suffered from the anxiety and trouble of an incompetent nurse—would co-operate with us and form themselves into a league and demand for their own safeguard this most important measure. A society for the protection of the public against the cruelties of the counterfeit "nurse" is urgently needed!

Why does not a deputation of men and women among the laity wait upon the Prime Minister and demand legislation?

FERRIER.

YOURS TRULY,

BLAIRIE KENT

#### THE CHURCH OF ENGLAND MISSION TO HOP-PICKERS

To the Editor of the "British Journal of Nursing."

MADAM, May I, by your usual kindness, appeal to your many readers and especially to those who reside or have property in the great Metropolis, for their aid to the work of the Church of England

Mission to Hop-Pickers of ministering socially and spiritually to the many thousands of men, women, and children, for the most part hailing from London, who are our temporary parishioners for three weeks or a month during September, for the hop-picking.

Our work on their behalf dates from 1877, and has gradually grown from the employment of three or four evangelists to over one hundred and fifty, embracing clergy, lay evangelists, trained nurses, and lady workers.

Our temporary hospitals are of the greatest value and many hundreds of patients yearly testify to their need.

Ten and coffee stalls and barrows minister to the bodily comfort of the pickers, and marquee and tents are used for services, Sunday schools, Bands of Hope, and social work, open air lantern services attracting large numbers of the people. But although many of our workers only accept board and lodging, our expenditure last year was £334, the parishes we were engaged in numbering thirty, and the immigrant hop-pickers ministered to fifty thousand.

I therefore hope I may confidently claim from your readers their support of this valuable social and spiritual work. Subscriptions and donations forwarded to me will be thankfully acknowledged, and also sound illustrated literature, and old linen for bandages, the supply of which is never equal to the demand.

I am, Madam, gratefully yours,

FRANCIS G. OLIPHANT,

Rector of Teston, Middlesbrough.

Hon. Sec. of the C. of E. Mission  
to Hop-Pickers.

P.S. Parcels to Watlington Station.

### NOTICES.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

- The International Council of Nurses.
- The National Council of Trained Nurses of Great Britain and Ireland.
- The Matrons' Council of Great Britain and Ireland.
- The Society for the State Registration of Trained Nurses.
- The Registered Nurses' Society.
- The School Nurses' League.

As their official organ is widely read by the members of these societies, the Editor will at all times be pleased to find space for items of news from the Secretaries and members.

#### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal those on practical nursing are specially invited.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives' Board.

### AUGUST EXAMINATION.

#### LIST OF SUCCESSFUL CANDIDATES.

At the examination of the Central Midwives' Board, held in London on August 3rd, 1910, the number of candidates examined was 321, of whom 265 passed the examinations. The percentage of failures was 17.4.

#### LONDON.

*British Lying-in Hospital*.—H. G. Annan, E. M. MacCarthy, A. Pratt, E. J. Whatley.

*City of London Lying-in Hospital*.—V. M. Barnard, L. V. Baxter, E. M. Buchanan, B. M. Cornell, E. M. Gravellins, E. C. Kruger, E. A. J. Maack, C. Potts, E. E. Roberts, E. Whatley.

*Clapham Maternity Hospital*.—M. J. McCormick, E. A. C. Quare, E. C. Wilson.

*East End Mothers' Home*.—F. N. Gumpertz, C. G. Johnson, M. A. Lafford, E. L. Sweet-Escott.

*General Lying-in Hospital*.—A. E. Armstrong, E. Baynes, A. E. Bishop, J. V. Blake, E. L. Booker, G. M. Brake, M. E. Burnett, M. Byerley, E. M. Cann, R. A. Daly, L. Edwards, E. Ellam, A. M. Gillitt, E. Grimwood, I. S. Henderson, A. E. Holmes, E. H. Islip, H. E. Keys, B. Low, A. K. G. Macdonald, B. F. Marks, L. Martyr, M. Mason, A. E. Matthews, A. E. Muir, E. Oliver, M. C. Ommatney, M. E. Packer, L. A. B. Pegg, F. M. Rayner, S. Simmonds, E. Smith, S. Thomson, L. M. Webb, M. A. Wellington, S. Lunnholtz.

*Guy's Institution*.—M. L. Bishop, M. Bouvier, A. H. F. Maycock, L. E. Sergeant.

*Greenwich Union Infirmary*.—G. E. Webster.

*Kensington Union Infirmary*.—M. A. B. Hart.

*London Hospital*.—M. A. M. Burn, L. J. Campbell, C. C. Founds, E. C. James, L. L. Phillips, B. Raper, D. Sharp, V. M. Thompson.

*Middlesex Hospital*.—E. M. Andrew, L. Cheetham, E. M. Wigglesworth.

*New Hospital for Women*.—M. L. Dawson, M. S. Tyers.

*Queen Charlotte's Hospital*.—F. A. Akehurst, E. Ash, M. Ashworth, D. E. Baker, F. Buxton, F. S. Collins, E. S. Daniels, E. M. Duckworth, Mary Dudding, M. H. Edwards, E. Field, W. Harcourt, A. J. Honour, W. M. Hunt, J. H. Johnson, E. M. Kidd, L. A. Little, M. H. Mumford, C. F. Osborn, M. Stuart, M. B. Tyler, M. E. A. Wanles, L. Willey, E. J. Wright.

*Salvation Army Maternity Hospital*.—A. G. M. Bischoff, E. M. Davis, C. Hiley, E. H. Jones, A. M. Kington, L. Miller, E. A. Shingles, A. E. Thacker.

#### PROVINCES AND WALES.

*Aldershot, Louise Margaret Hospital*.—M. E. Broadbent, E. E. Rendell.

*Birkenhead Maternity Hospital*.—N. Cameron.

*Birmingham Maternity Hospital*.—E. M. Spicer.

*Brighton and Hove Hospital for Women*.—A. E. Barnes, L. C. M. Cole, G. L. Dugdall, A. R.

Houghton, M. A. Martin, E. C. Rearden, D. A. Swan, A. F. Walmesley, A. M. Williams.

*Bristol Royal Infirmary*.—E. M. Hines, E. Smith, F. Stewart.

*Cardiff Q.I.J.N.I.*.—M. E. Nicholson.

*Chatham Military Families Hospital*.—J. C. Campbell.

*Devon and Cornwall Training Schools*.—M. E. Bakes, A. E. Heley, O. B. Oliver.

*Edmonton Union Infirmary*.—L. Wittams.

*Essex County Cottage Nursing Society*.—X. S. Canham, M. A. Vapp.

*Hull Lying-in Charity*.—E. Bancroft, C. M. Davenport.

*Liverpool Workhouse Hospital*.—J. A. Begley, L. Jones.

*Manchester St. Mary's Hospitals*.—D. Forshaw.

*Nottingham Maternity Hospital*.—M. E. Beasley, E. R. Wain.

*Plastow Maternity Charity*.—A. E. Ashmore, M. E. Barnes, C. Blundell, V. L. Burrows, E. G. Cammell, E. A. Clewley, O. E. Ellen, E. Gardner, E. S. Hendley, H. Hewitt, K. E. Hess, M. C. Jeakes, F. E. Liddle, E. A. Longman, E. Marley, C. E. Mitchell, I. W. Y. Moir, E. Newmarch, E. Parkinson, E. Perry, A. L. Phillips, F. Roberts, M. K. Selt, S. A. Thomas, E. Wharton, N. Whierott, G. S. H. Woods, A. Willatt.

*Portsmouth Military Families' Hospital*.—R. A. Houghton.

*Sheffield Jessop Hospital*.—K. H. Street.

*Stoolwich Home for Mothers and Babies*.—R. E. Rolls.

#### SCOTLAND.

*Dundee Maternity Hospital*.—J. A. Archibald, J. Fraser.

*Edinburgh Royal Maternity Hospital*.—A. I. Baird, I. W. L. Mowat, M. J. Nisbet, E. Unsworth.

*Glasgow Maternity Hospital*.—J. Campbell, C. M. M. Nicholson.

*Glasgow Western District Hospital*.—G. V. Winter.

#### IRELAND.

*Dublin, Rotunda Hospital*.—M. E. Kemp, C. I. Smith, A. E. White.

*Dublin, Coombe Hospital*.—W. Murtagh.

*Dublin, National Maternity Hospital*.—H. T. McLinton.

#### INDIA.

*Bombay, Bai Motilal Hospital*.—E. A. Meade.

#### PRIVATE TUITION.

E. A. Arnold, M. P. Beck, E. V. Blower, A. Bonham, K. Bowles, B. M. Brooks, A. M. Brunt, L. Campling, E. M. Carline, C. A. Cheeseman, M. Clarke, E. A. Clubb, A. Cook, E. E. Cook, F. Crawshaw, E. B. Davis, Z. R. Davis, E. A. Derbyshire, M. M. Dickson, E. Drewett, B. E. Dyson, M. R. Edden, F. M. Farnold, C. Goldson, G. Gratton, M. Hallett, E. I. M. Hamlyn, L. E. Harman, M. Hughes, M. Inkersole, A. Jackson, B. J. Jones, S. W. Jones, H. M. King, M. E. King, K. Lausson, F. Lee, N. K. Le Moine, A. J. Lewis, A. M. B. McArdle, E. McComb, J. Martin, R. B. Martin.

E. Midgley, E. A. A. Moon, M. Mulhean, B. Nelson, E. Newbold, F. A. Nihell, E. J. Paget, E. A. Parsons, A. Pilbeam, M. S. Pocock, E. Rhys-Jones, F. Riches, J. Ross, E. Roth, N. Seabrook, M. M. Smith, A. J. E. Sproat, N. E. V. T. Stewart, E. J. Sutton, R. A. Taylor, B. J. Tennant, S. Thorne, E. Thumwood, L. Tonley, E. Turnbull, E. E. Varndell, E. E. Vines, A. Wallace, W. M. Walton, S. Warwick, C. J. Williams, C. M. Willmott, E. Wood, S. H. E. Woodage, M. Wright.

## Two Unusual Cases.

A correspondent of the *American Journal of Nursing* describes two cases of hæmorrhage in the newborn, of which she writes:—Having had two such cases within six months, and being unable to fully understand the cause, I would like to hear if I am the only unfortunate to have such experiences and so similar.

My first case was on April 3rd, 1909, normal labour, baby girl, 8 pounds, delivered at 10 p.m. Saturday. During the night the babe slept well; cried occasionally, Sunday, all night; Sunday night a little more wakeful, urinated and passed meconium shortly after birth, and took the breast. Monday, early in the morning, the babe was more restless, cried as though in pain. This continued until 9 a.m., when she began to cry harder and passed a stool which was a dark brown. She had two movements within one-half hour, and I noticed instead of a dark brown it was more of a reddish. Not feeling that all was well I telephoned for the doctor as he had not made his morning call. By this time she had another and it was quite a decided red. By the time doctor arrived it was very evident that the little one was having hæmorrhage. This continued for twelve hours, the intervals between the movements varying from twenty minutes to one-half hour, the little one crying sharply with each discharge. Sometimes the stool was of a thick substance and later clots. The doctor ordered alum injections, but these proved too severe, after two treatments, causing so much distress. For medication she had sodium chloride, grt. X, every two hours, Wyeth's infant antacid, 1 pellet every hour, and atropine grt. 1, of 1-100, every two hours. A consultation was held, and there seemed nothing but death for the little one. Her body was very yellow and her face pinched, every indication of shock and exhaustion. After twelve hours, the movements became less frequent and gradually became normal, and the baby is now perfectly well and has never had another attack.

Case No. 2, October 2nd, 1909. Normal labour, baby girl, 7 pounds. Babe very red, especially head and face, at birth. Slept fairly well first night, cried out a few times, but no more than usual. Meconium at birth, but none during the night or in the morning. About 11 o'clock the next morning she vomited a brown mucus discharge, seemed relieved, and I placed her in the crib. She remained quiet until shortly after noon, when she vomited again, of the same nature. I noticed she was straining. I carried her away from the mother and saw such a sight! Her entire

clothing and back up to her neck were saturated with that peculiar reddish brown discharge with a pungent odour. I asked someone to telephone for the doctor at once. He was the same physician who had charge of the other case, and we began the same treatment. The little one was so weak after this that I removed her clothing and wrapped her up. She cried constantly, and though she only had two more slight hæmorrhages she gradually grew weaker, and at 6 p.m. passed away. It seemed so dreadful to have that precious little soul in such misery, and the poor mother! These two cases at the time were the first the doctor had ever experienced, and he has been practising a number of years. Since then, however, he has had another similar, the child vomiting instead of passing blood through the bowel.

Our text-books tell us that hæmorrhage is often the cause of infant mortality, but it certainly seems strange to have such a condition in an apparently perfect babe. How we do want the little ones to be well, how unhappy is a case when one thing goes wrong, how much pleasure when the mother and babe are well!

## The Midwives' Bill and Irish Midwives.

At a Charter Meeting of the Board of Governors of the Rotunda Hospital, Dublin, it was unanimously resolved:—

"That the warm thanks of the Board be forwarded to the Right Hon. Lord Clonbrock and the other Peers who so kindly assisted, for the splendid work they have done on behalf of Irish midwives, in obtaining the insertion in the Midwives Bill of a clause entitling properly certified Irish midwives to registration and certification under the Midwives Act, 1902, when the Bill becomes law. The Board appreciate to the full the kind interest shown and trouble taken by their lordships in the matter, and wish to record their sense of indebtedness to them."

It was also resolved:—"That the sincere thanks of the Governors be given to Mr. Charles L. Matheson, K.C., for his kind and successful exertion in obtaining such substantial concessions for Irish midwives in the Act of Parliament passed last Session."

The Governors of the Rotunda Hospital have taken an active part in promoting the inclusion of Ireland in the benefits of the Midwives' Act, and in a recent letter to the *Irish Times* the Master, Dr. Twedy, pointed out statistics showing that 6.3 women per 1,000 die in pregnancy and child-birth in Ireland compared with 1.81 per 1,000 in England, and 2 per 1,000 in the Irish Maternity Hospitals. In Ireland once a midwife has obtained her hospital certificate the institution which certifies her has no power to influence her future conduct. She may be "profligate, dirty, dishonest, or drunken, septs may follow her in epidemics, and yet there is no power at present available in Ireland to prevent her practising."

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,169.

SATURDAY, AUGUST 27, 1910.

XLV.

## Editorial.

### THE NATIONAL HEALTH.

On all sides there is an awakening on the subject of the importance of maintaining and improving the standard of the national health. The words physical deterioration, national efficiency, the falling birth-rate, infant mortality, infant consultations, Mothers and Babies' Welcomes, medical inspection of school children, and so forth, are constantly heard; caravans from which war is waged against tuberculosis are already doing good work in Ireland, and, as we report in another column, the first caravan of the Women's Imperial Health Association is now touring this country on a mission of sanitation.

And, indeed, a greater knowledge of the laws of health are necessary if we are to maintain our place amongst the nations. What thoughtful person can regard without alarm the undersized, weakly, undisciplined boys and girls who throng the streets of our large cities—boys to whom we must look in the future to be the defenders of our country; girls who will bear and bring up the future generation. What education have they had to assist them to perform those duties adequately? Visit the homes and see the surroundings in which they have grown to manhood and womanhood. What hope have things gracious and pure of flourishing in the one room tenement, which is all many families can afford? Here and there, despite every disadvantage, the pure white flower lifts its face to the sun, but many more are besmirched and stained owing to the prevalent conditions of life in the slums. These must be purified before a race which is strong and clean, morally and physically, can be bred in them.

The Board of Superintendence of the Dublin Hospitals have recently in their annual report, condemned the dispensary system as inefficient, because they rightly consider it a fundamental mistake to rely exclusively on medicine, when the remedy needed is food, sanitation or hygiene. The Board say "the question is one which is of great importance to the State. We refer to it hoping that it may strike the attention of the public as it does ours, and that the funds necessary to establish a better order of things may be forthcoming."

What nurse who has worked in the outpatient department of a great hospital has not been inexpressibly saddened, as the futility of hoping for a cure by giving bottles of medicine to patients who are systematically underfed, and who need healthy homes, pure air, and nourishing food, is borne in upon her? "But," says someone who has never known what it is to be without food, fuel, or even home, "the independence of the poor must not be undermined."

Truly there is not great danger. The independence of the hard-working poor is the very last thing they part with; they have shown not a few times that if they have to choose between independence and starvation they deliberately choose the latter. But is anyone justified in putting before them so terrible an alternative? Surely it is possible to ensure to the toilers in our cities—at rates which it is possible for them to pay—good food, fresh air, and general conditions of life in which they may rear their children in "temperance, soberness, and chastity."

If we paid as much attention to race-culture as to horse-breeding the nation would be better housed.

## Medical Matters.

### TREATMENT OF SMALL-POX IN RED LIGHT AND IN THE DARK.

Dr. C. H. Würtzen, of Copenhagen, writes in part on the above subject in the *British Medical Journal*:

Finsen in his pioneering works from 1893 lays down his method for the treatment of small-pox by exclusion of the chemical rays of daylight, and in January and February, 1894, a slight small-pox epidemic gave Feilberg the opportunity of using it in my country. The method has later been used in the Oresunds-hospital on every occasion.

As is known, one tries to carry through the method generally by arranging a red room. This is done either by covering all windows with several layers of red stuff (bookbinder-shirting, flannel, blankets, and the like), or by furnishing the windows with red glass or by combining both proceedings. If the stuff is closely woven, the layers not too few, and if the hangings fit closely to all sides, all demands will be fulfilled; but in this case little light passes, and in consequence the room will be rather dark. The strongly subdued light is, however, more often a comfort to the patients at the beginning of the illness.

Still better, one might advance another step by carrying on treatment in the dark. This idea is far from being new. From 1867 and 1871 we have reports on cases of small-pox treated in the dark (Black, Waters, Barlow). Finsen based his opinion of the special inflammatory qualities of the chemical rays in variola on the fact that the most numerous and the deepest scars are generally found on the face and hands—that is, on the parts most accessible to light—and treatment in the dark only differs from treatment in red light by the fact that all other rays are excluded as well as the chemical. No objection can be made against treatment in the dark based on the idea that there is any positive advantage in the use of red light, either in its influence on the eruption or on the general condition.

Finsen pointed out that some people seem to have an aversion to red light, and added: "I wish, moreover, to draw attention to the fact that now when the method (that is, the red light) has everywhere stood the test, it ought to be the doctor's first duty, as soon as he has diagnosed small-pox, to see that the windows of the sick room are covered, and that there is a light. Seeing that the treatment may be so easily arranged, it is really indefensible to expose the patients to daylight until

they can be exposed to red light in the hospital. This indication, which specially concerns the early time, can be prolonged during the whole period, that is, until the vesicles dry up, etc., and it may be taken for granted that patients who have had a severe attack, and especially those whose eyes are affected, will not feel this treatment as particularly rigorous."

It may not be out of place to draw attention to certain conditions which must always be present if the treatment is not to disappoint expectations.

In the first place, the arrangements ought not to be limited to the sick room, but account should be taken also of the adjoining rooms, passages, etc., so that no great quantity of injurious daylight should be thrown on the patient in opening the door of the sick room. All sources of artificial light must be covered with red lamp-glasses, such as photographers use, and when doctors and nurses in their rounds think it necessary to use ordinary light, it ought only to come from a stearine candle, of which the flame contains so few chemical rays that no harm is done if used only for a short time. It therefore follows as a matter of course that even for a short time, and in order to see the exanthem better, daylight ought not to be admitted freely.

Finally, there is the question as to how the red light affects the patients—apart from their illness—and the staff generally. Nothing is known of its remote effects, but the reaction to it seems to be somewhat different. Some do not seem to be appreciably influenced, while others find it rather unpleasant in the long run, and some get an absolute aversion to it. It often produces a feeling of heaviness and headache, and it is always found exhausting and tiring for reading. Naturally the red light produces a strong sensitiveness in the retina to ordinary daylight. This hypersensitiveness is very troublesome and confusing to the nurses, who of course are obliged to go backwards and forwards between the red room and the daylight. To mitigate these drawbacks—and in a red room the light on bright days is very intense—coloured spectacles may be used with advantage. Green and blue glass each in their own way considerably modify the light and produce different shades, of which some will prefer one, others another; and with smoked glasses a chiaroscuro is obtained, which gives great relief. Contrary to what might be expected, neither the blue, the green, nor the smoked glass, provided they are not very dark, cause any considerable weakening of the light in a red room.

## Clinical Notes on Some Common Ailments.

By A. KNVETT GORDON, M.B., Cantab.

### NEPHRITIS

(Concluded from page 142.)

The kidneys themselves can be stimulated to a certain extent either by local applications to the loins or by drugs. Of the former, hot fomentations applied just over the site of the kidneys are often comforting, and it is possible that they may sometimes increase the excretion of urine to a slight extent. A rather more powerful method is the old-fashioned practice of dry or wet cupping, whereby glasses, out of which the air has been driven by holding them over the flame of a spirit lamp, are placed on the loins; in "wet cupping" the skin is first scarified with knives, so that a small quantity of blood is abstracted when the glasses are in position. Cupping acts by determining an increased flow of blood to the kidneys underneath the site of application.

But the kidneys can be acted upon more effectively by certain drugs which are known as diuretics, because they increase the quantity of urine passed. Of these the most powerful are some derivatives of caffeine and theobromine, the alkaloids obtained from coffee and cocoa respectively; indeed, a strong cup of coffee will often of itself cause the kidneys to act more freely. Nitrate, acetate, and citrate of potash are also diuretics. Probably all these act on the nerves which control the flow of blood through the capillaries generally, causing the vessels to dilate, and thus determining an increased flow of blood through the kidneys. Digitalis also acts as a diuretic, but in a different way—namely, by increasing the power of the force of the heart, so that more blood is pumped into the smaller vessels. In practice the caffeine derivatives are used in emergency when a very great flow is wanted at once, and the potash salts, which may be taken daily for some time, when a more prolonged action is required. Most of the quack medicines for the "back and kidneys" contain nitrate of potash, which has the merit of being both harmless and cheap.

In attempting to diminish the effect of urea on the system we should obviously try first to get rid of the waste matter itself in one or more of the ways mentioned above, but, apart from this, we have to relieve headache, arrest convulsions, assuage the difficulty in breathing, and so on which are caused by the urea that cannot be at once excreted. For this purpose morphia is probably the most useful drug that

we possess, but it is a two-edged weapon, and requires considerable care and skill for its administration; still its effect is often almost magical.

In children, however, we cannot use morphia with safety, and sedatives, such as bromide of potassium or chloral hydrate must be employed instead; inhalations of chloroform are sometimes necessary to check the convulsions.

Having seen the weapons which we have at our command, we will now discuss the way in which they are used in the treatment of each of our selected diseases.

In acute nephritis, the main indication is to take the work off the kidneys as far as possible, so we give baths, packs, and so on, with purgatives. Then the diet should consist of milk alone for as long as it can be borne, and then it should contain as little nitrogen as possible, and that in a vegetable form—*e.g.*, bread, milk puddings, and so forth. Absolute rest in bed is essential, at all events as long as blood is being passed in the urine. If suppression occurs, we must redouble our efforts to make the skin act, and we may try cupping in addition, though I cannot say personally that I have ever seen it do much good. Any stimulation of the kidneys by diuretics is not only useless but harmful: it is rest they want, not the whip. In convalescence, we treat the anemia with iron.

In the subacute tubular nephritis, we act on the skin as before, but (especially in the more chronic cases) we have to think also of the dropsy, and it is often necessary to stimulate the kidneys a little with diuretics or remove the fluid by tapping, and, if uremia supervenes, to give morphia as well. The nitrogen in the diet has to be kept low, but when the patient is about his work we must obviously allow him a more plentiful diet than if he were confined to bed; but we must forbid meat, though fish and sometimes fowl may be allowed.

In patients suffering from a contracted granular kidney, in addition to treating uramic symptoms when they appear, we have to think of the condition of the general circulation. The first point is to keep the blood pressure at the level which is the best for the man's own requirements. If his tension gets too high, there is a risk of apoplexy from the giving way of a small vessel in the brain, and in practice many patients do succumb to this complication; on the other hand, if we lower it too much by injudicious treatment, or if it fails from weakening of the heart's action, the kidneys do not receive a sufficient supply of blood, and a diminished excretion of water occurs, and dropsy is the result and probably uramia also.

So it does not do to regard a high blood pressure as a thing to be forthwith reduced, and it is necessary to keep a happy mean, which, incidentally, is by no means an easy task for the physician—in fact, skill in this particular matter has made the reputation of more than one consultant.

It is a fairly easy matter to act on the blood pressure in either direction if we want to. The tension can be reduced very rapidly by nitrite of amyl inhalations, but their effect is only transitory, and a more lasting action can be obtained by nitro-glycerine, which may be given in chocolate tablets, or, in emergency, injected under the skin. Still more permanent is the effect of iodide of potassium in small doses, and this is for most patients the most useful drug we possess.

The tension can be increased by any heart tonic, but especially by digitalis, which also constricts the small arteries, and thus has a double effect.

But the main point in the treatment of cases of high arterial tension is to consider each individual, and so to regulate his life, by the avoidance of worry and scramble, and by the use of a dietary from which meat and alcohol are almost, if not quite, excluded. It is generally a case of "your money or your life," and the patient cannot have it both ways.

#### A MYSTERIOUS DISEASE.

A mysterious disease, which advances with frightful rapidity, has broken out in a lunatic asylum at Valldolid. Death in some cases ensues within a few minutes of the first symptoms appearing. The post-mortem examination of the victims failed altogether to reveal the cause of death. The only external sign is a red spot resembling that caused by a sting on the face or neck, and it is believed that the outbreak is caused by the bite of an infected insect.

#### THE TYPHOID FLY.

In typhoid prophylaxis, says the *Dietetic and Hygienic Gazette*, it is essential to keep flies away from the sick room. The vomitus and the excreta of the typhoid sufferer are disinfected by admixture with: formaldehyde (12) per cent. solution, two ounces to one gallon of water) for one hour; or half an ounce of lime chloride in a gallon of water for one hour. The patient's sputum is burned or disinfected by means of a 1-500 bichloride solution. The nurse's hands are washed after every ministrations and then dipped in bichloride (1-1,000). The patient has individual utensils. The bed clothes, towels, apparel, etc., are disinfected.

## Florence Nightingale, O.M.

### THE MEMORIAL SERVICE AT ST. PAUL'S.

The Memorial Service for Miss Florence Nightingale at St. Paul's Cathedral on Saturday last will be an abiding memory with those who were privileged to be present. The service was remarkable not only for its simple dignity, and for the exquisite music, but for the unique congregation assembled to honour the memory of a great and good woman, and to thank God for her life.

The seats in the choir and choir gallery, the space beneath the Dome, and the transepts were filled with ticket holders, but far away, right down the nave, extended the great congregation, those who were not wearing uniform being almost universally in mourning.

The band of the Coldstream Guards filled the space immediately below the chancel gates the scarlet uniforms, laced with gold, or having black and white facings, making a vivid splash of colour, the only reminder of the occasion being that the drums were muffled in crepe.

Directly in front of the chancel gates were the chairs and fold stools provided for the representatives of the King (Major-General J. S. Ewart, A.D.C. General); the Queen (Lord Wenlock); the Queen Mother (Col. H. Streatfield); the Duke of Connaught (Captain T. R. Bulkeley); and Princess Christian (Major J. E. B. Martin); the chair for the King's representative being in the centre, and slightly in front of the other four.

The City of London (of which Miss Nightingale was a "Free Sister") was officially represented by Sir James Ritchie (Acting Lord Mayor), wearing his robes of black and gold, and attended by the City Marshal, and the Swordbearer and Macebearer, Sir Vezev Strong and Mr. Sheriff Slazenger, in scarlet robes, accompanied Sir James Ritchie, and a number of Common Councilmen were present in their mazarine robes. The Acting Lord Mayor and the other City representatives were met by the Cathedral clergy at the West Door, and conducted in silence to their seats in the choir.

The Prime Minister, the Earl of Crewe, K.G. (Lord Privy Seal), Mr. R. B. Haldane (Secretary of State for War), Lord Morley of Blackburn (Secretary of State for India), were also represented. Mr. John Burns (President of the Local Government Board) attended the service, and the American Ambassador (Mr. Whitelaw Reid) and Mrs. Whitelaw Reid were present. The Archbishop of Canterbury was represented by the Rev. J. V. Macmillan, and the Hon. Maude Laurence, Chief Woman

Inspector of the Board of Education, represented that Department.

Immediately under the pulpit were Miss E. Beecher, R.R.C., Matron-in-Chief, Q.A.I.M.N.S., and Miss McCarthy, R.R.C., Principal Matron, Miss Sidney Browne, R.R.C., Matron-in-Chief, T.F.N.S., and other Matrons, Sisters, and Nurses of the Army Nursing Service Reserve or the Territorial Force Nursing Service. The grey uniforms and scarlet capes of the Services with which Miss Nightingale was so closely identified, and the dark blue of the sister Service, were very picturesque, and behind them, and extending under the Dome, were a number of Chelsea pensioners in their quaint scarlet uniform, all wearing Crimean medals. Other Crimea veterans attended independently to testify their devotion to the "Lady with the Lamp," and the greater part of the space beneath the Dome was filled with officers in uniform and Matrons, Sisters, and nurses in the uniforms of a large number of London and provincial hospitals, including the Matron and a large contingent from St. Thomas's Hospital. A number of nurses, notably those of St. Bartholomew's Hospital, were in indoor uniform.

The Queen Victoria's Jubilee Institute was represented by the Hon. Secretaries, Miss A. M. Peterkin (acting General Superintendent), and the Secretary.

There were also present Surgeon-General W. L. Gubbins, Director-General, Army Medical Service, Staff Surgeon G. F. Dean, R.N., and Lieutenant-Colonel Sir R. H. Charles, representing the India Office. The Chaplain General to the Forces, and the Wesleyans and Presbyterians also sent representatives. Mr. Tsouneto Sano, representing the Red Cross Society of Japan, and Mr. Ichzo Sano also attended the service.

Most of the ticket holders took their places in the Cathedral long before 12 o'clock, the hour fixed for the service, but the period of waiting, during which the Guards' Band, conducted by Lieut. Mackenzie Rogan, played a selection of music, passed quickly. First Handel's Largo broke the silence, followed by "Judex," from Gounod's "Mors et Vita," and the "Sanctus," from the "Messe Solennelle" of the same great composer.

Then as the choir and clergy (Canon Newbolt, Canon Alexander, and the Minor Canons) entered the choir, the opening bars of Chopin's Funeral March were played on the organ by Sir George Martin, followed by one of Miss Nightingale's favourite hymns, "The Son of God goes forth to war," which sounded exceptionally fine led by the choir of men's voices. The Psalms selected were Psalms vi., xxiii., and

xxviii., and the lesson taken from the fifteenth chapter of the First Epistle to the Corinthians, which is the one read in the Order for the Burial of the Dead, was read by Canon Newbolt from the Chancel Gate.

Then followed the Dead March in *Sadil*, played by the Guards' Band, and at the first roll of the drums the vast congregation rose to their feet and remained standing till the last faint echo died away in the silence, and then the men's voices were heard once more as they chanted the beautiful Liturgy of St. Chrysostom to the Kieft Chant, with its plaintive refrain: "Give rest, O Christ, to Thy servant with Thy Saints, where sorrow and pain are no more, neither sighing but life everlasting."

Then followed prayers from the Burial Service, the first of these being adapted to include the thanksgiving: "We give Thee hearty thanks for that it hath pleased Thee to deliver Thy servant Florence out of the miseries of this sinful world."

The last hymn was, "The King of Love my Shepherd is," another great favourite with Miss Nightingale, and then followed the Benediction.

The representatives of the King and the Royal Family, followed by Mr. and Mrs. White-law Reid, and the Civic Procession, were then conducted by the Cathedral dignitaries to the West Door, the congregation standing, Gounod's grand "Marche Solennelle" being played at the same time by the Band.

So ended a memorial service fitly designed by its impressive and simple dignity in honour of one whose funeral was by her own direction devoid of pomp and circumstance, but who would have recognised as fitting that the representative of the Crown she served so faithfully, the nurses and the soldiers who owed so much to her, and the public who loved her, as few women have ever been loved, should with one accord unite in prayer and hymn, and thank God for her noble life.

#### THE JOURNEY THROUGH LONDON.

The removal of the body from South Street, Park Lane, W., to Waterloo Station was well timed on Saturday morning, for it took place just when large crowds of people were wending their way to St. Paul's.

The oak casket, which bore the simple inscription:

FLORENCE NIGHTINGALE.

Born May 12th, 1820.

Died August 13th, 1910.

was covered with a pure white Indian shawl, such as Miss Nightingale often wore. On it were laid a number of beautiful wreaths. By the side of the driver of the open hearse was

a replica of the lamp used by Miss Nightingale in the Crimea (sent by the Army and Navy Male Nurses' Co-operation), carried out in red and white flowers, the handle being formed of lilies of the valley. At the rear of the hearse was the beautiful upright cross sent by the Matrons and Nursing Staffs of the principal London hospitals.

The mourners, who followed in three coaches, included Dr. S. Shore Nightingale, Mr. Vaughan Nash, private secretary to the Prime Minister, and a relative of Miss Nightingale.

the Coldstream, Grenadier, and Scots Guards, under the command of a colour-sergeant, bore the casket on their shoulders to the train in waiting. The casket still draped in its white pall, was placed in the special coach bearing only the cross sent by the Queen Mother, of mauve orchids fringed with white roses and lilies, and the chaplet of crimson sword lilies sent by members of the family. So the second stage of the journey began as the train, with its precious burden, moved quietly out of the station on the journey to Romsey.



East Wellow Church, Hampshire, showing the Nightingale Tomb to the right of the porch.

gale, Mr. L. Shore Nightingale, and other near relatives, as well as the Commissionaire who served Miss Nightingale for many years. As the procession passed Buckingham Palace the guard turned out as the hearse passed by, and presented arms, and again at the Barracks in Bidegate Walk a similar mark of respect was shown, and so the procession passed on over Westminster Bridge, past St. Thomas's Hospital, where all the blinds were drawn, and the Union Jack dropped at half mast, to Waterloo Station, where eight Guardsmen of

#### AT ROMSEY AND EAST WELLOW.

At Romsey rain was falling when the special train arrived at the station, outside which a number of the townspeople were waiting. A pathetic incident was the presence in the station of a former porter, now blind, who had known Miss Nightingale at Embley, and begged to be led on to the platform, to hear the footsteps of the bearers "bringing her home."

The little procession passed through the town to the tolling of the bell of the grand old Norman Abbey which Miss Nightingale loved

well, over the river Test, and along the road to East Wellow, past verdant woods, sweet-scented grass, and hedgerows wreathed in honeysuckle, till it came to the gates of Embley Park, where, by permission of the present owner, it left the main road and entered the park, passing close to the house where the windows were closely shrouded. On leaving the park gates the procession once more wended its way along the Wellow Road near the cottage of the shepherd whose collie dog was Miss Nightingale's first

John Kneller, a Crimean veteran, who served in the trenches before Sevastopol and lost an eye there. He was three months in the hospital at Scutari, where the vision of Miss Nightingale on her night rounds was a familiar one to him.

The casket was placed in the chapel just in front of the Embley Park pew. On the altar was the large Maltese cross of orchids and roses sent by Nightingale nurses, and at the foot of the coffin was placed a wreath from "Sidney Herbert, Earl of Pembroke." The wreaths sent by the Grand Priory of the Order



The Path to the Church Porch Bordered with Wreaths.

patient, till it came to East Wellow Church, where the body was received at the lych gate by the Vicar, the Rev. S. M. Watson, and the Rev. T. S. Gardiner, a chaplain to the Archbishop of Canterbury, and a personal friend of Miss Nightingale.

The coffin, which was carried on the shoulders of the Guardsmen to the church, was preceded by six old tenants and workmen on the estate who knew Miss Nightingale in days gone by, and, followed by the mourners, passed into the church, in the porch of which stood Private

of St. John of Jerusalem in England, and her Royal Highness Princess Frederica, were placed at the altar rails.

That portion of the simple service which took place in the church was soon over, and then the Guards shouldered their burden for the last time, and, preceded by the clergy, carried it down the path bordered with magnificent wreaths to the graveside, where the entrance to the vault was lined with laurels and choice flowers. The committal sentences were spoken in a down-pour of rain, and then the mortal re-

mains of Florence Nightingale were hidden from view, and slowly and reverently, when the mourners had withdrawn, the public bade farewell to one of England's greatest heroines.

There could be no greater contrast between the burial place which the nation desired to place at the disposal of Miss Nightingale, and that which she herself selected in the quiet country churchyard of East Wellow, in Hampshire, near to the stately home where much of her girlhood was spent, the home where she dreamed of turning the drawing-room into a model hospital, and planned where she would place the beds; the home to which she paid a last visit some five and twenty years ago, before the property passed into the hands of strangers. A more secluded spot could scarcely be found than East Wellow, and one imagines Gray's description true of its people:

"Far from the madding crowd's ignoble strife,

Their sober wishes never learned to stray;

Along the cool sequestered vale of life

They kept the even tenor of their way."

and perchance a "mute inglorious Milton" rests in the churchyard up to the present scarcely known beyond its own immediate neighbourhood, but now suddenly become famous throughout the civilised world, as the last resting place of one who has been the means of saving more lives, of bringing comfort and solace to a greater number of the sick and dying than many of its armies have slain.

It is well that the shrine of the Foundress of Modern Nursing should be in so remote a spot. It can never become a place visited by the sight-seer and the curious, but must always be the Mecca of devout pilgrims, like the grave of Charles Kingsley, at Eversley, where there is no need to point the way to strangers, for it is indicated by the tiny path in the turf trodden bare by hundreds of reverent feet.

The little church of East Wellow, holding perhaps 100 all told, was filled from end to end on Sunday morning with a village congregation. The hymns sung were "The King of Love," "Days and Moments quickly flying," "Lead Kindly Light," and "On the Resurrection Morning," and the Vicar, the Rev. S. M. Watson, preached on the parable of the Good Samaritan, which so appropriately formed the Gospel for the day. Nothing could be simpler than the arrangements of this little thirteenth century church. Oak pillars, with a cross-beam, serve to support the roof of the tiny south aisle, and oak beams also give support to the main open roof. One imagines the congregation must have altered but little in character since the days when Florence

Nightingale sat in the Embley House pew in the chancel and worshipped there. On Sunday through the sunlit latticed windows on the south side one saw little but the wealth of lovely flowers which hid the monument over the Nightingale vault, and covered the ground for far around, tributes from princes and peasants, statesmen, and members of the profession she founded, to the genius of the great woman, who lay at rest in the vault, where her father and mother are also buried. Conspicuous amongst them was the standing cross, sent by the nurses of the London hospitals, and the model of the lantern, which she used in the Crimea, the laurels and roses of the International Council of Nurses, and the American Federation of Nurses, while on the monument gleamed the Red Cross, symbol of Miss Nightingale's work of mercy. The Queen Mother's cross of orchids, roses, and lilies was in a place of honour, and the beautiful Maltese cross sent by the Nightingale nurses was one of the most conspicuous emblems.

It is remarkable how many of our most distinguished heroes and heroines have grown to manhood and womanhood in the quiet of the countryside amongst "the mountains which bring peace," or the lovely and quiet valleys with which this country abounds, and yet, after all, it is not so strange, for something of the strength and spaciousness, aye, and the loneliness of their surroundings, seems to be incorporated with their nature, to have infused into it the quietness and confidence which is their strength, and though the countryside gives them to the great cities or the Empire for a space, where they live gallant lives, do noble deeds, and win honour and renown, their affections throughout life are given to the places where their early years were spent, and, their task finished, they instinctively and gladly return to lay their tired heads in the lap of Mother Nature, who in life understands so well how to comfort, strengthen, and restore her children who when weary turn to her for refreshment, and who gladly receives them once again when "Death the Consoler, laying his hand upon many a heart, has stilled it for ever and ever."

So it was with Florence Nightingale; so it was with Isla Stewart, one of the most distinguished pupils sent forth to the world by the training school which she founded. The one rests in a little village churchyard in Hampshire, the other on the quiet hillside at Moffat until that day when everyone shall "receive the things done in his body, according to that he hath done, whether it be good or bad."

## MEMORIAL SERVICES.

At Guy's Hospital on Friday evening last week a memorial service for Miss Nightingale was held, the service used being the same as that at St. Paul's Cathedral on Saturday. The preacher was the Rev. E. F. Russell, Chaplain of the Guild of St. Barnabas, who spoke of the unspoiled simplicity of Miss Nightingale's life, and of the way in which she had demonstrated that the most brilliant intellect, and the greatest talents could be usefully utilised for the service of the sick. Until Miss Nightingale,

the Mother, Miss Hamilton, and other nurses and patients were present.

Canon Newbolt, preaching at St. Paul's Cathedral on Sunday afternoon, said that those who remembered the dark days of the Crimean tragedy, those to whom Florence Nightingale was but a name, those who, day by day, had cause to thank her foresight and practical wisdom for the tender alleviation of suffering on many a bed of sickness, the great army of nurses who proudly owned her as their chief, on whom the mantle of her devotion and skill



The Nightingale Tomb on Saturday Evening, August 26th.

gale led the way, nursing had not been regarded as an occupation for gentlemen, and those who practised it had been mainly drawn from a lower rank. We now knew that it affords scope for the best of all ranks.

On Saturday, at two o'clock, a memorial service was held in the chapel of St. Thomas's Hospital, intended for the nurses who were unable to be present at St. Paul's Cathedral, the order of service and the hymns sung being the same. The service was conducted by the Chaplain, the Rev. A. O. Hayes, and several Gover-

had fallen, those who were only dimly conscious that a great heroine had left the earth—all these and many more were represented at the service on Saturday to thank God for a splendid memory, a noble example, and a tradition of inspiration. . . . With the heart of a heroine, the brain of a genius, the strength of a martyr, Florence Nightingale met the horrors of Scutari and conquered, and made it possible that, for after generations, the Red Cross of skilled benevolence should float over the ambulances and hospitals of those who should be called upon to draw the sword in the great assize of nations known as war.

## SOME FLORAL TRIBUTES.

The floral tributes included a beautiful cross of orchids from her Majesty Queen Alexandra, to which was attached the following inscription in her Majesty's own writing:

To Miss Florence Nightingale,—

In grateful memory of the greatest benefactress to suffering humanity, by founding the

From the Army Council: "In Memoriam."

A cushion of white blossoms with the initial "B" in blue flowers: "With heartfelt regrets of the survivors of the Balaclava Light Brigade Charge. To our benefactress and friend of nearly 60 years.—T. H. Roberts."

A large wreath from the officers, N.C.O.'s, and men of the Royal Army Medical Corps:



The Chaplet sent by the International Council of Nurses.

Military Nursing Service in the year 1853 by her own individual exertions and heroism.

FROM ALEXANDRA.

From the American Ambassador and Mrs. Whitelaw Reid, a wreath of white orchids.

A wreath from Princess Frederica: "In deepest sympathy."

"A tribute of profound admiration and respect."

A scarlet Maltese cross from Queen Alexandra's Imperial Military Nursing Service: "In reverent and affectionate memory."

Three wreaths from the Matron and nurses, from the present patients, and from the domes-

tic staff of the Hospital for Invalid Gentlewomen, 49, Lisson Grove. Miss Nightingale was head of this institution when it was in Harley Street, before she went to the Crimea.

A large cross from the Nurses and Council of St. John's House: "In gratitude for her life and services and for her kindness to the nurses of St. John's House who worked under her at Sentani."

A beautiful standing cross in white flowers: "With grateful appreciation for a noble example. From the Matrons and Nursing Staffs of the Hospitals: St. Bartholomew's, Charing Cross, Guy's, St. George's, King's College, the London, St. Mary's, Middlesex, Royal Free, University, Westminster."

A chaplet of laurel and roses from "The International Council of Nurses, in the name of 25,000 members of the affiliated National Councils of Nurses in Great Britain and Ireland, Canada, the United States of America, Germany, Denmark, Holland, and Finland. With homage to the honoured memory of the Foundress of Modern Trained Nursing. (Hon. President, Mrs. Bedford Fenwick; President, Sister Agnes Karll, who is also the President of the German Nurses' Association)."

A chaplet of laurel and roses from the American Federation of Nurses.

A large wreath, with "The homage of the Red Cross Society."

From Queen Victoria's Jubilee Nurses: "In reverence and gratitude."

From the Mistress and Staff of Girton College.

From the Master and Brethren of the Florence Nightingale Lodge, No. 706, of the Ancient Free and Accepted Masons.

A wreath, "In loving memory," from Temperance Grillage (an old servant, wife of Peter Grillage, whom Miss Nightingale brought back as a little friendless boy from the Crimea and took into her service).

A cross and chaplet of laurel and roses from the London Hospital: "With deep veneration and affectionate gratitude."

Wreaths were also sent by the Tasmanian Nurses' Association, the Scottish Matrons' Council, the League of St. Bartholomew's Hospital Nurses, the Leicester Infirmary Nurses' League, the Metropolitan Nursing Association, the officers and members of the Midwives' Institute and Trained Nurses' Club, the Institution of Nursing Sisters, Devonshire Square, the Lady Superintendents, Matrons, and Nurses of Liverpool Queen Victoria Nursing Association, and many others.

Those who make a pilgrimage to East Wellow can travel by the L.S.W.R. from Waterloo

to Romsey (about 4 miles distant) in a hitherto under three hours. It is also easily accessible from Salisbury and Southampton. As they will wish to know where to stay, we may say that they will find comfortable quarters at the White Horse Hotel, in Romsey, a few minutes' walk from the glorious Abbey.

Romsey, besides claiming the honour of being the home of Florence Nightingale, is the birthplace of the great Lord Palmerston, whose ancestral estate (Broadlands) adjoins the town, and also Embley Park. Lord Palmerston and his wife are both buried in Westminster Abbey, so the little town of Romsey, of some 4,000 inhabitants, had already sent forth into the world one found worthy of the greatest distinction which can be conferred on the nation's dead—sempiternity in Westminster Abbey—before that honour was offered to and refused by the Executors of Miss Nightingale on her behalf.

Of Romsey and its wonderful old Abbey, dating back 1,000 years, its lovely river, the Test, famed for its salmon and trout fishing, and of the beautiful country surrounding the town there is not space to speak now, but those who wish to pay a visit to Wellow could not do better than make Romsey their headquarters for as long as possible. They will find much to interest and please them.

Messages of sympathy have been received from the Government of Turkey through the Foreign Office; from the Japanese Army Medical Corps; from the Red Cross Society of Japan; and from the Grand Duchess Louise of Baden.

Mrs. Bedford Fenwick, Hon. President of the International Council of Nurses, has received the following cable from Baroness Mannerheim, President of the National Council of Nurses in Finland, and Matron of the Surgical Hospital, Helsingfors: "Please accept expressions of deep sympathy in immense loss which not England only, but the whole nursing world, has suffered by death of Miss Nightingale.—Association of Nurses, Finland. Mannerheim, President."

#### COMMENTS IN THE MEDICAL JOURNALS.

THE BRITISH MEDICAL JOURNAL.

The *British Medical Journal* says:—

"Miss Nightingale's work is frequently described as if she had done it single-handed, but she, of course, received splendid assistance from her nurses and would have been the last to deny them their share of honour. It is to her, however, that all credit is naturally given, since hers was the task of inspiration, organisation and administration, and of finding a way round

a thousand and one difficulties. Among them was not, as has been sometimes stated, any opposition from the medical staff. Its members recognised from the first her real knowledge and great abilities, and she in her turn fully appreciated their labours. Throughout her evidence at the subsequent commission of enquiry she steadfastly laid the blame for the breakdown which had arisen on the shoulders of the War Office itself."

#### THE LANCET.

The *Lancet* says:—"By her initiative, by her achievements, by her example, Florence Nightingale will stand for all time as the pioneer of skilled and scientific nursing; no less will her kindness of heart and tenderness of touch, sympathy of soul and desire to serve the sick and afflicted pass into the region of history. The primal qualities, without which no woman is a nurse—be her uniform and training what they may—were as fully developed in her as her powers of organisation and her ability to think largely. Susceptibility to the sorrows of others and capability to nurse the sick and suffering we have in abundance, and there is not a day nor an hour in which many patients do not feel that they have been bountifully blessed in the nursing administration placed at their disposal; but the career and personality of Florence Nightingale are so important, because in her, the apostle of scientific nursing, it was proved that such nursing does not consist in the exhibition of lovable or dutiful characteristics, needful though these are, but requires the recognition of the futility of any struggle against disease which is not based upon a knowledge of the physical causes which underlie disease, and a recognition of the hopelessness of remedies not directed to the removal of such causes. With the advance of medical and surgical knowledge the art of nursing has become more complicated. Newer and better methods have replaced the old, and a higher measure of general and technical education is required from women who contemplate entry into the ranks of trained nurses. But the underlying principles are the same as those which guided Florence Nightingale in her splendidly successful efforts to elevate the profession of nursing into an organised and scientific calling."

Not the least of Florence Nightingale's achievements was that of awakening the official mind to the necessity in medical things of seeking, accepting, and acting upon the opinions and recommendations of sanitary and medical experts. She showed in a way that it was impossible not to understand the value of trained and enlightened special knowledge.

## Practical Points.

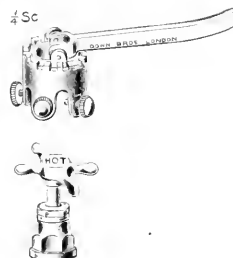
### SOME NEW APPLIANCES.

We have pleasure in directing the attention of our readers to some new appliances recently brought out by Messrs. Down Bros., Ltd., St. Thomas's Street, S.E.

#### A Surgical Tap Lever. (Registered).

This ingenious contrivance, suggested by Mr. James Shaw, M.B., Belfast, will supply a want that must frequently arise in operating or

dressing wounds in private houses, or in cottage hospitals and nursing homes, where the water supply is delivered through ordinary screw taps. This admirable little instrument immediately converts such a tap into one suitable for a surgeon's use. The invention consists of a lever attached to a



revolving disc, surrounded by a ring; this ring having four large notches in its lower edge to fit over the limbs of the ordinary screw-tap, and a series of small notches round its upper edge, in any of which the lever first mentioned will engage, so as to carry the ring, and consequently the tap

handle, round with it at practically any point of its circumference. The fitting should be adjusted to the tap, which is quickly and accurately done by screwing home the four screws placed between the large notches that take the tap "wings," and the tap can then be opened or closed at pleasure by a push from the operator's elbow. A spring under the lever releases it from its notch when the pressure is withdrawn in readiness to engage in another notch, and thus either unscrew the tap further to increase the flow, or, in the opposite sense, close the tap, as preferred.

#### A New Face Screen.

The following description of this useful face screen is given by Mr. Wm. Ibbotson, M.R.C.S.:—"The accompanying

drawing represents a shield for the mouth and nose which Messrs. Down Bros. have made for me. It is very simple in construction, being extremely light and consisting of a framework of plated copper upon which a layer of batiste is stretched. At the upper end are two curved wire ear pieces. In the alternative model these latter are replaced by loops made of elastic, which are more convenient for nurses. The whole shield is sterilisable to any extent, and can be used for the following purposes—viz. (1) Examination of mouth, nose, larynx, etc. (2) For all operations, especially those on the mouth, nose, and larynx, such as removal of tonsils and adenoids, tracheotomy, etc. (3) For

changing tracheotomy tubes in diphtheria. There is no doubt that doctors and nurses run great risk of infection when examining and operating on many parts of the body, and this shield not only protects them to a very large extent, but also protects the patient from any secretion or breath



from the mouth or nose of the doctor or nurse. It is quite comfortable and can be worn for hours without any inconvenience. I hope that this little shield will supply a much-needed want, and I shall be glad to receive any criticisms."

**A NEW  
Thermometer Case.  
(Registered.)**

Mr. F. W. Morton Palmer, M.B., writes:—"I wish to draw the attention of the medical profession to a new thermometer case, which Messrs. Down Bros. have made for me. This case is divided into two chambers, which are separated by a perforated partition. The smaller chamber screws on to the larger, and is made to contain a small portion of a formalin tablet. The formaldehyde vapour liberated from this tablet passes up through the perforations into the large chamber, in which the thermometer is carried. The advantages of an antiseptic thermometer case are obvious, and this case contains no fluid, which would leak into the pocket. It is only  $\frac{1}{4}$  inch longer than the ordinary case, and is sold by Messrs. Down Bros. at the moderate price of 2s. 6d."

We feel sure that this case will commend itself to many nurses, and that it is likely to be a great favourite with them, as it so easily and effectively provides for the disinfection of the thermometer contained in it, besides being most moderate in price.



**RESIGNATION.**

At the eighteenth annual meeting of the Surrey Convalescent Home, East Blatchington, Seaford, at which Sir Trevor Lawrence presided, the Committee reported with regret that "They are losing the services of their valued and very competent Matron, Miss Napper, who has been in charge since the establishment of the Home, and who has shown such whole-hearted devotion to the work. Unfortunately, she now feels her duties too onerous for her to continue in office, and she is therefore retiring at the end of September."

**Appointments.**

**LADY SUPERINTENDENT**

**Manchester Children's Hospital, Pendlebury.**—Miss Ethel Nicholson has been appointed Lady Superintendent. She holds the certificates of the Children's Hospital, Pendlebury, and St. Bartholomew's Hospital, London, and has been Night Sister at the East London Hospital for Children, Shadwell, and Matron's Office Sister at St. Bartholomew's Hospital, and now holds the position of Superintendent of the Nurses' Home in the same institution. Miss Nicholson was one of those who had the privilege of nursing the late Miss Ida Stewart during the last hours of her life.

**MATRONS.**

**The New Infirmary, Wandsworth Union.**—Miss Constance E. Todd has been appointed Matron. She was trained at Guy's Hospital, and holds the certificates of the Central Midwives' Board, and of the Incorporated Society of Trained Masseuses. Miss Todd has been Sister at the Government Hospital, Cairo, Housekeeping Pupil at Brompton Hospital, and Home Sister at the Middlesex Hospital.

**Cottage Hospital, Bingley.**—Miss Jeannie Robertson has been appointed Matron. She was trained at the Bethnal Green Infirmary, London, where she has held the positions of Sister, Night Superintendent, and Home Sister. She has also been Deputy Matron at the Keighley and Bingley Joint Hospital, and Sister-in-Charge of the Keighley and Bingley Joint Sanatorium.

**SISTERS.**

**Victoria Hospital, Keighley.**—Miss M. Devereux has been appointed Sister of the Women and Children's Wards. She was trained at St. Bartholomew's Hospital, and previous to her general training was at the Oxford Eye Hospital, the Alexandra Hospital for Children, London, and the Royal Hospital for Chest Diseases, City Road.

Miss Muriel Payne has been appointed Sister of the Male Ward in the same hospital. She was trained at St. Bartholomew's Hospital.

**SUPERINTENDENT NURSE.**

**Huddersfield Workhouse Infirmary.**—Miss L. K. Clarke has been appointed Superintendent Nurse at the Huddersfield Workhouse Infirmary, Crosland Moor, Huddersfield.

**LADY SANITARY INSPECTOR.**

**Borough of Marylebone.**—Miss Nina C. Stokes has been appointed Lady Sanitary Inspector and Health Visitor. She was trained at St. Bartholomew's Hospital, London, and holds the certificate of the Sanitary Inspectors' Examination Board. She has held the positions of Sister at the Royal Hospital for Sick Children, Edinburgh, Night Sister at the Royal Infirmary, Bristol, and of Health Visitor in Willesden, Croydon, and Kensington. She is also a certified midwife.

**QUEEN VICTORIA'S JUBILEE INSTITUTE**

*Transfers and Appointments.*—Miss Elizabeth Mackenzie, to Buckinghamshire County Nursing Association, as County Superintendent, permanently; Miss Mary Gladwin, to Fitzwilliam; Miss Edith Birch and Miss Margaret Ballance, to Northampton, Miss Constance Baigent, to Torquay.

## Nursing Echoes.



The Report of the Nightingale Fund shows that forty-two nurses completed their training and received certificates during last year. Twelve were retained in the service of the hospital, six as Ward Sisters, and six as Senior Staff or Charge Nurses. A number of first appointments were obtained during the year. Three were appointed Matrons to other hospitals, one a Sister in the Royal Navy Nursing Service, seven Sisters in hospitals and infirmaries, one a Night Sister, three joined Queen Victoria's Jubilee Institute, and two the Military Nursing Service as nurses.

An informal meeting of Territorial nurses was held at Chelsea Infirmary on the evening of August 17th, when Miss Barton, Principal Matron of No. 3 Hospital, gave a short account of her experiences during an enjoyable week's training at a military hospital. Special points of difference were pointed out between the Sisters' and nurses' work in civil and military hospitals. Territorial nurses were advised as far as possible, to study technical military terms, and to become familiar with the relative ranks in the Royal Army Medical Corps, as these are at first very puzzling to the civilian. The suggestion was put forward whether it might be possible to effect temporary inter-change of Sisters between military and civil hospitals, a Sister in a military hospital exchanging for a period of three months with a Territorial Sister in a civil hospital. Such an arrangement might be of mutual benefit, and would enable the Territorial Sister to become familiar with the routine of a military hospital.

Miss Sidney Browne, R.R.C., who was present, gave some delightful reminiscences of her experiences during the South African war. She explained the benefits and pleasures of nursing under canvas, even under such adverse circumstances as downpours of rain or the invasion of her tent by a swarm of bees. She spoke warmly in praise of the work of nursing orderlies, and gave many words of advice and encouragement to the nurses.

The Rev. H. G. Roberts, preaching at Carver Street Chapel, Sheffield, on Sunday evening, said that nurses richly deserved every legitimate recognition. They were a race of women that they might well be proud of. No other class of women were more devoted to their

work, more self-sacrificing, more ready to run risks and suffer inconvenience. They manifested a heroism that could scarcely be paralleled in any other line or profession. In time of war or plague, they stood bravely by their posts, while others escaped for their lives.

They rejoiced in the devotion of their nurses, and in the hospitals and convalescent homes of their city. There were about 500 deaths from consumption in Sheffield every year, and there were probably at least 2,000 persons suffering from that disease in an infectious form. Two-thirds of these were males over 15 years of age. They rejoiced in the efforts made at Common-side Sanatorium to fight this scourge. Christian charity could find no work more worthy of its zeal than in arresting that wastage of life in their midst.

Lady Wolverton, who is just now on the West Coast of Scotland, opened a two days' bazaar at Fort William, on Thursday last week, in aid of the Lochaber branch of the Queen Victoria Nurses' Institute, and Lochiel, who presided, paid a tribute to the work done by the Queen's nurses in the Highlands, where the population is so scattered, and doctors few and far between. Much dependence, he said, had to be placed on the services of the district nurses, and he therefore trusted the object of the bazaar would be accomplished.

At the Annual Meeting of the Bangor (Co. Down) District Nursing Society, held at the Dufferin Memorial Minor Hall last week, at which the Rev. J. L. Peacocke presided in the unavoidable absence of the President, Lady Dufferin, the Secretary, Miss Connor, reported that 223 cases had been nursed during the year, and that 7,331 visits had been paid by the district nurses.

Lady Helen Munro Ferguson spoke with her usual charm, and described the organisation of the Red Cross scheme in England and Scotland in connection with the Territorial Army, and advocated its extension to Ireland. She defined Red Cross work as the civilian assistance given by the nation to its sick and wounded soldiers in time of war. Perhaps some might think that such an organisation could have very little to do with the Nurses' Association, under whose auspices they were met, but the effect of such an organisation would be to give its members a knowledge of first aid and elementary nursing, and in that way alone it was bound to be a great benefit to the nation as well as of great assistance to the defensive or Territorial Army.

On the present necessity for the scheme she

would not dwell. The conditions of warfare in the present day rendered it imperative, for the large size of armies, and the destructive effects of modern weapons led to such enormous casualties, that it was a most difficult undertaking to cope with them quickly and satisfactorily. Were the Regular Army engaged in a big campaign its medical department could not meet all the demands that would be made on it, as the South African War showed, and the same remark applied to the Territorial Medical Service should there be an invasion of this country, and one or more battles fought.

There were, of course, those who held that Government should have ready in peace time sufficient medical aid to be equal to any emergency, but a little reflection showed that this view was an unreasonable one, as such a policy would mean a very heavy annual outlay for personnel and stores, with, of course, additional taxation. For these reasons only sufficient personnel and material were provided to meet the wants of the Regular Army in peace or in any of the smaller wars that the Empire was engaged in from time to time.

Forthcoming as civilian aid undoubtedly would be in the case of a prolonged campaign or attempted invasion, it was important to remember that civilian aid must be given through a definite and proper channel, and receive the sanction of the naval and military authorities, for, were it furnished in a haphazard way, it might be a source of great danger, as under the guise of it spies might gain access to an army and defeat a general's best laid plans, a possibility which would far outweigh any humanitarian advantages. It was this fact that led the military authorities for so long to look askance on civilian aid, and often to reject it, so that the sick and wounded in warfare formerly underwent many privations and much increased suffering which might have been prevented by such aid.

To Henri Dunant, of Geneva, was due the solution of the difficulty. Saddened by the terrible sufferings of the wounded after the battle of Solferino in 1859, where for days they lay untended, and convinced of the absolute necessity for civilian aid in dealing with the casualties of modern warfare, he pressed the matter unceasingly on the Governments of civilised nations, and eventually had the satisfaction of seeing his efforts crowned with success. At an international conference held at Geneva in 1863 a series of recommendations were drawn up, and at a second conference those recommendations were agreed to by twelve nations, and embodied in what was known as the Geneva Convention: in 1865 Great Britain agreed to it, and the last nation to do so was

Japan in 1887. In 1906 the British Red Cross Society was founded, and replaced the National Aid Society and the British Red Cross Council, and carried on work, not only in the United Kingdom, but throughout the Empire by county committees and branches.

The Dowager Marchioness of Duferin and Ava, and the President of the Ulster Branch of the Irish Nurses' Association, Lady Hermione Blackwood, were at home on Wednesday in last week to the members of the above Association. The weather was perfect, and the members greatly enjoyed the afternoon, and appreciated the hospitality of their kind hostesses.

## League News.

### THE ROYAL SOUTH HANTS NURSES' LEAGUE.

A meeting of the General Council of the Royal South Hants Nurses' League was last week held in the Staff Probationers' Sitting-room in the Hospital. Many letters of apology were read from those who were unable to be present. Both the Secretary and Treasurer presented satisfactory reports. The Honorary Officers and all the members of the Executive Committee were re-elected. The Bye-laws were considered, and certain minor alterations agreed upon. It was also decided that members of the nursing profession not holding the hospital certificate might be elected to honorary membership at the discretion of the Council. It was decided that the participation of the League in a public memorial to Miss Isla Stewart should be considered at a later date, when a definite proposition was before the Council. After other business had been transacted, a very pleasant social gathering was held.

K. WINTERSCALE,  
Hon. Sec., R.S.H. N. League.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The Queen has become patron of the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.

The Council of the Hospital Saturday Fund have fixed as the date of their thirty-seventh annual collection October 15th, and committees have now been formed in most of the metropolitan districts. The receipts from the industrial establishments, etc.—the result of a weekly or other periodical collection—are so far nearly £1,900 ahead of the corresponding period of last year. The fund for 1909 amounted to £30,002.

## Outside the Gates.

### WOMEN.

#### THE WOMEN'S IMPERIAL HEALTH ASSOCIATION OF GREAT BRITAIN.

Motto: "The power of the King is in the health of his People."

#### CEREMONY OF INAUGURATION OF THE FIRST CARAVAN.

In spite of the fact that the memorial service of Miss Florence Nightingale at St. Paul's Cathedral drew many people away, who had intended to be present, a representative gathering of a very fair number of

people were present at this very interesting ceremony, at the Botanic Gardens, Regent's Park, on Saturday, August 20th. Prior to the actual baptism of the Caravan by Miss Lena Ashwell, the audience assembled in one of the club rooms to listen to a speech made by the Chairman of the Association, Dr. R. Murray Leslie. [N.B.—He tells us not to omit the "R." as there is another Dr. Murray Leslie.] He explained in a few words the aims and objects of the Caravan tour.

The main object, he said, of this original tour, which owes its initiative largely to the energy of the organising Secretary, Mr. Ernest Schofield, is to interest the people of the towns and villages of rural England, more particularly the women and girls, in the immense importance of personal and domestic hygiene. The importance of such questions as the reduction of infant mortality; the prevention of consumption, and the necessity of girls acquiring before marriage such knowledge as will best fit them to fulfil the duties which will necessarily fall to them as the future mothers of the race, are points which will be specially emphasised.

The speaker referred to the sister Association in Ireland, which has done such splendid work since it was founded. Statistics showed that last year there were 286 fewer victims of tuberculosis than in the year previously; also that there had been a satisfactory decrease in infant mortality.

"We propose," said the speaker, "to carry on our work by two principal methods:—

- "1. By means of popular lectures.
- "2. By distribution of suitable literature.

"As regards our lectures, our watchwords are to be—*Simplicity, accuracy, practical usefulness, and interest.*"

The Association is to be congratulated in having obtained the services of the two gentlemen who will man the Caravan—Mr. Roger Pocock, founder of the Legion of Frontiersmen, who is not only conversant with the hygiene needs of the community, but an author of distinction, and Mr. Eile Scott, hygiene expert.

Dr. Murray Leslie, who spoke in a very breezy, optimistic tone, said that the health commandments of the Association had been characterised by a leading daily paper as "counsels of perfection" which it would be very difficult to carry out. He himself thought that obedience to these precepts would involve no difficulty.

Incidentally it is hoped to found local branches of the Association, to institute boys' and girls' health guilds, and to strengthen the hands of all existing local Health Associations. A tribute of respect was paid by the speaker to the magnificent work of Miss Florence Nightingale, and he aptly suggested that the next Caravan, which he hoped would be manned by women, should be called after her.

A short demonstration of the work of the Caravan, by magic lantern and biograph pictures, followed. This apparatus is part of the equipment of the Caravan, and will be used, probably for the first time, as an educational medium. A district nurse washing and dressing a baby, shown by biograph pictures, caused great amusement and interest.

All this time of preliminary proceedings the Caravan was patiently standing in the beautiful gardens waiting to be christened! And how gay it looked in its new paint—scarlet and blue—and freshness, and garlanded with flowers. And above all how hygienic, embodying a lecture in itself—no less than four windows besides sky-light ventilation. The two fine horses looked as if they well understood the honour of their position. Then Miss Lena Ashwell, in a few suitable words of hope and encouragement, dashed the bottle of water against the Caravan and gave it the appropriate name of "Aurora." The Union Jack was run up to the mast-head, and the memorable event terminated. By the hospitality of the Association light refreshments were served, immediately afterwards. The Caravan was to leave at 4 p.m., and the first lecture of the tour will be given at the Town Hall, Maidenhead, on Wednesday next at 8 p.m.

The only contretemps to the highly interesting meeting was the regrettable absence of the President of the Association—Muriel Viscountess Helmsley.

B. K.

## Verses.

### TWILIGHT.

I looked away o'er misty vale and hill,  
O'er silent field and forest, rock and dell;  
Night's misty spirit held my soul in thrall,  
A shadowy presence filled the azure veil,  
A solemn quietude pervaded all,  
And there was rest—

Rest in the eventide.

And not one pinion cleve the dreaming air,  
And not one footfall from the street uprose!  
The amorous radiance trembled everywhere,  
And never a sound disturbed the mute repose.  
The sad earth turned her wan face to the night  
To woo the rest which garish day denied.  
The rapt effulgence, sleeping white and calm,  
The slumbrous presence clasping earth and skies  
Fell on my troubles like a healing balm,  
Or the soul-shadowings of fearful eyes.  
The billowy surge of sorrow ceased to roll  
Upon my cheeks the scalding grief-drops dried;  
A holy thrill of peace enwrap my soul,  
And there was rest—

Rest at the eventide.

By GEORGE HEATH

## Book of the Week.

## FRATERNITY.\*

They who read with delight "The Man of Property" and "The Country House" will not be disappointed with Mr. Galsworthy's "Fraternity." As the title indicates, it is of a Socialistic tendency, and is a rare collection of wonderfully delineated characters woven into an elusive and rather disturbing history. The majority of these people feel that "something must be done" for their fellow men, but the attempt to accomplish this something leads to many complications. Read superficially, it might appear that would-be disciples of Fraternity would do well to follow some less unpopular cult, but underneath there is the insistent appeal for the strong to help the weak, and to the fortunate to succour the downtrodden, and this in spite of apparent failure, and the gibe of those who are passing contentedly along on the other side. The description of Hugh's infant's funeral is very true to life.

"Following out the instinct planted so deeply in human nature for treating with the utmost care and at great expense when dead, those who, when alive, have been served with careless parsimony, there started from the door of No. 1, Hound Street, a funeral procession of three four-wheeled cabs.

"In the first cab Silence was presiding, with the scent of lilies over him who in his short life had made so little noise; the small grey shadow that had crept so quietly into being, and taking his chance when he was not noticed had crept so quietly out again. Never had he felt so restless, so much at home, as in that little common coffin, washed as he was to an unnatural whiteness, and wrapped in his mother's only spare sheet. Away from all the strife of men he was journeying to a greater peace. His little aloe-plant had flowered; and between the open windows of the only carriage he had ever been inside the wind stirred the fronds of fern and the flowers of his funeral wreath. Thus he was going from that world where all men were his brothers."

What could exceed the skill with which the following passage is written:—

"Three persons traversed the long winding road leading from Wormwood Scrubs to Kensington. They preserved silence not because there was nothing in their hearts to be expressed, but because there was too much. They walked in the giraffe-like formation peculiar to the lower classes, Hughes in front, Mrs. Hughes to the left a foot or two behind, and a yard behind her to the left again her son Stanley. . . . In their three minds so differently fashioned, a verb was dumbly and with varying emotion being conjugated:

"I've been in prison."

"You've been in prison."

"He's been in prison."

Beneath the seeming acquiescence of a man subject to domination from his birth up, those four words covered in Hughes such a whirlpool of surging sensation, such ferocity of bitterness, and madness,

\* By John Galsworthy. (William Heinemann, London.)

and defiance, that no out-pouring could have appreciably relieved its course."

The little model who exercised such a strong fascination over the fastidious Hilary is portrayed as following:—

"He found her standing in the middle of his study, not daring, as it seemed, to go near the furniture. She was resting a foot, very patient, very still, in an old brown skirt, an ill-shaped blouse, and a blue green tam-o'-shanter cap. Hilary turned up the light. He saw a round little face, with broad cheek bones, flower blue eyes, short lamp black lashes, and slightly parted lips. It was difficult to judge of her figure in those old clothes, but she was neither short nor tall; her neck was white and well set on; her hair pale brown and abundant."

This girl's dog-like devotion gradually dominates him.

"So it was with Hilary in that special web where in his spirit struggled, sunrise unto sunset, and by moonlight afterwards."

Anyone who has not already read this book should make a point of doing so. The exquisite language, subtle description, and admirable sentiment cannot fail to leave their mark.

H. H.

## COMING EVENTS.

*September 1st.*—Garden Party in the Grounds of the Infirmary, Kingston-on-Thames, by invitation of the Matron.

CONGRESS OF THE ROYAL SANITARY INSTITUTE, ROYAL PAVILION, BRIGHTON.  
*Principal Events.*

*September 5th.*—Reception of Members and Delegates by the Worshipful the Mayor. 1 p.m.

Opening of the Health Exhibition in the Dome by the Worshipful the Mayor. 3 p.m.

Inaugural Address to the Congress by the Hon. Sir John A. Cockburn, K.C.M.G., M.D. 8 p.m.

*September 6th.*—Conference, 10 a.m.

Lecture to the Congress by Dr. Arthur Newsholme, F.R.C.P. (Principal Medical Officer to the Local Government Board), "The National Importance of Child Mortality." 8 p.m.

*September 7th.*—Conferences on Hygiene of Childhood and Sanitary Inspectors. 10 a.m.

Conversazione and Reception at the invitation of the Worshipful the Mayor. 8 p.m.

*September 8th.*—Conference of Medical Officers of Health and Women on Hygiene. 10 a.m.

*September 9th.*—Conference, 10 a.m.

Popular Lecture by Dr. Alex. Hill, M.D., F.R.C.S., J.P., on "The Bricks with which the Body is Built" (illustrated by Lantern Slides). 8 p.m.

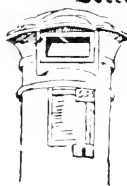
*October 10th.*—Territorial Force Nursing Service, City and County of London. Reception at the Mansion House by invitation of the Lady Mayoress and the Members of the Executive Committee. 8–10.30 p.m.

## WORD FOR THE WEEK.

"One's capacity is infinite as one's being is, and one cannot be filled but by Infinity."

GENERAL GORDON.

## Letters to the Editor.



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

### OUR GUINEA PRIZE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—It was with pleasure I heard that the Puzzle Prize had been awarded to me, and beg to acknowledge the cheque for £1 ls. with many thanks.

Yours truly,

A. SUMMERS.

Meathop Home,  
Westmorland Sanatorium.  
Grange-over-Sands.

### ABSOLUTE ELECTION COMMITTEES

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I notice in your last issue that the Governors of the Royal Hants County Hospital, Winchester, propose to substitute an Election Committee for a Selection Committee, in connection with any appointments which may be made in that institution, the reason given by the Chairman being that "it would remove an invidious distinction which sometimes occurred under the old system, when an individual was recommended for adoption and was not in fact elected by the Court." In view of the present-day tendency to make an Election Committee the supreme and final authority in regard to important appointments I should like to draw attention to one or two points which seem to me important. (1) To err is human. Even the judgment of a learned judge is not infallible, and our British system of justice provides for such a contingency. An aggrieved litigant can appeal from a County Court to the High Courts, and from the High Courts to the House of Lords, and the judgment of the higher Court not infrequently reverses that given in the lower. The right of appeal is therefore most important and highly prized. (2) The enactment of new laws is safeguarded in the same way. A Bill must be submitted and passed by the House of Commons, the House of Lords, and must then receive the Royal Assent before it becomes law, and is placed on the Statute Book. Here again the liberties of the people are protected against hasty legislation which might afterwards prove undesirable or unjust. (3) Again, what is the procedure when the appointments to higher posts under the Local Government Board in poor law infirmaries, or under the Metropolitan Asylums Board are made? A Sub-Committee, or Standing Committee, first goes through the applications and recommends the claims of the most eligible candidates to the consideration of the Guardians of the Union concerned, or to the Metropolitan Asylums Board. The Board's authority then proceeds to

make the appointment *subject to the approval of the Local Government Board*, and it is only when that approval is given that the appointment is confirmed. Every care therefore is taken in making it, but, once made, the candidate appointed has security of tenure. He, or she, can only be dismissed by the Local Government Board, and he has the right to ask for a public enquiry by an official of that Board before such dismissal is carried into effect. The interests of all concerned are thus safeguarded.

But what happens when a Board of Hospital Governors deputed certain of its duties to an Election Committee, and makes its decisions final? The Governors may repudiate responsibility for the appointments made in their name, and place this on their subordinate committee, but the responsibility nevertheless still remains theirs. Nineteen centuries ago, in a Jewish Court of Justice, the presiding judge disclaimed responsibility for the sentence of capital punishment, which he reluctantly passed on a Divine victim in response to popular clamour, and the insidious whisper, "If thou let this man go thou art not Caesar's friend." What availed Pilate's ceremonial act of washing his hands in public, typifying that he repudiated the responsibility which was his, and which at the time was accepted by the Jewish mob? To-day the world holds Pontius Pilate responsible for that judicial murder.

My point is, Madam, that the supreme authority is the authority upon whom responsibility falls, and no amount of repudiation can absolve it from that responsibility.

Therefore if an Election Committee weakly yields to pressure or makes a mistake in the heat of controversy, I hold that no Governing Body has a right to say, in effect, "Yes, a mistake has been made, but we have no power to rectify it; we have delegated our powers to the Election Committee." No body of persons has a right to make a gift of things which do not belong to it, and the powers of Governors are a trust not absolute.

Whether or not trustees depute their duties to others they are responsible in fact and in law.

I hope, therefore, that before the Governors of the Royal Hants County Hospital nominally renounce their obligations they will consider this matter further.

I am, Madam,

Yours faithfully,

CERT. ST. BARTHOLOMEW'S HOSPITAL.

## Notices.

### CONTRIBUTIONS

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal those on practical nursing are specially invited.

*Advertisements and business communications* should be addressed to the *Manager, BRITISH JOURNAL OF NURSING, 11, Adam Street, Strand, W.C.*

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Schools of Midwifery.

### THE MIDDLESEX HOSPITAL.

One of the latest schools of midwifery is that in connection with the Middlesex Hospital, where Maternity Wards have recently been added. Very fresh and dainty they look with their walls tiled in a soft shade of blue. One ward contains six and the other four beds, cots for the infants being in every case slung at the foot of the beds. In our view, small wards of this description are the most suitable form for maternity cases, both from the point of view of quiet for mothers and infants at a time when quiet is imperatively necessary, and because in the event of anxiety arising as to the progress of a case the possibilities of infection are minimised, although, happily, at the present day a normal puerperium is the rule almost without exception.

The Maternity Wards at the Middlesex Hospital are provided with bath rooms where patients can be bathed and clothed in clean clothes before being passed on to the convenient labour ward, which is like a small operating theatre, and provided with every appliance and instrument likely to be needed. The patient is ordinarily removed to the general wards at the conclusion of the labour, but if the case has been a severe one, and to move her is inexpedient, she can rest comfortably in bed in this ward until it can be safely undertaken. Mention must be made of the bath room with its convenient china baths for the babies, and hot water rails on which to dry and warm the towels. There are also lockers for the patients' clothes, and a linen closet for the supplies of the Sister-in-charge, who is immaculately neat, in white from head to foot.

In regard to the training school, pupils are received for a period of four months, and prepared for the examination of the Central Midwives' Board, for a fee of 25 guineas. They supplement their work in the wards with experience in the district in charge of an outside midwife, and they have the advantage of residence in the hospital, washing being provided, an unusual concession as midwifery pupils as a rule pay their own laundry expenses, which mount up to a considerable sum in the course of training. Residence in a hospital, where there is a night and day staff, also ensures that meals are easily obtainable at any hour, which is a great convenience when the irregularity of a midwife's work is considered.

Lectures and tutorial classes are given both by the physicians connected with the department and by midwives, and, to judge from the results obtained at the examinations of the Central Midwives' Board, the teaching must be excellent, as out of 38 candidates sent up 37 passed the examination, and the 38th passed on a second attempt, which is a record to be proud of. Nurses are received for training from other hospitals, pupils with previous general training being naturally preferred, and they are permitted to wear their own uniform while in residence. Applications for vacancies should be made to the Matron of the hospital, Miss Lloyd-Still.

Nothing is more significant of the beneficent effect of Lord Lister's discoveries than the reopening of wards in general hospitals once more, as is becoming increasingly usual, for maternity cases. Previous to the application of the principles of antiseptic and aseptic in the treatment of patients, it will be remembered that the maternal morbidity from puerperal sepsis, conveyed by entirely preventable means, was so appalling that the entire closing both of maternity wards in general hospitals, and of lying-in hospitals also, was at one time seriously considered. That it should be found possible and advantageous to open such wards once again is a triumph for the exponent of surgical cleanliness, and the lesson which nurses and midwives have to bear constantly in mind is that to relax vigilance in the slightest degree is to expose the patient to peril. The first essentials for a maternity nurse or midwife are intelligence and absolute conscientiousness in carrying out apparently trivial and often wearisome details of aseptic technique.

Nurses should certainly avail themselves whenever possible of the increasing facilities offered them to acquire a knowledge of midwifery and obstetric nursing, so that they may become conversant with the three great branches of their profession, medical, surgical, and obstetric nursing. The medical profession insists, in its own case, on its members being qualified in all three branches, and the nursing profession should follow along the same lines. Does there not seem something almost unnatural in a nurse who can faultlessly prepare everything for a big operation, but is absolutely ignorant of the way to hold a new born infant safely and comfortably? No nurse should be content till she has obtained obstetric training either in her own school or elsewhere.

## Why Certified Milk Sometimes Fails as a Food for Infants.

Dr. Judson A. Hulse, of Akron, Ohio, writing in *The Dietetic and Hygienic Gazette*, says:—"From a theoretical standpoint certified milk should be, next to maternal nursing, the best food obtainable for infants and young children. Practically it sometimes fails and this failure is due to a number of reasons, chief of which is the fact that it is often low in the percentage of fat."

It is now the weight of opinion among pediatricists that the tough curd of cow's milk is softened and rendered digestible by the presence of fat in the shape of cream. Buttermilk, skim-milk, or any other fat-free milk no longer occupies a place in the dietary of a healthy or unhealthy infant. The Walker-Gordon laboratories have long since demonstrated the absolute necessity of increasing the amount of fat whenever the amount of proteids are raised. Attempts to raise the proteids without a corresponding increase in the proportion of fats have proved disastrous to the infant's digestion.

Dr. Joseph Winters, of Cornell University, has ably shown that from a physical standpoint alone fat-free milk and milk low in fat are apt to be indigestible when given to an infant. As he states: "The pyloric orifice of an infant is no larger than the average small probe," hence the tough curd cannot pass through it, consequently it remains in the stomach until putrefactive changes occur, resulting in violent attacks of indigestion or graver disorders.

Certified milk is often low in fat for this reason: From the press and pulpit, through health boards and the various anti-tubercular leagues and kindred organisations, as well as the medical profession, the public has learned of the dangers and ravages of tuberculosis. Infection from tubercular milk has claimed its share of attention, and the work of education has reached the farmer in the remote rural districts, making him wary of the Jersey-bred cattle of his herd, since he knows that they are especially susceptible to tubercular infection. The writer personally knows certified milk producers who have eliminated the Jersey-bred cattle from their herds before submitting their cattle to the tuberculin test because of this fear, and he knows of others who have refused to add Jerseys to the herd for the same reason.

Since cows of this breed more than any other contribute to high fat percentages, the result of their elimination from the herd is a milk low in fat, relatively high in proteids, and therefore a milk not only constipating, and the cause of poor nutrition, but, further, capable of producing acute gastro-enteric disorders of a grave or fatal nature in the strongest infants.

Another objection to certified milk as a food for infants is the fact that it is twenty-four hours old when delivered to the consumer, and when kept for use another twenty-four hours, or forty-eight hours in all, is then too old for the infant's use.

The writer is not unmindful of the fact that the foregoing statement is contrary to popular opinion.

He is aware, too, that certified milk is taken aboard sea-faring vessels in long voyages, and fed to infants weeks afterward without apparent harm, but he feels, nevertheless, that there are chemical and proteolytic changes taking place in such milk which, while hard to demonstrate by laboratory methods, are yet capable of rendering it, even when kept under ideal conditions, less fit as a food for infants than perhaps less clean milk used within the first twelve hours of its production, if we are to measure results by the infant's freedom from gastro-enteric disturbances, but more especially by its normal growth, progressive gain in weight and general well-being.

## The Central Midwives' Board.

The next examination of the Central Midwives' Board will be held on October 24th, in London, at the Examination Hall, Victoria Embankment, W.C.; in Birmingham, Bristol, Leeds, and Manchester, at their respective Universities; and at Newcastle-on-Tyne at the University of Durham College of Medicine.

Whenever Irish midwives are included and recognised in the Midwives' Act, we hope they will be required to pass a central examination and answer the same questions as those set for candidates in England and Wales. Any other course would manifestly be unfair to English midwives, and further, the institution of a central examination and the maintenance of a uniform standard is the most important and useful work carried out under the Act.

## Thirst Fever in Infants.

Müller reports in the *Journal of the American Medical Association* that fever developed in some infants who were resisting a change of diet, and whom he was trying to accustom to the bottle or the breast by starving them to it. He describes two cases in detail, calling attention to the reciprocal relations between the weight and the temperature; whenever the weight showed that the children were suffering from insufficient intake of fluids, the temperature rose, while it declined again when tea was given. He is inclined to regard this thirst fever as the direct result of the concentration of the body juices, an alimentary, or rather negative alimentary fever, analogous to the "salt fever" observed in infants. These experiences suggest that the custom of compelling a change of food by starving the children to it may have serious consequences; and also that salt fever may occur without any lesion of the intestines. Possibly the reduced elimination of water through lungs and skin may be partly responsible for the higher temperature. Müller refers to Crandell's report in 1889 of similar cases of fever in which the temperature rose during abstinence from fluids. It was first called "starvation fever," but Müller prefers the term "thirst fever."

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,170.

SATURDAY, SEPT. 3, 1910

XLV

## Editorial.

### THE HOLIDAYS.

To every one, even the most strenuous worker, comes a time when it is not only desirable but necessary to take some rest and recreation, if work is to be efficiently continued, and to no one does the holiday season appeal more, and by none is it more needed, than by the trained nurse. Whether she works in hospital, in asylums, is engaged in district nursing, or in one of the many other branches now opening up to her in all directions, the claims upon her are exacting, the demands upon her physical, mental, and moral force incessant. There is the daily routine, necessitating the punctual and exact performance of duty. Hospital nurses "work by the clock," each hour brings its special task, which must be done to time, for to let it slide in the hope of overtaking it later on is to introduce confusion into a machine which is perfectly adjusted for its special purpose, and which only works smoothly when its mechanism is evenly regulated. So as the nurse moves up and down the ward evolving order by the magic of her touch, attending to patients so that freshness and comfort follow in her train, speaking a kindly and encouraging word as she methodically washes the helpless and makes beds with the swiftness and precision only attainable in a hospital, all the time her brain is at attention. Her sense of the need for haste must not communicate itself to her patient; for the time being he must be made to feel that his welfare is the one important thing, but for the nurse, under the outer calm is always the sense of urgency, the "next thing" compelling attention if it is to be fitted in with the day's work.

A life of routine has many charms—it

supports while it insists, it enables the greatest amount of work to be accomplished in the least possible time, but none the less does the worker tend to become merely a depressed machine if she never escapes its clutches, and this is especially true of the nurse whose life has two aspects—on the one side she is in the grip of the relentless machine of routine; on the other she must always keep her sympathies warm and glowing, and her human, sensitive side turned towards the sick. For the sick are human and very sensitive also, and a machine, however perfectly developed, is a poor substitute for the living, pulsating human being; although hidden under the humanity, the perfect machine must be there. It is the combination of the two, in the right proportions, which produces the ideal nurse.

The ideal nurse must be always at her best, and the time comes when she herself needs consideration, the constant demands upon her of day and night work, the giving out of her own vital force to those whose vitality is low, all has told upon her, the machinery shows signs of flagging, her work needs more effort than usual. Every nurse, every hard worker, indeed, knows the feeling well. She needs a holiday, she has earned it, and she will enjoy it as only the hard worker can. Not to work by the clock, to go where one likes, do what one likes, as one likes, and when one likes, to relax the constant tension, these are the joys which reward a year of busy thought for others. And the object of a holiday—whatever form it may take as individual taste directs—is the same: to set the machine in perfect order once more, and to renew vitality, so that the worker may take up her life's task with renewed energy, glad that there is a niche in the world, where she has the right to work.

## Medical Matters.

### PRECAUTIONS AGAINST CHOLERA

The Local Government Board has issued a circular to port sanitary authorities and certain riparian sanitary authorities, signed by Mr. H. C. Monro, secretary, and dated August 19th, 1910, as follows:—"I am directed to call your attention to the fact that cholera is again seriously epidemic in Russia, particularly in the St. Petersburg district and at Cronstadt and other Russian ports. The sanitary authorities of British ports trading with Russia should be on their guard against the importation of cholera into their districts by vessels coming from places where the disease has appeared or is likely to appear. In this connection it is essential that the medical officers of health of such British ports should endeavour to keep themselves informed as to the spread of the present outbreak of cholera, and especially as to the continuance of the disease in ports where it now exists and its appearance in other ports not yet known to be affected by it. The statement which the Board issues weekly to the medical officers of health of port and riparian sanitary authorities, and which contains information as to such cholera occurrences as have come under the Board's notice, will be of assistance in this direction. I am to remind you that on September 9th, 1907, the Board issued a revised General Order relating to cholera, yellow fever, and plague on ships arriving from foreign ports. The Board relies on the port and riparian sanitary authorities taking all necessary steps under that Order to prevent the introduction of cholera into this country. Special attention should be paid to ships bringing aliens from Russia to British ports." The Local Government Board for Scotland has also issued a circular regarding cholera. The necessity for readiness and vigilance is pointed out. Special precautions should be observed with regard to vessels coming from North Russian and Black Sea ports. Probably never before, says the *British Medical Journal*, have such full, careful, and elaborate means been taken for meeting a possible outbreak of cholera in Scotland. Dr. Pittman has recently been visiting all the medical officers of health and making arrangements against possible contingencies. The various ports in the Firth of Forth are of course danger zones, carrying on as they do much trade with Russian Baltic ports. It is not always the important ports that are the most dangerous points. On the contrary, it is often some insignificant port that is the inlet for danger.

### DISINFECTION OF THE SURGEON'S HANDS BEFORE OPERATING.

The Berlin correspondent of the *Lancet* reports that opinion with respect to the most efficacious mode of disinfecting the skin for surgical purposes is undergoing a remarkable alteration. Washing and brushing, which have hitherto formed a principal feature in the operation room, will soon be a thing of the past here. The painting of the field of operation with tincture of iodine, devised by Dr. Grossich, has more and more replaced the modes of disinfection formerly in use. Dr. Schumburg of Strassburg, a staff-surgeon of the army, has recently warned surgeons against reliance on washing their hands with soap and water. He has found by bacteriological research that brushing the hands with soap and hot water does not destroy the germs, even when continued for 15 or 20 minutes, but that washing with 200 grammes of absolute alcohol destroys 99 per cent. of the germs. Instead of a brush, a piece of gauze moistened with the alcohol is used. According to him the soap softens the skin and the capsules of the bacteria so that the latter stick to the skin and cannot be removed by the brush. The alcohol, on the contrary, hardens the skin and the capsules of the bacteria so that the adhesion between them decreases, the result being that the bacteria can be easily removed from the skin by a piece of gauze. Preliminary washing with soap and water is to be avoided because the alcohol becomes diluted and the skin damaged. By order of the Army Medical Department the new method has been tried in the larger military hospitals and the reports are very favourable.

### AN OUTBREAK OF SPOTTED FEVER

The outbreak of spotted fever in Leicestershire still, it is reported, causes grave anxiety, and very strenuous efforts are being made to stamp it out. The Local Government Board have sent down a special medical inspector, who is making extensive inquiries with a view to discovering the cause of the outbreak, and he is actively co-operating with the medical officers of health and the medical men in the affected area.

Attempts are being made to reassure the inhabitants of the district so as to minimise the loss which has fallen upon the shopkeepers and tradesmen of the eleven infected places; but those living in the neighbourhood are taking the precaution of keeping away from them as much as possible. In some cases shopkeepers complain that owing to the mysterious nature of the disease they have lost all their best customers, as they are afraid to consume provisions which have been stored in the affected area.

## A Survey of the Nursing of Mental Diseases.

By WILLIAM L. RUSSELL, M.D.,

Medical Inspector of the State Commission  
in Lunacy, New York.

(Concluded from page 147.)

### THE PERSONAL CARE OF MENTAL CASES.

In this final analysis, the success of any system of treatment of disease depends upon the character of attention given to each individual case. This is conspicuously so in the treatment of mental disease, which is largely a nursing problem. Through the efforts of the physicians, the medical needs of the cases have been emphasised and provided for with increasing efficiency, and the nursing has been greatly improved. Training schools have been established and placed on a creditable and promising footing. It is time now for the nurses to take a more definite and active part in pointing the way and shaping the plans for a still higher standard of personal care of the insane than has yet been possible. To be convinced of the need and the opportunities for improvement, one does not have to believe fully the newspaper accounts of abuses. A little knowledge of the history of the care of the insane and the prevailing views and ignorance, with the conspicuous absence of any strong popular movement for better personal service, such as the Nightingale movement brought to the sick in general, is sufficient. Some insight into the situation from the standpoint of a patient may be obtained from a most interesting and instructive book entitled "A Mind that Found Itself," the author of which, Mr. Clifford W. Beers, recovered from an attack of mental disease after successive periods of treatment in three different institutions, each of which represents a type. It is surely time for the nursing profession to take up the evident needs of mental cases from the nursing standpoint, just as for years physicians have been wrestling with them from the medical standpoint. The nursing of mental diseases should now become a distinct nursing problem.

Those who wish to be of real service must, however, first obtain an intelligent insight into what they are dealing with, and practical knowledge of the needs of the cases. To many, insanity signifies a single disorder. Those who see the cases thus class I know, however, that they represent a great variety of conditions, which differ in their characteristics, origin, and outcome, and in the requirements for their

management. Some cases are due to organic changes in the brain, such as arteriosclerosis and hemorrhages, others are manifestations of the effects of such substances as alcohol, opium, or other poisons on the brain; others are associated with such functional changes of nervous tissue as epilepsy, hysteria, and neurasthenia; others still are the result of inherited or acquired constitutional states which render the subject peculiarly susceptible to the upsetting influences of emotional, physical disturbances and of personal life experiences which present difficulties in adjustment. Every nurse is familiar with acute delirium, and looks upon it as a feature of the physical disorder which she is engaged in dealing with. This is, however, merely a point of view. If the delirium should dominate the clinical picture to the exclusion of the accepted evidence of a recognised type of physical disease, the case would be regarded as one of mental disease, and, if protracted, would probably be transferred to an institution for the insane. Many of the cases admitted to these institutions are in a state of delirium either as an essential feature of the disease, or as an episode in a more fundamental disturbance. Other cases show a special type of physical and mental over-activity, spoken of as maniacal excitement. Others are overcome with profound depression or spirits and of physical inadequacy. In still others the mental disease consists in a thinking disorder which leads to misinterpretations and false ideas concerning the experiences and ordinary affairs of life, often without much or any physical evidence of disease. In many there is a general mental enfeeblement, often accompanied by pronounced physical changes due to old age or to organic disease. In conservative tabulations of the mental disorders from which the cases admitted are suffering, which are published in the annual reports of the hospitals for the insane, between 20 and 30 forms are mentioned. From the medical and nursing standpoints a reference to the insane as a class means no more than would a reference to the sick as a class.

The extent to which the knowledge and resources of the well-trained general nurse are required in the care of mental cases can be only partially demonstrated by reference to a few facts relating to the work in the institutions for the insane. That a large proportion of the patients admitted are extremely ill is shown by the high death-rate, which is four or five times that of the general population, and by the fact that nearly half of the deaths occurred during the first year of residence.

\* Presented to the International Congress of Nurses, London, 1909.

Dr. Russell here gave a table showing the variety of physical diseases which occur in hospitals for the insane, requiring medical, surgical and obstetric treatment and nursing, and continues:—

Measures relating to disorders of the digestive tract and nutrition, to circulatory disturbances, and to functional nervous disorders are especially applicable. In the management of the dietary, the nurse for mental cases should be an expert. Not only will the more common occasions for ability in this direction be met with, but all sorts of vagaries and positive refusal of food must be managed. In the care of all acute cases and of epileptics, and of cases of general paralysis, dietetic considerations become extremely important. Hydrotherapeutic procedures are employed in great variety in the nursing of mental cases, from the neutral tub in which an excited or delirious patient may be kept continuously for days or weeks to the simple sprays and packs. Rubbing and massage and electricity are used extensively, and the nurse should be able to employ them effectively and judiciously.

In the application of all nursing measures in these cases, the question of mental readjustment and restoration to normal activities must be ever in the mind of the nurse. The special measures employed in dealing with these are judicious mental management, combined physical and mental exercises, and means of recreation and pleasure. The proper mental management of the cases can only be learned as a result of insight into their character and of practice. The nurse must know what may ordinarily be expected from a case. A cheerful, wholesome outlook on life in the nurse herself is quite essential. She must be sure of her self-control under aggravating circumstances, and find a constant pleasure in healthy activities with and for others. She must learn when and how to use oppressive measures, and to what extent it is best to permit even morbid activities to have their swing. She must know how and when to use assertion, suggestion, and example in dealing with morbid ideas, and when to leave the patients to their own thoughts. Little can, however, be said on this subject that will explain the requirements.

Much importance is attached to the use of combined exercises. Among the simplest are marching to music, calisthenics, dancing, interesting walks, and simple, often childish, games.

#### SOCIAL SERVICE FOR MENTAL CASES.

A few years ago, under the auspices of the State Charities Association, a movement was started in New York State for the after-

care of patients discharged recovered from the State hospitals for the insane. The work has been carried on with exceptional efficiency in New York City, where it has been extended so as to include attention to incipient mental cases who apply for treatment at Bellevue Hospital. The value of this method of seeking to prevent the onset or recurrence of mental disease has been clearly shown, and its further application seems certain. This should open to nurses an important and interesting field of work, in which a working knowledge of mental diseases would be extremely useful. A somewhat similar work has been carried on in Massachusetts for many years, and nurses are constantly employed to visit the patients in homes where they are boarded by the State, or in their own homes.

A great deal more might be said on the subjects touched on in this paper. I fear, however, that I have already tried your patience. My purpose has been to bring to your attention some facts and considerations relating to the whole field of nursing in mental diseases with a view to exciting interest, and possibly suggesting openings for helpful and profitable service. I should like to emphasise the following practical points:—

1. That, though a great deal of splendid work is done by the attendants and nurses in the hospitals for the insane, nurse leaders are needed for dealing more efficiently with the care of the insane as a distinct nursing problem and for the better organisation of nurse training for the work.

2. That, for humanitarian reasons, and for the earlier treatment of mental cases, provision for at least temporary care should be made at the general hospitals.

3. That physicians and nurses in general should be better informed in regard to the nature and causes of mental diseases, and to the proper methods of dealing with them. This would render them more efficient in dealing with the cases in the homes, and would enable them to lead in measures for earlier attention and prevention, which must be looked to if the rising tide of mental disease in this country is to be checked.

To accomplish what is needed will require co-operation and many workers. The nurses cannot cultivate the field uninvited and alone. The need exists, however, and is daily becoming more plainly seen and felt. So far as it relates to nursing, the nurses of America may, I am sure, be depended upon to find a way.

The same may, we feel sure, be said of the nurses of the United Kingdom.

## Nurses as Health Missioners.

### THE CORRECTION OF AN INJURIOUS HABIT.

It is a curious thing that so many nurses pass through the whole of their training without receiving any real instruction, and very often without any knowledge concerning the bad habit of masturbation (excitement of the generative organs) practised by so many children. Like so many other injurious habits, it is only when practised to such excess as to affect the general health and become almost a disease, that either a doctor is consulted or a trained nurse called in.

This being so, even some medical practitioners say that it is not nearly so prevalent as is supposed; but I have reason to believe that it is an exceedingly common practice among boys of all ages from the wee babe who is only old enough to control his little hands to others of every age. Nor is it confined entirely to boys—little girls, big girls, as well as adults, succumb to it with disastrous results morally and physically unless it is checked in the early stages.

As trained nurses are becoming year by year greater factors in the sphere of preventive medicine, it seems that here is a very important point concerning the national health which should no longer be ignored, and every nurse should arm herself to combat what is becoming a national evil. She should be so well prepared that whenever opportunity occurs she can warn the mothers of children and children's nurses of the seriousness of this habit and the necessity of checking it before it has obtained too strong a hold.

So little notice has hitherto been taken of what many people now consider the small cause which creates so much harm that so far as I am aware there is no literature dealing with the subject; a passing reference here and there, and certain little tracts written especially for boys and young men, but nothing further.

Very often the primary cause of the habit is some slight irritation around the genitals; in boys it may be the result of a long foreskin and the need of circumcision, want of cleanliness, amusement, or proper occupation. In little girls thread worms are often the original cause. As it is somewhat difficult to ascertain if a child has contracted this habit (for, like most evil things, it is practised by stealth—when at stool and in bed), a very careful watch must be kept, so that as far as possible conclusive evidence is obtained. I hope no one would ask a child if he does nasty things, and so put bad seed into a pure child's mind.

But should the child be distressed with the nightdress up and its folds between its thighs at once measures should be taken to check it; if the child is very young a smart tap upon the hands, remarking at the same time, "Naughty, naughty," in the softest tone possible, may often be sufficient to nip the trouble in the bud, but should it be persisted in, then it would be wise in the case of a boy to consult a doctor. The usual signs which accompany this bad habit are general irritability, puffiness and darkness about the eyes, swollen genitals, constant wriggling, wetting the bed, great desire to be left alone, and, when the habit is of long standing or very acute, albumen and blood may be found in the urine.

How can it be prevented or overcome? In the first instance, before the habit is well established, gentle measures with simple explanations of the wickedness of it, and that it will lead to very serious ill-health, may be quite sufficient to stop it; in other cases corporal punishment may be necessary. But should the habit be well established before it is discovered, additional means must be used, always, of course, appealing to the reason and best instincts of the child, with explanations of the very serious consequences which will surely follow the continuance of the trouble. The diet should be carefully supervised, all animal and richly spiced foods, etc., strictly avoided; eggs, fowl, fish, and an abundance of milk should be given. The general health must be improved by every hygienic measure possible, such as daily warm baths before going to bed and a cool sponge in the morning.

In the case of sensitive, nervous children the morning sponge must be reduced to cold gradually, and the child should be allowed to stand in warm water until the cold water no longer frightens or upsets him.

There must be plenty of interesting occupation and amusement found for him, with a constant change of both, so that the child does not get bored or thrown upon his own resources. Physical exercises, walks, outdoor games, and as much fresh air in day and night as possible, so that he is thoroughly tired out every night, and when put to bed sleep comes on at once. No unhealthy excitement or games should be allowed; smoking and such like are absolutely prohibited.

In very severe cases it is sometimes necessary to restrain the child during the night by means of soft straps on wrists and ankles, allowing sufficient movement to turn from side to side; the child should not be allowed to lie upon the back, as this increases the desire.

No tight clothing should be worn, and the

should always sleep in pyjamas and girls in sleeping suits or *very long* nightgowns.

It is only in very severe cases that the services of a trained nurse are requisitioned, and before undertaking such a case she should consider it well in all its bearings, as these cases, being of long-standing, are not curable in a few weeks, and on no account should there be a change of nurse; therefore they should not be lightly undertaken.

It will mean incessant vigilance on the part of the nurse for two, three, or more months; the child must on no account be left alone for a single instant, or the care of weeks may be undone. Under these circumstances only those who really love and sympathise with children should undertake such cases.

The nurse should also be fond of fun, full of a sense in regard to games, etc., but withal firm, and even severe, when necessary.

The decision made and the case undertaken, then all the resource, energy, and determination of the nurse must be concentrated upon a complete cure; it can be and has been done, and it is well worth the doing.

How well repaid a nurse feels when a patient who has been given over to death by the doctor has, through God's blessing upon her skill and care, been restored to health. But how much greater the satisfaction would be to so care for and strengthen a weak character who has fallen a victim to a bad habit, the nature of which he scarcely understands; to encourage, help, and at last know that a child, or it may be even an adult, has been brought through the abyss and is once more safe on the path of virtue and purity, with physical health restored and moral sense straightened and strengthened? For this habit is as depraving as either drink or drug taking; even more so, in fact. The victims of either drink or drugs are generally selfish chappies in their bad habits, but the victims of masturbation are by no means content with their own depravity, but very often induce others to share with them their bad ways.

So serious is this considered that if it is known that a child practices this bad habit all public schools will be closed to it, as it not only saps all the manhood of the boy and womanhood of the girl, but it spreads like a cancer among the others.

I feel quite certain that many will say it is not nearly so prevalent or so bad as I have depicted it. I only ask nurses who are interested in the moral as well as the physical well-being of the nation to watch more carefully their small patients after putting them to bed at night, and to ask mothers if they have ever seen their children "playing with them-

selves," as this is the common phrase; and to search for cases as they pass through their districts and wards day by day; then I think they will quickly learn that the reality is indeed as black as it is painted.

And if this paper is the means of saving but one child from a polluted and degenerate life it will have accomplished its work.

MARY BURR.

## The Nurse as a Social Worker.\*

By Miss H. L. PEARSE.

*Superintendent of School Nurses under the London County Council.*

The positions open to trained nurses as workers for the good of the community increase constantly, and this is bound to be so as the effect of systematic training on character is more fully realised. Work of any kind, to be worth having, needs certain qualities: it must first be conscientious, then skilful, well thought out, intelligent, and adapted to the needs of the people for whom it is done. To work well, therefore, requires special training, as one fully understands when one remembers the days when one began work in a hospital. How impossible it seemed to get the required amount done in the given time! And yet, after being subjected to the routine and discipline of a ward, everything seemed to fit into its place, and one could achieve what before seemed impossible.

The woman who has undergone such a training comes out of hospital a very useful instrument for many purposes, and has a peculiar aptitude for social work, and is increasingly employed in many ways. I have not time to do more than mention the many, and enter into a few details as to my own particular branch.

Nurses are more and more appointed as health workers, nurses in factories, sanitary inspectors, in which capacity they are peculiarly useful, as members of care committees, as inspectors for infant life protection, and last, but not least, School Nursing. In this work of infant life protection they have to visit and inspect homes of women who undertake to look after a "nurse" child. Details of accommodation are gone into, and advice is given to parents on questions of healthy conditions and feeding for infants.

The idea that every woman has instinctively a knowledge of how to feed and bring up an infant is becoming exploded at last, and nurses

\* Read at the Nursing Conference, Japan-British Exhibition, London, 1910.

are being employed to instruct parents on this question with very good results; the work is so new that I cannot give you much information as to results.

Let me now speak of my own work with School Nursing. The Board of Education has laid it down that medical inspection of school children is to be carried out all over the kingdom. Medical men have therefore been appointed, and with them their competent assistants, the School Nurses; but the School Nurse had been started in London before medical inspection became compulsory. The Queen Victoria Jubilee Institute used to visit some schools here and there and inspect the children for cleanliness, attending to small accidents, such as cuts and bruises; but there was no attempt to deal with the problem as a whole, and to provide attention systematically for all schools, until the London County Council took the matter up and appointed a few nurses to go round and report on the present state of things. Since then the number of nurses has steadily increased as the need for them was felt, and a large increase was made when it was decided to let the school doctor be assisted by a nurse. Most necessary, indeed, she has proved; for she weighs and measures the children, questions the parents as to previous illnesses, tests the eyesight, and reports on the child's condition as to cleanliness and clothes to the doctor.

All parents are urged to come up to see the doctor, but many fail to come, partly through slackness and partly because many a woman has to work to keep the home together, and is therefore frequently out all day.

If the parents do not come up, the nurse has to deliver treatment cards at the home, and, if possible, see the mother and explain the doctor's advice and get her to act upon it.

If "cleanliness is next to godliness," then the School Nurse must add considerably to the general sum of godliness, as she carries on a continuous crusade against dirt. I will not horrify you by dwelling on the very dirty, and even verminous, condition in which a large number of people live; it has been a great difficulty to know how to deal with them, and up till last year, when the Children's Act was passed, no effective method of dealing with the children and their clothes had been found. This Bill gave the Education Authority power to examine every child in school, and it further stated that it was allowable, where the parent had not cleansed the child, to remove it from the school and thoroughly bath it and steam the clothes.

A bathing place is necessary to carry out

this scheme, and there are at present thirty of the schools in charge of nurses, who are responsible in regard to the safety of the children in their going to and from the school, and who keep a careful record of all children attending the station; they also see that the woman who bathes the children does so in a proper manner. The value of the School Nurse's work to the community cannot, it seems to me, be over-estimated; it extends from a curative into a preventive sphere, and assuredly the latter is the more universally important. The need for it is very great, for it is deplorable to find how many children are in school with one defect or another.

There is one branch of this work which I ought to mention, and that is the large number of cases reported to the National Society for the Prevention of Cruelty to Children. Where any nurse finds a case of wilful neglect by which the child's health of body or mind is endangered, it is at once reported for the Society to deal with, and although often it is a case where no action can be taken, the visit of the officer to the home does much good. By means of the nurses' work it is being gradually impressed on the parents that they have a duty to their children, which they are bound to carry out to the best of their ability. A man once said to me: "The girl is mine! I will do what I like with her," and he seemed much surprised when I said: "She is only yours as long as you do well by her."

I will conclude by giving you some idea of the importance of all this activity to the community at large. First, we hope for a much greater general attention to the care of the body in health; to prevent its getting ill, instead of spending all our energies upon it when ill. Then, for greater cleanliness and, as a result, less preventable disease. Who can estimate the disease spread by vermin of all kinds, among the most mischievous being fleas, with their amazing jumps from one person to another. Just for one moment think of the educating influence of these nurses, who have themselves learnt the lessons of patient, self-sacrificing work. As they visit these poor people in their apologies for homes, they learn to be very sympathetic, and, understanding their difficulties, to help them out of them. How often I have wished, when I hear sharp criticism of the thriftless ways of the poor, that more trouble were taken to understand the mental condition which is bound to result from the constant, depressing struggle for bare existence, and I am thankful that nurses are constantly doing their best to lighten this depression and lessen their burdens.

## Florence Nightingale, O.M.

Miss Nightingale's executors and relations find themselves unable to acknowledge individually, as they would wish, all the letters and flowers received. They hope that the senders will accept their best thanks, and will understand that they appreciate very deeply the feelings of respect and affection for Miss Nightingale, of which these are the tokens.

Already various suggestions as to the form which a national memorial to Miss Nightingale shall take are being made. A public monument, the restoration of East Wellow church, and the beautifying of the churchyard; the establishment of a system of Registration combined with pensions for nurses; and the endowment of certified midwives for poor manufacturing districts, and in country parishes (proposed by Lady McLaren) are some of the propositions already put forward. A correspondent writes: "Why should not the Prime Minister, when Parliament reassembles, be invited to give facilities to the Women's Suffrage Bill as a tribute to the memory of the great woman whose services to the State are universally recognised as unique, who throughout her life desired the extension of the Parliamentary franchise to women, but who died on a political equality with criminals, lunatics, and paupers?"

Mr. J. G. Wainwright writes in the *Times*: "As Treasurer of St. Thomas's Hospital, I have been approached by a large number of old Nightingale nurses and others interested in nursing, urging me to undertake the duty of organising a fund to the honour of Miss Nightingale. Provided that the fund is raised to serve as the 'Nurses' Memorial' to Miss Nightingale I shall, in spite of the numerous claims on my time, be happy to undertake this work, and to receive contributions from nurses and others connected with nursing to a fund to be called the 'Nurses' Memorial to Miss Nightingale.'

"I am taking steps to form a committee as widely representative as possible of the nursing interest, for such a memorial will not be confined to Nightingale nurses, and should secure the assistance of all nurses wherever trained, and of all interested in Miss Nightingale's work for nurses. The actual form of the memorial can only be settled by the contributors themselves. A meeting will be held for the purpose of considering and deciding this important question as soon as promises of contributions have been received from a sufficient number, but there seems to be an almost

unanimous feeling existent that the best way of honouring so dear a memory as that we treasure for our late chief is the foundation of a fund for the assistance of 'trained nurses.'

The Requiem for Miss Florence Nightingale at St. Alban's, Holborn, on Thursday in last week was largely attended by nurses, members of the Guild of St. Barnabas, at whose instance the service was held. Its special object was emphasised by the emblems attached to the rails on either side the chancel gates, in which the letters "F. N." appeared in white immortelles surrounded by wreaths of laurel and oak leaves tied with violet ribbons.

The Order of the Service, specially printed for the occasion, included the Dies ire and the hymns "Lead, Kindly Light," "And now, O Father, mindful of the love," and "The King of Love." On a slip inset in the Service was the facsimile of part of a letter written in pencil by Miss Nightingale to the Guild on the occasion of its 25th Anniversary in 1901, with a brief notice of her life and work, signed E. F. R., in which occurs this sentence: "She found the 'service of the sick'—with some noble exceptions—in the dust, and she has raised it in dignity until the world has come to recognise in that service, not only a career of purity and honour, but as the opportunity for the exercise of every gift of the most refined and most accomplished womanhood."

## Progress of State Registration.

Discussing "The Evolution of the Nurse" in the last fifty years, in reference to the work of Miss Nightingale, the *British Medical Journal* says that the net outcome of the changes that have taken place since "Notes on Nursing" was written is "highly satisfactory in some respects, but almost equally unsatisfactory in others. Nursing is now a definite occupation, competing for recruits almost on precisely the same footing as other occupations for women. It is attracting a much smaller proportion of ladies than was the case some years ago, and the heads of some great institutions are reported to be finding a difficulty in securing probationers of the kind they would desire. In the hospitals the nursing is perfect from a technical point of view, but there is also in most of them some lack of the kind of spirit commonly associated with the name of nurse."

"The lines on which these (nursing) schools are conducted vary, and the final result is that the nurses placed at the disposition of the public and of medical men differ as greatly in

the extent of their knowledge, as in point of education and social position. It is this mixture of class which makes it so difficult for the public to determine for itself how it should treat the nurses who enter their houses, and it is the same mixture of class, or rather, absence of an assured position in the social grade, which leads many nurses to create difficulties of sundry kinds.

"Owing to the same cause, and the multiplicity of schools, it is quite impossible for any medical man, except after considerable experience of a nurse's actual work, to feel certain of her capabilities, and the extent of assistance which he will receive from her. In that fact we have the main reason why the British Medical Association has joined hands with the leaders of the nursing world in calling for registration of nurses and the establishment of a Central Nursing Council."

Over the signature of "H. H. Munro," a letter recently appeared in the *Birmingham Daily Gazette* referring to the interview of a representative of that paper with the Hon. Sydney Holland. "With the defence made by Mr. Holland against imaginary attacks on himself and the London Hospital," the writer says he has nothing to do beyond saying that these attacks are not made in the article published by our contemporary on the 11th ult., to which reference has already been made.

But in regard to the definite statement made by Mr. Holland, "Registration could not be taken as a guarantee of technical fitness," the writer desires to know "Why not?" and points out that the Medical Acts provide for the qualification and registration of medical men, and those Acts have not "lulled the public into a false sense of security." The writer continues: "We hear a man spoken of as a 'registered medical practitioner,' and the public knows that he can be trusted, and trusts him. The General Medical Council has disciplinary powers to remove practitioners from the register for infamous professional conduct."

"The Nurses' Registration Bill makes exactly similar proposals with regard to nurses, male and female; nurses are a necessary corollary to the medical profession. How will the public be 'lulled into a false sense of security' when a nurse can call herself—or himself—a 'registered nurse'?" Leave the adjective out, and Mr. Holland has given a fine argument in favour of the Bill.

"When other professions have charters organising and equalising their training and qualifications, why should this be refused to the nursing profession?"

## Practical Points.

### Macdonald's Steriliser.

We have pleasure in drawing attention to Macdonald's Steam Steriliser, for which a patent has been applied, and which is manufactured solely by the Medical Supply Association, 228, Gray's Inn Road, W.C. The Steriliser, which was on view at the recent Medical Exhibition at the Imperial Institute, commended itself by its merits, and as a cheap, simple, and efficient means of sterilising and drying dressings. It is constructed with an outer and inner chamber, with a space between, and is fitted with a special lid, in which is enclosed a vacuum. It can be used either over a fire or a gas burner. The Steriliser is made of polished copper, tinned or nickel-plated inside, with nickel-plated copper drum, and spare drums are obtainable. A Steri-



liser the internal dimensions of which are 6½ in. deep and 6½ in. diameter, complete with drum, costs £2 17s. 6d. Larger sizes cost £4, £7 10s., and £8 15s. respectively, or slightly more if nickel-plated. Two nickel-plated drums are supplied with the larger sizes.

The novel principle applied to the Steriliser is that the principle of steam condensing at the coolest part exposed is made use of to dry the dressings. All condensation takes place in the outer chamber, the inside of the lid being prevented from cooling by the vacuum space. Therefore, after the steriliser has been cooled, the dressings or other contents may be removed and will be found perfectly dry and in the most suitable condition for use, and this without any high pressure apparatus whatever.

When it is desired to use the Steriliser, a small quantity of water (one to three pints) according to the size of the Steriliser, is poured into the space between the cylinders; the dressings, loose or in canisters, are placed in the inner chamber, the lid

fixed, the tap on the lid opened, and the Steriliser placed on the fire or gas ring. Sterilisation is continued for half an hour after steam has begun to issue vigorously from the escape tap. The tap is then closed and the apparatus set aside to cool.

It is claimed that the efficiency of the Steriliser, which has been repeatedly tested bacteriologically, is as great as that of the most expensive steriliser produced. Anthrax spores in dressings were killed in 10 to 15 minutes, mesenteric spores, which resisted boiling for 20 minutes, were destroyed in 10 to 25 minutes, and streptococci, staphylococci and typhoid bacilli were killed in 3 to 5 minutes.

The Steriliser should meet a real need and have a very useful and successful future.

A correspondent writes in **Nursing Cholera.** *The Australasian Nurses' Journal*: It may be of interest to nurses to know something of the precautions taken to guard against cholera and dysentery when nursing in countries where these diseases are prevalent.

In Hankow about two years ago there was an epidemic of cholera, and during that time I was nursing a confinement in the house of a doctor who is one of the greatest authorities in the Far East on the prevention of cholera and dysentery. The chief sources of infection are water and flies.

Water for drinking is boiled and put in bottles, which have been boiled, or disinfected with a solution of iodine, and afterwards neutralised by sulphate of soda; and before drinking the water, although it was boiled, it was sterilised with Evans' sterilising tablets, which are preparations of iodine and sulphate of soda.

A good many cases of dysentery were proved to have been contracted through the bath water, and as it was impossible to boil large quantities of both hot and cold water for baths, all water used either for baths or washing patients was always disinfected by iodine. I drank to three gallons of water, left for from five to ten minutes, and then neutralised by sulphate of soda I drank, followed by Cylin I drank. Water for cleaning teeth was treated the same way.

The precautions taken with regard to foods are as follow:—Eat no cold meat, no raw salads, no fruit, no unboiled milk, and never use Chinese ice.

Fruit is particularly easily infected by the cholera germ.

Uncooked vegetables are never safe, because of the way the Chinese fertilise the ground.

Cold meat may be infected by a stray fly.

Chinese ice is collected in winter from the dirtiest pools that can be imagined, and stored in ice houses until the summer.

All food was carefully covered as soon as cooked, and every precaution was taken to prevent flies touching anything.

No butcher's meat was eaten during the summer; only chickens and pigeons that were killed in the house and cooked at once.

Milk was sterilised in small bottles, and brought

to the table without being opened. In most houses I always sterilised the milk myself.

All crockery was put into an electric oven after being washed.

The doctor for whom I nursed has proved that it is possible to live in one of the worst climates in China through the hottest part of the year, in the midst of Chinese dying by the hundreds from cholera, and yet remain immune by taking the precautions I have mentioned.

## Our Guinea Prize.

We have pleasure in announcing that Miss E. Shareman, The Infirmary, East Hill, Wandsworth, S.W., has won the Guinea Prize for August.

### KEY TO PUZZLES FOR AUGUST.

- No. 1.—Southall's Accomplishment Sheets.  
South-awls a-couch-men-T 8-heat-s.  
No. 2.—Lysol.  
L-eye-sole.  
No. 3.—Wellford's Asses' Milk.  
Well-ford's asses mill-K.  
No. 4.—Maison Syke-Josephine.  
MA-sun Sikes Joseph-eye-N.E.

The following competitors have also solved the puzzles correctly:—M. Vant, London; A. G. Layton, London; B. Sheard, Chislehurst; C. Honeybone, Hampstead; D. Thompson, Clapton; E. Macfarlane, London; J. Cook, Portland; E. Dunne, Harrow; R. H. Johns, Balham; F. Sheppard, Tunbridge Wells; C. Wright, London; G. Hanson, Maidstone; A. Maddock, Shrewsbury; M. A. Bullock, Peckham; S. S. Sherring, West Derby, Liverpool; E. M. Walker, Putney Hill; F. Macdonald, Glasgow; M. Dempster, Ealing; S. A. Villiers, Hither Green; M. W. Burke, Plaistow; A. M. Shosmith, Durham; M. G. Albott, Wakefield; G. Evans, Cardiff; E. S. Sills, Oakham; C. C. D. Cheshire, Woking; G. M. Thompson, Clapham Common; H. E. Ellis, Miltord, Stafford; A. Grummitt, Clifton, Binglewade; L. M. Wilson, Winstord; A. L. Joy, Sydenham; W. Hairland, South Kensington; — des Forges, Wimbledon; R. Conway, Aviemore, Strathspey, N.B.; G. Smart, Cork; E. Douglas, Bellast; S. Arthur, Slough; H. C. Miller, London; A. S. Morris, Hastings; E. J. Marshall, Margate; H. Leng, Penrith; F. M. Sharp, Castle Broomwich; N. A. Fellows, Edgbaston, Birmingham; M. Jones, York; H. Easton, Inverness; D. Vickery, Bournemouth; M. Imms, Hastings; M. Lord, Burton-on-Trent; E. A. Hood, Ewell; D. E. Gordon, Timperley; E. F. Whatham, Barnsley; L. C. Cooper, Streatham; M. L. Yearsley, Bath; G. Peters, Northampton; C. Fleming, Dublin; D. Enright, Rothenham; V. Newham, Virginia Water; A. Guinaue, Limerick; R. L. Wiseman, Parsons Green; K. Walker, London; M. Northwood, Nottingham; E. Dowd, Dublin.

The Rules for Prize Puzzles remain the same, and will be found on page xii. Competitors must sign initials, and write "Prize Puzzle Competition" on the envelope; several competitors lost their chance of the prize by this omission.

## Appointments.

### MATRONS.

**Hospital for Women and Children, Leeds.**—Miss M. V. Lindell has been appointed Matron. She was trained at St. Thomas' Hospital, London, and has held the position of Assistant Matron at the Maternity Hospital, Birmingham.

**Livingstone Cottage Hospital.**—Miss Eleanor Lea has been appointed Matron. She was trained at the North Staffordshire Infirmary and Eye Hospital, Stoke-on-Trent, and has held the position of Charge Nurse at the Eastern District Hospital, Glasgow, and has been Sister at the Royal Hospital, Portsmouth, Night Sister at the West Ham and East London Hospital, Stratford, and Assistant Matron at the Royal Hospital, Portsmouth.

**Cottage Hospital, Simon's Town, Cape Colony.**—Miss Amy F. Loveridge has been appointed Matron. She was trained at Bagthorpe Infirmary, Nottingham, the Isle of Thanet Fever Hospital, Ramsgate, and has held the position of First Assistant Nurse at the Park Fever Hospital and the Small-pox Ships, Dartford, under the Metropolitan Asylums' Board. She has done private nursing in England, France, and South Africa, and has been Staff Nurse at the Cottage Hospital, Simon's Town, Cape Colony, South Africa. She is also a certified midwife.

### ASSISTANT MATRON.

**St. Marylebone Infirmary, Notting Hill, W.**—Miss Anne Fishwick has been appointed Second Assistant Matron and Home Sister. She was trained at the St. Marylebone Infirmary, where she has also held various positions of responsibility.

### HOME SISTER.

**Belvidere City Hospital, Glasgow.**—Miss Grace Mitchell Fairley has been appointed Home Sister. She was trained at the Swansea General and Eye Hospital, and has held the positions of Matron of the Isolation Hospital, Swansea, and of Night Sister at the Oldham Infirmary. She has also had experience of private nursing.

### NIGHT SISTER.

**St. Bartholomew's Hospital, Rochester.**—Miss Gertrude E. Scott has been appointed Night Sister. She was trained at the County Hospital, Durham, and has held the positions of Ward Sister and Night Sister at the Infirmary, Fratton, Portsmouth, Staff Nurse at the Military Isolation Hospital, Aldershot, Staff Nurse at the National Hospital, Queen Square, London, Sister at the Hospital for Epilepsy and Paralysis, Maida Vale, W., and Warl Sister and Massage Sister at the Cancer Hospital, Brompton.

### NURSES.

**Oldham Union Infirmary.**—Miss Emily Rawnsley has been appointed Charge Nurse. She was trained at the Union Infirmary, Ecclestone, Bierlow, Sheffield, where she has held the position of temporary Charge Nurse.

Miss Mary Ellen Lear has been appointed Charge Nurse. She was trained at the Aston Union Infirmary, where she has held the position of Staff Nurse; she has also been Staff Nurse at the Children's Hospital, Carlston.

Miss J. Sumner has been appointed Staff Nurse. She was trained at the Union Infirmary, Leeds.

## CHANGES AT ST. BARTHOLOMEW'S HOSPITAL

The *League News* chronicles a number of changes in the nursing staff of St. Bartholomew's Hospital. Sister Paget (Miss Shrivess), Sister Hope (Miss Skilman), and Sister Lucas (Miss M. Sleight) have resigned, and are leaving the hospital before the end of the year. Sister Abernethy (Miss Jackson) is leaving to be married. Sister Casualty (Miss A. M. J. Stewart) and Sister Harley (Miss H. Parker) have left to be married, and Sister Mary (Miss Mudden) is taking up work elsewhere. Miss Nicholson, Superintendent of the Nurses' Home, as we reported last week, is leaving on her appointment as Matron of the Manchester Children's Hospital, Pendlebury. Miss Nuttall has been appointed Sister Casualty, Miss Paterson Sister Mary, and Miss Latham temporarily Sister President.

Miss Lowe and Miss Pemberton have been appointed Night Superintendents.

## LECTURES TO NURSES ON TROPICAL SUBJECTS.

Two courses are given annually at the London School of Tropical Medicine, Royal Albert Dock, E., beginning respectively about October 15th and February 15th. Each course consists of 10 lectures. The fee for the course is £2 2s., including the examination. A certificate, signed by all the lecturers, will be given to the successful candidates.

### SYLLABUS.

1. Dr. Duncan: Personal Hygiene in the Tropics, outfit, clothing, exercise, food, alcohol, baths, etc.
2. Dr. Duncan: Enteric Fever and Dysentery.
3. Dr. Duncan: Cholera and Heat Stroke.
4. Mr. Cantlie: Abscess of Liver, special surgical requirements in the Tropics, care of instruments, etc.
5. Dr. Sandwith: Plague and Beri-beri.
6. Dr. Sandwith: Dengue, Sleeping Sickness, and Blackwater Fever.
7. Dr. McLeod: Leprosy, Skin Diseases, Prickly Heat, Boils, Cleers, Dhobie Itch, etc.
8. Dr. Daniels: Malaria and Mosquitoes.
9. Dr. Daniels: Yellow Fever, Filariasis, Sprue and Bill Diarrhoea.
10. Dr. Leiper: Intestinal Worms, Treatment of Patients preliminary to vermifuges, examination of faeces for the worms, etc.

Further particulars may be obtained on application to the Matron at the Albert Dock Hospital, Connaught Road, Albert Dock, London, E.

## THE PASSING BELL.

The circumstances of the death of Lady Marjorie Erskine, daughter of the Earl and Countess of Buchan, on a lonely mountain side near Inverness, are especially tragic. Lady Marjorie, who was at one time a probationer at the Hospital for Sick Children, Great Ormond Street, apparently fractured her ankle in the course of a walk, and died from exposure and lack of the assistance she was unable to summon. Her body was only found nearly a month after the accident by a man searching for white heather. Much sympathy is felt with her bereaved parents.

## Nursing Echoes.



We learn from Miss Goodhue, Hon. Secretary to the Territorial Force Nursing Service for the City and County of London, that many of the nurses of this branch of the Service who are invited by the Lady Mayoress to a Mansion House Reception on October 10th — notified in our columns last week—are un-

certain whether they should attend in uniform or evening dress. We are asked to state, therefore, that indoor uniform is correct, and would be preferred.

Miss Donaldson, Matron of the Mount Vernon Sanatorium, Northwood, writing in the current issue of *Wings* on "The Nursing Profession and the Drink Problem," says:—"The nursing profession to-day is face to face with the greatest social problem of the age—the drinking habits of England. Nurses, in their varied ranks, penetrate into corners and creeks of the social stream which have, up till now, been unexplored by reformers. It behoves every member of the profession, therefore, to settle with herself the side of the drink question on which she is prepared to expend her energy and influence. Before everything else, her own personal conviction is essential. The backbone of resolute action is conviction; it is conviction alone which enables a man, when others are sinking in the sands of expediency, to stand upon the rock. To a nurse trained to be an accurate observer of facts, with the one simple desire to arrive at and know the truth about her patients, conviction on this great question will not tarry. No matter where her work takes her, she will have eyes to see what others may miss, and ears to hear what others hear not; and with such material at hand, and with so many of the greatest scientists of our age, eager and able to translate the significance of the facts she has gathered, conviction that her attitude must be one of complete antagonism to the drink traffic will be overwhelming. We can almost hear her cry aloud, 'We speak that we do know, and testify that we have seen.'"

At a meeting of the Southwark Guardians, when the Infirmary Committee recommended that an armchair, a table, and twenty small chairs should be re-covered with best red morocco, Mr. Cornell enquired why best

morocco leather? He was prepared to say that even the Metropolitan Asylums' Board never aspired to best morocco. Mr. Cornell also had a pertinent remark to make about the further proposition that a couch, two easy chairs, four small chairs, and a hassock in the Matron's room should be re-covered at a cost of £7 10s. He said that the new Matron had not yet been appointed, and it was rather early to say how her furniture should be upholstered. The pattern had, however, been chosen, and, having seen it, he was of opinion that if she was a self-respecting lady, she would put the furniture outside the door. Why not let the incoming Matron select the material herself when she may have to live with the furniture for the whole of her working days?

At an inquest recently held on a little boy who died in the Southwark Union Infirmary, the mother asserted that a girl of ten dressed and fed her baby. Asked by the Coroner what the nurses were doing, she replied that they "seemed to be always cleaning brass work. A woman from the kitchen takes the bread and milk, or bread and butter, round, and leaves it on the beds, and my little baby had to eat his with his fingers when the little girl did not feed him."

"An appreciative Teacher" writes in the *Schoolmistress* of the School Nurse:—"Being a mistress of one of the poorest schools in a large city, I should like to give a few ideas as to the ultimate good done by the School Nurse. She is a 'new institution,' if I may so call her, and a most necessary one. Before having her, sometimes, I felt it impossible to eradicate or even to help to cleanse the poor, dirty nites with whom I am daily in contact. The staff and myself were never ceasing in our endeavours to make the children more wholesome and cleanly. By daily lessons, by showing the difference between cleanliness and dirt, by mending torn clothing, providing the girls with hair ribbons and combs, and doing all that lay in our power, still we did not get the effect we wished. All our influence was lost, mainly because we could not get at the root of the whole matter. We could not touch the parents and the homes, so all our efforts were only temporary, as home surroundings undid all that could be done.

"Many abuses I have personally received from the parents for my so-called 'interference,' which was really an act of goodwill. I was almost in despair at my school ever being in a healthier and more cleanly state when our education authorities established the 'School Nurse.'"

"She came, and I found she was most willing and anxious to help, and realised fully all the difficulties ahead with such a class of parents. These people need careful handling and great diplomacy. At the first, her visits were much resented, and every opposition given to her in her work. Now, however, with a courteous, yet firm manner, kindly ways, entering into the mother's confidence so far, and altogether making the parents feel she is not only the 'nurse' but 'friend' too, if they will only accept her as such, the general attitude and opinion of her is altogether changed, and the work is made so much more easy and pleasant, and the children all the brighter and happier both in the school and the home. Why, only the other day, I had a message, 'Would I ask the nurse to call?' This is only one of the many messages. Of course, there are still a few obstinate ones, who cannot or will not see that it is only their children's welfare that is thought of; but this one does not feel when they can see the result of their labours so fully manifested. We must recognise, too, that this nurses' work means more than skill from a medical side only; it means a love for poor struggling humanity. It is easy and pleasant working in clean homes and with all necessities at hand, but it is a different thing going into desolate, filthy, and lost homes, where one is exposed to all sorts of dangers. Truly, it can be said, that a nurse's heart must be in her work to enable her to live her life in such an environment. I should like to add my high testimony as to the value and esteem of those women who will devote their lives to such work. It certainly is not the 'high salary' which prompts them to choose this sphere of labour. Long may they prosper and continue to be the helper of both teachers and children."

The West Cumberland Infirmary, Whitehaven, has made great progress in the last few years under the able administration of the present Matron, Miss Evens, who has seen the complete re-organisation of the institution. The latest addition is a Ladies' Linen League, which is now in full working order, and promises to be a great success, and will be of great assistance to the hospital. Lady Lonsdale is the President, with various ladies in Whitehaven and the wide country district served by the hospital as vice-presidents and associates. The Hon. Secretary and Treasurer is Miss Mary C. Fair.

Through the kindness of Mr. Alfred Wareing, a number of the members of the Nursing Staff at Stobhill Hospital, Glasgow, were invited to the Royalty Theatre, Glasgow, to see "His

Excellency the Governor," which was produced there for three nights last week under his direction. The play was good, and was thoroughly enjoyed by the nurses.

At a recent meeting of the Time Nursing Association Lady Frances Balfour was unanimously appointed President in the place of the late Lady Victoria Campbell. On the motion of the Rev. D. Macpherson, seconded by Mr. Macdonald, it was resolved to send a motion of condolence to the Duke and Duchess of Argyll. The following resolution was also adopted—

The Association wish to put on record the great loss sustained by the Nursing Association by the death of Lady Victoria Campbell, who for so many years did so much for the Association by her wise counsel and energetic efforts, and who has left behind her such a noble record of wise and self-denying efforts for the poor and suffering in every sphere of life.

Lady Victoria Campbell was a Vice-President of the Society for the State Registration of Trained Nurses, and a strong supporter of thorough training for nurses provided for the poor as well as those supplied to the rich.

Miss Estelle Reel, in an article in an American contemporary, says: "The educated Indian girl looks for a higher type of manhood in a husband than satisfied her mother. If she does not find her ideal, she is perfectly capable of earning her own living. You may find in her any one of various traits that fit her for special work. She makes a superb nurse. Hospitals, which have trained Indian girls, are making constant effort to enlist others of the race. She has infinite patience, forbearance, generally a magnificent physique, and no trace of the 'nerves' which so often cause a breakdown among over-civilised races. An Indian girl can go through the most trying surgical case with a stoical calm that is extraordinary. She never gets flurried, anxious, or worried, and she obeys the physicians as a soldier does his commander. In caring for cases of severe illness she seems to live on some strange reserve force and is as tender as well as a painstaking nurse. Indian girls make splendid needlewomen. They inherit the skill their grandmothers put into bead work or basket making. They have excellent taste and an intuitive idea of good colouring. You find among them good musicians; they excel as teachers of their own people, and many have achieved a high place as workers in the arts and crafts. As often as possible art is taught in the schools by an Indian woman, with a high regard for all that is best in native handicraft."

## The Hospital World.

### ST. THOMAS' HOSPITAL.

St. Thomas' Hospital, which is of permanent interest to nurses as the hospital chosen by Miss Nightingale as the training ground of the Nightingale probationers and the establishment of the Nightingale Home, has an interesting history. The original building, dedicated to St. Thomas à Becket, stood for six centuries on the site now occupied by London Bridge Station, where it provided board and lodging for the night, and treatment and care in the event of illness, for poor pilgrims on their way to Canterbury. Dr. F. M. Sandwith in a Gresham

incorporated by charter the Lord Mayor and Corporation of the City in succession as perpetual governors of the Royal Hospitals, and St. Thomas was re-named, this time its dedication being to St. Thomas the Apostle, and the King liberally endowed it.

The hospital was furnished by benevolent citizens, their gifts including straw mattresses, leather beds, sheets, blankets, linen, and clothes for the inmates who were at that time chiefly wounded soldiers home from the wars in France, as well as the halt, the blind, and the maimed.

Eligibility for the office of governor was afterwards extended to men of rank and respecta-



ST. THOMAS' HOSPITAL, LONDON.

bility, showed that its revenues were seized by Henry VIII. in 1538, at which date it made up forty beds, and its staff consisted of a Master and Brother and three lay Sisters.

A few years later the citizens of London purchased from the Crown some of its landed estates, and in 1551 they purchased from Edward VI. the manor of Southwark, including the site of the hospital, which was then enlarged to accommodate 300 beds, and reopened a year later as "the King's Hospital." The wards were named Isaac, Jacob, Job, Tobiah, Noah, Jonah, King, Abraham, Lazarus, and Susannah. Just before his death Edward VI.

incorporated by charter the Lord Mayor and Corporation of the City in succession as perpetual governors of the Royal Hospitals, and St. Thomas was re-named, this time its dedication being to St. Thomas the Apostle, and the King liberally endowed it.

The hospital was furnished by benevolent citizens, their gifts including straw mattresses, leather beds, sheets, blankets, linen, and clothes for the inmates who were at that time chiefly wounded soldiers home from the wars in France, as well as the halt, the blind, and the maimed.

## Reflections.

## FROM A BOARD ROOM MIRROR.

The King has granted his patronage to the Miller General Hospital for South-east London.

The King has appointed Colonel Sir H. Perrott Secretary-General of the Order of St. John of Jerusalem in England, in place of Colonel Sir H. Jekyll, who has been promoted to Chancellor. His Majesty has appointed Mr. W. R. Edwards Secretary of the Order.

Lord Claud Hamilton, M.P., the High Steward of the Borough, last Saturday opened at Yarmouth the King Edward Children's Ward, which has been added to the Hospital in that town as a memorial to his late Majesty. The foundation-stone was laid by King Edward when he was Prince of Wales, 23 years ago.

As a memorial to King Edward VII. Dr. J. H. Bartlett, President and Consulting Physician of the East Suffolk Hospital at Ipswich, has forwarded to the Committee of Management a cheque for £1,000 in endowment of a bed.

The treasurer of the Bristol General Hospital has received from Mrs. William Proctor Baker a cheque for £5,000, a portion of a promised gift of £10,000, to provide a new ward to be dedicated to the memory of her late husband, who was chairman of the institution, and under whose guidance the hospital made marked progress. Mrs. Baker was once Lord Mayor of Bristol. Mrs. Baker has also made a gift of £10,000 to the Sanatorium for Consumptives at Winsley, near Bath, £8,000 to clear off a mortgage on the building, and the remaining £2,000 to provide additional accommodation for the staff and increase the number of beds for patients.

On the 23rd ult. The Allan A. Ryan Home Hospital for Consumption, Pigeon House Road, Dublin, was opened by his Excellency Lord Aberdeen. This Hospital is due to the generosity of an American-Irishman, who offered to Lady Aberdeen the necessary funds to start and equip it. It is for the more advanced cases of tuberculosis. It is a real "Home" Hospital, being most tastefully and comfortably furnished. Nothing seems to have been forgotten that could in any way conduce to the welfare of the poor people suffering from this depressing illness. Lord Lansdale has given four shelters for those who are able to take advantage of them. The whole place is very up-to-date, and should prove an immense boon to the City of Dublin, as except the Union Infirmary, it has no Hospital for the treatment of advanced cases of tuberculosis.

The following night a most successful ball was held in the Rotunda Ballroom in aid of the funds of the Women's National Health Association for Ireland. It was very largely attended, a great number of visitors who were over for the Horse Show being present.

## Outside the Gates.

## WOMEN.



A very interesting Conference on Infantile Mortality was held last week in Dublin under the auspices of the Dublin Branch of the Women's National Health Association of Ireland under the presidency of the Countess of Aberdeen, President of the Association, and many interesting meetings took place.

Lady Aberdeen said that, though the infantile death-rate in Ireland was considerably lower than in England or Scotland, yet in the towns the death-rate was high. In England the average infantile death-rate was 126 per 1,000, in Scotland 146, and in Ireland 92, but it was considerably higher in the large cities, being 141 per 1,000 in the first year of life in Dublin, in Belfast 139, and in Cork 126. The medical profession considered that the rate from preventable causes should not exceed 40 per 1,000.

The Corporation of Dublin had just adopted the Notification of Births Act, and were now considering a scheme to make this Act effective through their Health Visitors, aided by voluntary workers. The Association desired to put itself at the disposition of the public authorities in this matter, so that it might prepare to train voluntary workers, who would be ready to act under the official health visitors and medical officers in this all important work of visiting the mothers as soon as possible after the birth of the children, and voluntary workers were needed, prepared to act under orders.

The Conference was reported at length in the *Irish Times*, and our account is compiled from this and other sources of information in Ireland.

## MRS. BERTRAND RUSSELL.

The Hon. Mrs. Bertrand Russell, one of the founders of the St. Pancras School for Mothers, then addressed the meeting, and said that the question of the health of infants was brought into prominence at the time of the South African War, when from 40-60 per cent. of the young men who wished to become soldiers were rejected on account of their health. The Commission concerned with this question found that the key to the situation was the delicacy of infants and the deficient knowledge of the mothers. The mothers in this country had not proper education for their duties. Unlike men, women did not get technical training. Most women, rich or poor, entered on the sacred duties of motherhood with practically no sort of preparation. That did not matter so much in the case of women who were well off, and who could employ the services of a highly scientific nurse, and who could engage a skilled doctor when the child was sick. In the case of poor women, who could not employ skilled assistance, the neglect of that education was found to have had a very bad effect on the health of the children. The infantile mortality rate was as high as it was 70 years ago. Moreover, whenever the death rate was high, the marriage rate

was also found to be high, and wherever a child died the other brothers and sisters often grew up weak, and were found to be unable to take part in the struggle of life, and to fill, in later life, the hospitals, asylums, and prisons: for a great deal of wickedness was, no doubt, caused through their not being able to take care of their health. It would be thought that there would now be a school, and she ventured to say that if women had their proper political position that would long ago have been taken up. The speaker then gave an interesting account of the St. Pancras School for Mothers.

#### LADY PLUNKET.

The next speaker was Lady Plunket, who said she was very pleased to have the opportunity of placing before the Association the methods New Zealand had adopted to fight against the appalling and unnecessary death-rate amongst infants, of the means which were being taken to build up the constitutions of those babies, who for different reasons had been deprived of their proper rights to nature's food—those ill-fed weaklings who were supposed to have been born with unhealthy hereditary tendencies, and who seemed on the verge of death, but who, as a matter of fact, struggled on to maturity and swelled the crowd of the unfit, filling the hospitals and charitable institutions. The pioneer in the defence of the infants in New Zealand was Dr. Truby King, an eminent nerve specialist. Dr. King threw himself enthusiastically into the fray, and by means of lectures, speeches, newspaper articles, pamphlets scattered broadcast, he brought before the people of the Dominion that the percentage of infant mortality in New Zealand (as in all civilised countries) was absolutely undeniably, and could, with comparative ease, be enormously reduced. He brought before his hearers and readers the now well known and admitted fact that nearly every baby was born healthy and normal, that the deterioration, so constantly observed during the first months of life, was simply due to incorrect feeding, gross ignorance, want of fresh air, unsuitable clothing, neglect, and dirt, and the predominant cause of mortality amongst infants could, in practically all cases, be traced to digestive troubles.

#### THE FIRST BATTLE.

The first battle he had to fight was to persuade mothers that a life had been placed in their hands, and that it was in their power to cripple or to do justice to it, that they had no right to bring a child into the world, and then intentionally or through ill-will or forethought to deprive it of its birthright, Nature's food. Where artificial feeding was absolutely necessary Dr. King pointed out that the only reasonable substitute for maternal food was cow's milk accurately modified to give a composition as nearly as possible identical with that of mother's milk. The greatest difficulty he and the Society that was founded had had to face was the universal notion that a "mother's instinct" would teach her how to rear her child, and that tallacious plea had hastened the death of many millions of babies. Dr. King summarised this fallacy in these words:

"Instinct becomes weaker and weaker as civilisa-

tion increases, being replaced in mankind by the higher power of understanding and reasoning. The maternal instinct is not even a sufficient guide for the mother who nurses her baby, and it is no guide at all to those who resort to bottle-feeding."

#### INFANTS' HOSPITAL.

After a short time Dr. King, backed up by his friends, succeeded in starting a small hospital for babies, which was now known far beyond the shores of New Zealand as the Karitani Infant's Hospital. Percentage feeding, modified cow's milk, fresh air, and constant attention had taken the place of patent foods, milk and barley water, bread and milk and tea—a most popular diet. The curtailed cuts and the binders had no place; the babies slept practically all day and all night in the open air, quite regardless of the thermometer registering several degrees of frost. The results had been wonderful. In the first two years about 100 babies were admitted at the last gasp, four of whom only died. The hospital soon became overcrowded, and as many cases could be treated at their own homes, one of the nurses was sent out to attend and to advise the mothers.

#### BABIES' NURSES.

Shortly after this a public meeting was held in Wellington to establish a similar babies' nurse to work in that city. It was on this occasion she (Lady Plunket) had the privilege of meeting Dr. Truby King, and, hearing him lecture, she was deeply interested and truly horrified to realise all the crimes she had committed quite unwittingly in her own nursery on her own children. Like many others who heard Dr. King, she felt she must help him in his great crusade. After much consideration they decided that to make any distinct effect on the infant death-rate mothers of all classes must be educated, and that the simplest plan would be to train hospital and maternity nurses at the Karitani Hospital, and then place them all over the country as teachers and friends to the mothers and babies, supplanting the neighbour, with her very well meant, but so frequently disastrous, advice.

#### POSITION OF THE NURSES.

In planning the campaign two most important questions arose. The first was how to make certain that the nurse would be welcomed by the mothers. This possible difficulty was avoided by one of the few rules for the nurses being that no Plunket nurse should undertake a case unless invited to do so by the mother. The second question was whether some doctors might not view the nurses' work as an interference on a slight upon themselves. Accordingly the rule was made that no Plunket nurse was to visit a case which a doctor was attending unless sent for by him, and that she must carry out his orders implicitly, even when they appeared to contradict her Karitani training. In such cases the nurses were expected to use great tact. They always found that between the nurse's special knowledge regarding infant feeding and the doctor's general knowledge of health a satisfactory treatment was arrived at. Having formulated their general scheme and rules, they had to consider ways and means. It was never their intention that the Society should be a charity, its objects being

mainly of an educative character, and just as much required by the well-to-do as the humblest mother. But they recognised that to insure the nurses being generally taken advantage of they must give their services free. It was, therefore, decided that the necessary funds should be collected mainly by memberships of 5s. a year, and that the Government should be asked for State help, which was granted, the Government giving pound for pound collected up to a certain figure.

#### HOW A NURSE IS ESTABLISHED.

A large meeting was held in Auckland; the movement and the scheme were explained, and sufficient funds were promised. A Committee, mainly of ladies, and an Advisory Board, chiefly of doctors, were constituted. A suitable and fully qualified nurse was then chosen, and sent down to Karitani for her three months' training. At the end of her course she had to pass a very stiff examination upon the general care of infants, and particularly upon the percentage and caloric nature of all sorts of foods intended for them. She had to write out prescriptions to meet the caloric needs of different babies, and had to be capable of calculating the percentage of protein, fat, carbohydrates in mixtures made with whole milk, skimmed milk, and all patent foods, gruels, etc. Having satisfied the authorities, she returned to Auckland, where she was provided with an office to meet the mothers and weigh the babies, a telephone, bicycle, and the freedom of the electric trams. A leading dairy there gave the Society and nurse every possible facility for carrying out all the necessary milk prescriptions. At present there are two Plunket nurses in Auckland hard at work, and two women in the dairy fully occupied preparing the prescriptions and despatching them in carts to be delivered at the doors of the different cases. The first year the Auckland nurse attended 500 babies, one death recorded, and that was meningitis. There are at present 14 Plunket nurses in New Zealand, each nurse probably attending an average of 350 babies. In no less than 21 newspapers in New Zealand a column entitled "Our Babies" is published every Saturday evening. This article is edited by Mrs. Truly King, who works as hard as her husband in this life-saving movement. Such was the work which the Society for the Health of Women and Children was engaged upon in New Zealand. It had saved many hundred infants' lives; it had relieved much suffering and anxiety; above all, it had impressed upon the parents of the coming generation that the whole life of their children must invariably be affected by the wise or foolish treatment they received during the first eighteen months of their existence.

Miss M. McNoll, Hon. Secretary, then gave an interesting report of the work carried on by the Pastourised Milk Dose and Infant Mortality Committee in Dublin, and Sir John Byers, out an account of the Babies' Club in Davis Street, Belfast, the first opened in Ireland.

Dr. Stafford, Local Government Board Inspector, in moving a vote of thanks, said that municipal and domestic cleanliness was the beginning and end of the whole matter.

## Book of the Week.

### THE DOCTOR'S LASS.\*

This is a long, closely-written book, but not one line too long. One guesses each page as it is turned. Any student of Mr. George Meredith will at once recognise the school in which the author learnt his peculiar style, but its affections in no way detract from its charm, and are handled in a manner that would not disgrace the great master himself. Here is a specimen:

"Her tears . . . . . Aye! her tears were drops of holy water even when they asperged passion and lay on angelic lashes. And her name! That brief monosyllable of mere domestic utility, like a milk-jug with not even a blue border round it; a title to be listed with kitchen necessities—how dear it became in usage.

"Jane . . . . . Jane . . . . .

"Say it over softly a number of times and see how beautiful it can become. As prim as a kitchen clock; as brief as an oyster that slips down, unegay, in one syllable, as cool as clockwork; a little demure it may be, like mush—but, oh! so charming when it rustles and is stirred by girlish animation, and it becomes wayward and alive.

"And when it is associated by a hundred ties with beggar-my-neighbour and dominoes, and gardening, and drives, and long walks, and good-nights and good-mornings, and shan'ts and don't cares, and do you love me's . . . . . then . . . . . then what a name! A name so dear that the Doctor cannot dismiss it; cannot bid in his wavering heart to buy a box for it and send it away to school, packed up with grammars and tears and a new cake."

The Doctor, still a young man, had adopted the motherless child of a woman who, in former years, had jilted him for another lover. The memory of his illustrious predecessor, Dr. Dendy, still held sway in the minds of the simple Northumbrian villagers, and they yield scant confidence to mere modern science.

"When and Doctor looked at ye," says legend, "ye knowed very well summat would 'a to gie way. Lawks! but he could see summat down your throat wif ye eye, ye may depend!"

"If Doctor gobbit shook his head," says testimony, "it was owered wif ye. Yan toter shake was eent."

"Aye," corroborates the earlier, "he just nodd van wag at his head at bottom of Tom Johnston's stairs and Tom was dead by two next morning. As big and strong a man, as oxblood and wish to see."

Still, in spite of all, he wins his way, and his little ward grows into a beautiful and wayward girl, with the result that she becomes the very centre of his being. The flow tides when she asks his sanction for her engagement to a pompous young clergyman.

Berkley was coming to-morrow to see him, to scorch the mud brand into his shrinking flesh. Berkley had offered to break the news himself, Jane had said; but she had wished to have the joy of

\* By Edward L. Beale. Grant Richards, London.

telling dear Humphy just in her own sweet way. Thereat she kissed him passionately three times, and fell suddenly a weeping over him with her face against his, telling him he was the dearest Humphy in the world, and he must promise to love Berkeley."

"It is your happiness, Jane," he told her, "you must surely know there can be no one in the world more glad than I."

That was the last and best he could do. He kissed her and turned to the lamp."

We are delighted therefore at the close of the book to hear her say: "Humphy, after all there is no one I care for like you. . . . You can never be too old for me. If you care for me now that Berkeley has cast me aside. . . . I think this is what I prayed for last night, Humphy."

He drew her hands and pressed them to his breast.

"God bless you."

We could quote many an amusing passage from the old Vicar's intimation for his numerous nephews and his garden to the complete submerging of his parochial duties.

"They admire without walking on its velvet texture of the green lawn that the Vicar nurses like a child, with Chinese umbrellas to keep the sun from its tender places at mid-day, and waters by countless buckets at nights, with the assistance of his maids. It is the lawn that so astonished the Archbishop when he came ten years ago to consecrate the patchpine pew."

The said lawn, his own creation, being in a sad state when he first came to the living, so that he said of his predecessor: "Poor fellow, he's dead and gone; but he didn't seem to have the slightest vocation for a vicar."

"The Doctor's Lass" is a masterpiece.

H. H.

## Coming Events.

CONGRESS OF THE ROYAL SANITARY INSTITUTE. ROYAL PAVILION, BRISTOL, SEPTEMBER 5th-10th.

### Principal Events.

September 5th. Reception of Members and Delegates by the Worshipful the Mayor. 1 p.m.

Opening of the Health Exhibition in the Dome by the Worshipful the Mayor. 3 p.m.

Inaugural Address to the Congress by the Hon. Sir John A. Cockburn, K.C.M.G., M.D. 8 p.m.

September 6th. Conference. 10 a.m.

Lecture to the Congress by Dr. Arthur Newsholm, F.R.C.P. "The National Importance of Child Mortality." 8 p.m.

September 7th. Conference. 10 a.m.

Conversazione and Reception at the invitation of the Worshipful the Mayor. 8 p.m.

September 8th. Conference. 10 a.m.

September 9th. Conference. 10 a.m.

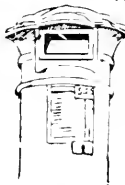
Closed Meeting. 1.30 p.m.

Garden Party. 3.30 p.m.

Popular Lecture by Dr. Alex. Hill, M.D., F.R.C.S., J.P., on "The Bricks with which the Body is Built." 8 p.m.

September 10th. Excursions.

## 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 FIRST CARAVAN OF THE WOMEN'S IMPERIAL HEALTH ASSOCIATION To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I read with great interest your account of the ceremony of inauguration of the first caravan despatched on tour by the Women's Imperial Health Association of Great Britain, and feel sure that every trained nurse will wish it well on its mission. The maintenance of health is one of the most important problems for the individual, and for the nation, which is, it is to be feared, for the most part in gross darkness, in spite of the fact that all children now come under the influence of the Board of Education.

Even that Department is only learning slowly that to cultivate the brains of the children in the schools throughout the country, and to ignore the physical necessities of their growing bodies is both futile and cruel, and that time is well spent in instruction in such subjects as will help boys and girls to discharge the duties of every day life, and to be good husbands and wives when they grow to adult life. Surely it is not too much to ask that domestic economy should be one of the subjects in which every girl is instructed. To know how to cook and sew, how to wash and dress a baby, what it should and should not be fed upon, the necessity for a pure milk supply, and for strict cleanliness of all vessels with which it comes in contact, will be of more value to a girl in her future life than a smattering of subjects, probably forgotten as soon as she leaves school.

We exclaim at the dense ignorance of mothers, yet at whose door should we lay that ignorance? Most mothers are painfully anxious to do their best for their children, witness the success of "Schools for Mothers" when started. But such schools are poor makeshifts at best. The knowledge imparted there ought to have been acquired before girls become mothers at all, not at the expense of their first born, as many a tiny grave bears witness. It is our system of education which is at fault, a fact which, I am glad to note, the London County Council is beginning to apprehend, and the instruction now given in its schools in practical catering and cooking for working class families should do something towards improving the stamina of the nation.

I am, Dear Madam,

Yours faithfully,

DORIS L. NURSE.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii

# The Midwife.

## Ophthalmia Neonatorum as a Cause of Blindness.

Miss Caroline C. van Blarecom, graduate of the Johns Hopkins Hospital, Baltimore, U.S.A., writing in the *American Journal of Nursing on Ophthalmia Neonatorum*, says in part:

During a recent visit to one of the large State schools for the blind, I was much attracted by a beautiful little girl who was groping her way through the kindergarten room, halls, and dormitory with her sightless companions. I made some enquiry as to her history, and the cause of her being in that school, and learned that she was the only child of a young widow who, when she lost her husband, undertook to support and educate this child after she became blind, struggling at the same time to resign herself to what she considered one of the inevitable decrees of fate.

It was the old sad story. The child's eyes became red and swollen during early infancy, and the mother was told that "all babies have sore eyes," that "cold in the eyes was natural," etc. The eyes grew rapidly worse, corneal involvement took place and total blindness, which might have been prevented, was the result. The mother's counsellors assured her that this was the will of God, and must be accepted.

Now, however, this mother knows the truth, and realises that her infant lost her sight as a result of a preventable, curable, infectious disease—ophthalmia neonatorum, and as she looks into the sightless eyes of this innocent sufferer, she appreciates the full force of the words,

Or all sad words of tongue or pen,

The saddest are these: "It might have been!"

In this case the single sin of omission resulted in the saddening of two lives.

That is one case of blindness from ophthalmia neonatorum, and there are in the United States of America alone, at a conservative estimate, between six and seven thousand persons totally blind from the same cause. Seven thousand persons handicapped, blighted, deprived of the keen joy which comes through visual perceptions. Blind as a result of ignorance and neglect.

This disease, leaving darkness in its wake, is not confined to any locality or country, but is a world-wide plague. Quoting from Dr. Julien Gehring,

"According to the Royal Commission for the Blind, the statistics demonstrated that 71.99 per cent. of all who became blind in the first year of life it was caused by ophthalmia neonatorum, e.g., of 10,000 children under five years of age, 128 were blind as a result of this form of conjunctivitis. Ophthalmia neonatorum claims 26 per cent. of the blind in Switzerland, and in the United Kingdom 7,000 persons have lost their sight from the same cause. Magnus, of Breslau, says that fully one-third of the blind in institutions are blind from ophthalmia neonatorum, while Bourdau forcibly exclaims that purulent ophthalmia neonatorum is alone responsible for nearly one-third of all blindness, and that it has placed in the care of Europe about 100,000 victims. This is equivalent to 100 regiments. In the last Republican parade there were 72,000 men and it took more than five hours for this parade to pass a given point. Now add 28,000 men to this number, and you will get an idea of the army of blind in Europe."

Since from 60 per cent. to 80 per cent. of the cases of ophthalmia neonatorum are caused by the *micrococcus gonorrhoeae*, isolated by Neisser in 1879, the ultimate cause of this disease is frequently to be found in the social diseases, though inflammation of the eyes of the newborn may be caused by the Koch-Weeks bacillus, Klebs-Löffler bacillus, *B. coli communis*, *streptococcus*, *staphylococcus pyogenes albus* and *aureus*, *micrococcus luteus*, etc.

The immediate cause is usually the introduction of infective material into the eyes of infants at the time of birth. I say usually, since Stephenson reports 90 cases in which children were born with ophthalmia neonatorum well developed, and children have been born with eyes partially destroyed, demonstrating prenatal infection, while one case, reported by Feis, was born with cornea destroyed and irides prolapsed.

Commonly, however, the infection occurs at birth, and the disease runs a rapid course, fatal to sight, unless prompt and efficient treatment is given.

In 1881, Prof. Crede, of Leipsic, Director of the Maternity Hospital connected with the University, conferred upon all future generations a service the value of which can never be estimated. He announced that the instillation of silver nitrate solution into the eyes of all new-born infants would prevent ophthalmia neonatorum. Think of what that means!

If only a simple remedy be employed skilfully at the right time, hundreds of thousands, even millions, of babies may come into their just inheritance of God-given sight, instead of being blind for life.

How incredible does it seem that in spite of this discovery nearly thirty years ago, 44 per cent. of the children admitted to one school last year were victims of ophthalmia neonatorum.

What a paradox in this age of preventive medicine!

Prof. Crede outlined his treatment as follows: Immediately after birth the child's eyes should be wiped with clean swabs or wipes wet with boric acid solution, stroking from the nose outward, followed by a single drop of a 2 per cent. solution of silver nitrate, dropped into each eye from the end of a glass rod,  $\frac{3}{4}$  in. in diameter.

There is a reason for each detail—the silver solution is practically a specific in this disease, a glass rod may be easily and satisfactorily sterilised, and but a single drop may be dropped at a time from the end, while the diameter stipulated gives a drop of fluid of the desired size. It is required that the solution be dropped *into the eye*, thus insuring its contact with the delicate conjunctival membranes, which are fertile soil for the infecting organisms. So important is the technique of applying this treatment that, in the opinion of Dr. Edgar, when ophthalmia neonatorum develops after the use of nitrate of silver at birth, it is due either to a secondary infection or to the fact that the solution does not really bathe the mucous membrane, but remains upon the lashes.

If the disease develop, the clinical picture is characteristic, and the disease is comparatively easily recognised on the second or third day after infection takes place. Billard's Sign, a narrow transverse line in the centre of the lid, is an early symptom. Subsequently, the lids become red and puffy, and a slimy liquid oozes out, and, as the disease progresses, a purulent discharge is emitted from between their margins. If treatment is begun early, before corneal involvement takes place, the eyes may be saved, but too much stress cannot be laid upon the imperative necessity for prompt action. The infection is virulent and progresses with such rapidity that each hour of delay increases the danger of ultimate blindness.

Only an ophthalmologist should be entrusted with such a case.

The recommended treatment varies, but usually involves the employment of irrigations or drops at frequent intervals, sometimes every fifteen minutes, day and night, for weeks. As the

prescribed treatment must necessarily be executed with skill, it is obvious that hospital care is desirable for patients suffering from ophthalmia neonatorum.

Too much cannot be said relative to the importance of thorough work and gentle manipulations in executing the details of the prescribed treatment. Whatever the medicament may be, it should actually reach the conjunctivæ at each operation. Solutions should be luke-warm and either dropped from a blunt dropper or applied with absorbent cotton, and the *greatest* care taken that not even the slightest abrasion of the mucous membrane or bruising of surrounding tissues result, thus more than defeating the purpose of the treatment. Infective material, gaining entrance through an abrasion of the conjunctivæ, may bring about the utter destruction of an eye. The danger to the nurse herself in irrigating gonorrhoeal eyes is worthy of mention, since the fluid may spurt into her own eyes if other than the gentlest stream be used. Large protective spectacles are sometimes worn by the nurse to avoid this danger.

The use of a silver solution in the eyes at birth may give a false sense of security, for secondary infections may and do occur, with results quite as disastrous as those following infection at the time of birth. If the child has been surrounded by infective material during delivery, it follows that the bath water in which it is immersed, its clothes, the nurse's hands and apron, and the infant's own hands and nails may be the means of reinfecting its eyes.

We understand that at the Thirty-sixth Annual Congress of the Incorporated Sanitary Association of Scotland, which is being held in Elgin this week, a resolution is to be proposed as to the advisability of a Midwives' Bill for Scotland. It is evident that if the midwives in England and Ireland have legal status those in Scotland cannot be left behind. Moreover, in the interests of the lying-in mothers it is essential that evidence of having attained a definite standard of knowledge should be required of the women in Scotland assuming the responsible duties of a midwife even if it is "strictly limited to such knowledge as it would be dangerous for a midwife to lack," as is the case in this country.

The object to be aimed at is undoubtedly that the services of a medical practitioner, or a certified midwife, should be obtainable by every woman in her hour of need. Not only is it inhuman and unworthy of a civilised nation that any woman should be unable to obtain skilled assistance in childbirth, but from the national point of view it is very short-sighted policy. The loss of life and the permanent invalidism of many mothers owing to ignorant and unskilled attendance in labour, and during the lying-in period, are largely preventable, and ought to be prevented.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,171.

SATURDAY, SEPT 10, 1910

XLV.

## In Loving Memory.

THE FLORENCE NIGHTINGALE COLLEGE OF  
NURSES.  
A STATUE OF THE LADY WITH THE LAMP.

Various suggestions have been made for the erection of some permanent national memorial to Miss Florence Nightingale. It appears to us, therefore, to be advisable that the Nursing profession, which to a large extent she created, and in connection with which she will be forever remembered, should express its views with regard to some suitable commemoration of her commanding personality and genius.

There should be two distinct memorials to this very noble Lady. One should perpetuate to all time the memory of her glorious services to humanity; the other should indicate to posterity the profound reverence and affection felt for her by the trained nurses of the present day. It would, therefore, be right that the expense of founding the former memorial should be borne by the public at large; while the cost of the latter should be provided by the subscriptions of the Trained Nurses of the British Empire.

It must never be forgotten that Miss Nightingale by her writings, as well as by her practical work in the Crimea, and by her subsequent establishment of the Training School for Nurses at St. Thomas' Hospital, was the creator of modern trained nursing. She placed the education and work of the Nurse, for the first time, on a scientific basis. It may fairly be argued, therefore, that the most logical national memorial to her memory should be the establishment of a College of Nurses, which would develop and extend the system she founded, beyond the ordinary hospital training which has hitherto been the limit

of professional education, and thus provide for Nurses the same advanced and systematic professional teaching which a University provides for the general scholar. Such a College would certainly fill several gaps which at present exist in the Nursing curriculum. It could, for example, institute a preliminary examination in general educational subjects, and thus save individual Hospitals the necessity of testing the general knowledge of their applicants for training—a condition which, in too many instances, is now taken on trust. Such a College could, moreover, provide instruction in the preliminary scientific courses and practical nursing technique which the smaller hospitals at present are unable to give to their pupils; and certainly it could organise a system of post-graduate education which no hospital at present affords, but which, in the future, must undoubtedly be obtainable by those who desire to qualify themselves as hospital Matrons and Superintendents of a Nursing School, or of new branches of social reform and preventive nursing as required by progressive sociological conditions.

But such a College of Nurses as we have long advocated would require at least £50,000 for its establishment and proper endowment, and as it is an educational scheme of such vast possibilities for the benefit of the whole community, only the public at large can undertake its foundation.

In this connection, it is interesting to note that the first Isla Stewart Scholar has been compelled to go to New York in order to obtain the full post-graduate instruction in hospital and nursing school administration considered desirable, and for which there are no facilities at present in Europe.

The other suggestion which we would advance, is that the Nurses of the British

Empire should combine to erect a personal Memorial for themselves to Miss Nightingale; and this should take a concrete public form, and not, as some have already suggested, some object of benevolence or charity for individual nurses. In this connection we nurses long to give and not to take, and in this belief, we would suggest trained Nurses would most appropriately express their homage and their ardent admiration for her memory by subscribing to erect a statue of Miss Nightingale. This statue should undoubtedly be prominently placed in the Metropolis of the Empire, either, for instance, in Westminster Abbey, or, better still, on the vacant pedestal in Trafalgar Square, which, by a curious coincidence stands in the shadow of the House of the Royal College of Physicians, the most ancient corporation of the great profession with whom Miss Nightingale worked so loyally, and to forward whose work she has done such incalculable service.

## Medical Matters.

### FLIES AS CARRIERS OF DISEASE.

The *American Journal of Nursing* appeals to nurses to fight the dirty little house fly. Flies have been proven to be the carriers on their hairy legs and in their bodies of the bacilli of typhoid, cholera, tuberculosis, and certain forms of diphtheria. Under certain conditions they may aid in spreading small-pox, plague, trichinella, septicaemia, erysipelas, and leprosy, and play an important part in the mortality of bottle-fed babies. They breed by preference in horse manure, to a limited extent in cow manure, and in miscellaneous filth. One fly may deposit one hundred and twenty eggs; the young maggots hatch in less than twenty-four hours, completing their growth in from five to seven days. The life cycle is complete in from ten to fourteen days, and there may be ten or twelve generations in a season. Twelve hundred flies may be bred from one pound of manure. Fly specks have been found to contain the bacilli of cholera. Flies usually breed within from three to five hundred feet of the place where they are abundant. They do not breed in the dark.

Garbage and refuse receptacles should be tight and closely covered. Manure pits should be covered or emptied at least once a week, or the manure kept in dark, closely covered concrete pits. The old fashioned privy box

should be abolished when possible. It may be screened and used as an earth closet. We have seen this easily done by using the ashes from the kitchen stove in sufficient quantity to keep the pit dry and the contents covered; this also controls the odour that makes so many country yards offensive.

In the crusade against the common house-fly nurses will play an important part—preaching the gospel of screens and cleanliness, showing the ignorant and careless how to clean up the breeding places it near at hand, and how to protect the food, the baby, and the house from the invasion of those disease-carrying little legs and bodies.

### SPOTTED FEVER.

Dr. Reginald Farrer, who is investigating the outbreak of spotted fever on behalf of the Local Government Board, has not yet collected sufficient data on which to base his official report, but states that about three-quarters of the cases are of the type generally known as infantile paralysis, a mild form of the complaint occurring in young children. He deprecates the use of the term "spotted fever" in reference to the outbreak, since very few, if any, of the affected persons have shown any rash, and says it will be impossible without careful and bacteriological research to identify the organism which is at the bottom of the outbreak. Dr. Farrer points out that the disease is always present in a sporadic form in the country, occasionally assuming greater prevalence and severity, a circumstance not yet thoroughly understood, and he expresses the opinion that, in view of the special liability of young children to the infection, schools should be closed for the present. But the risks of general infection are so slight that it is neither necessary nor desirable to interfere with the ordinary business and pleasure of the neighbourhood.

### PARASITE OR CELL.

Medical science has spent many years and much labour in the vain effort to discover a parasite of cancer. Even recently it has been feared that cancer patients were a menace to their neighbours, and that the houses of cancer victims should be burned. But the experimental study of tumours has greatly strengthened the view that cancer is not a contagious disease, that its exciting cause cannot be a readily transmissible parasite, and that the long-looked-for cancer parasite is the cancer cell. The field of research has, therefore, been narrowly defined, and it is not likely that the enthusiastic search for a specific cancer parasite will soon again assume the dominant position it once occupied.

## Clinical Notes on Some Common Ailments.

BY A. KNIVETT GORDON, M.B.

### APPENDICITIS.

We now come to a disease which has of late years excited no little attention, partly because so much has been written about it—as befits a comparatively new disease—in medical literature, but mainly on account of its supposed increasing prevalence and the success which has attended its surgical treatment.

As a matter of fact, it is very doubtful whether the disease has really increased in frequency at all, if we remember that formerly the site of the trouble was never seen at all, because the patient's abdomen was not opened either before or after death, and the illness was generally thought to be due to inflammation of the bowels, and in the fatal cases death was usually caused by peritonitis. It is possible, however, that the modern habit—of American origin—of bolting the food, especially in the middle of the day, may be responsible for a slight real increase in the frequency of this malady.

Appendicitis, as its name implies, is an inflammation of the vermiform appendix, which is a little blind ended tube leading out of the caecum, which is the pouch at the commencement of the large intestine. In the vast majority of people this tube points upwards, not downwards, and its calibre is only that of a small quill or less, so that the old idea of appendicitis being due to cherry stones falling into the tube and blocking it up is no longer tenable, especially as the cherry stones were generally found on examination to be simply hard masses of dried faeces.

It is now considered probable that in the greater number of cases the inflammation is caused by an organism called the bacillus coli, which exists in large numbers inside in the contents of the intestine. There it is harmless, but when it enters the substance of the bowel it does a great deal of harm, and the theory is that in appendicitis the lining membrane of the appendix becomes irritated or scratched by some offending article of diet, and the B. Coli thus gains access to its interior.

The appendix then becomes inflamed and the B. Coli grow, multiply, and produce toxins or poisonous bodies, which find their way into the blood stream and give rise to the general illness with which the patient is attacked. The results of the inflammation of the appendix itself are worth studying in detail, because they afford the clue to the otherwise

rather perplexing train of symptoms which occur in the course of the disease. In reality the process is easily intelligible if we remember where the appendix is situated, and also what happens in inflammation generally.

With regard to the anatomy of the appendix, the important point is to remember that it is covered—though not always completely—with peritoneum, the thin membrane that invests the greater part of the rest of the intestines, so that when it is attacked by inflammation the trouble is not confined to the appendix itself, but very soon spreads to surrounding peritoneum, or, in other words, every attack of appendicitis is one of—real or potential—peritonitis also.

The process of inflammation is essentially the same whatever part of the body is attacked, but it varies very much in intensity not only in the appendices of different people, but in different attacks of inflammation of the same appendix. Thus it may be so slight as to cause little more than a slight reddening and swelling of the appendix, which passes off in a few days; or, on the other hand, it may be of a gangrenous type and be fatal in a few hours.

Putting the anatomical and pathological factors together, we can see that what happens is that the appendix first becomes swollen, and the organisms grow and multiply in its substance, and the process then either goes on to the formation of matter (pus) or it does not. In the latter case the inflammation subsides in due course, and except for the fact that some adhesions are formed between the peritoneum over the appendix and that covering other coils of intestine or the abdominal wall, no great harm is done. But if matter forms, what happens to the patient depends mainly on the rapidity of the process. Sometimes perforation of the appendix occurs very quickly, and the abscess thus bursts into the general peritoneal cavity, and the patient dies unless the surgical treatment is very prompt and skilful, but, as a rule, before much pus has formed the inflamed peritoneum has had time to adhere to the abdominal wall or to coils of intestine, and the site of the disease is shut off from the general cavity, and a localised abscess results. Then the pus, if it is not evacuated by the surgeon, bursts into the bowel, or sometimes externally if the barrier of adhesions is adequately firm, or if the pressure is too great the protecting dam may give way and an avalanche of pus descend into the peritoneal cavity, with a rapidly fatal termination for the patient. We have, then, three stages in appendicitis—the first, in which

there is an inflamed appendix with no adhesions at all; a second, in which the adhesions are being formed, but are soft and easily torn; and a third, in which they have become a firm protecting wall.

*Once appendicitis, always appendicitis*, for the disease, so long as the appendix is there, is very prone to recur again and again.

So much for the pathology of the condition. When we come to the patient, however, we are met with the difficulty that the symptoms do not altogether correspond to these stages, and it is in practice often very difficult to say what is happening inside at the site of the disease.

At the onset, the patient will be found to have pain in the right side of the abdomen, with some tenderness on pressure over the appendix, and there will also be some rigidity of the muscle of the abdominal wall in the same situation; later on, if the inflammatory mass is fairly large, it may be felt by gentle handling or by examination by the rectum, though it is not usually possible to tell whether pus is present or not by local palpation. Owing to the formation and absorption of poisonous products, there will be headache, shivering, and a rise of temperature; sometimes, though not always, the presence of pus may be suggested by the occurrence of rigors, with rapidly fluctuating temperature. Usually there is vomiting and constipation, though in some cases diarrhoea occurs.

What we want to know in any given case is what sort of resistance the patient is making to the disease, and here the best guide is the condition of the pulse, for as long as this is fairly slow and strong we may usually conclude that the resistance is adequate; sometimes help may also be obtained by counting the number of white blood corpuscles in a drop of blood obtained from a finger prick. If these are more numerous than normal it signifies that the resistance is fairly good, and if they are in great excess, that pus is being formed, which is probably fairly well shut off, though it does not do to dogmatise too much from this sign. When general peritonitis occurs, there will usually be prostration, general abdominal pain and vomiting, with a quick, small pulse and general abdominal distension.

Coming now to the treatment of the disease, it is obvious that surgical methods must be in our minds from the first, but it is most important to remember that they must be applied with discrimination. If we see a case at the onset, or, let us say, within the first forty-eight hours in the average case, most authorities are now agreed that the abdomen should be opened and the appendix removed. This is

advisable for two reasons—firstly, because in any given case we do not know that the appendix is not going to perforate, or that the pus is not going to burst later on into some undesirable place; also, even if a first attack subsides, it will almost certainly be followed by another, and this may take place where surgical treatment is not at once available.

Similarly, later on, when pus has been formed and the signs point to the existence of a fairly tough barrier of adhesions round it, it is also agreed that operation should be performed for the opening of the abscess, though not necessarily at that time for the removal of the appendix; on this latter point opinions differ, some surgeons preferring to remove the offending member when the patient is up and about and in good health.

But in the intermediate stage, when the adhesions are soft and the peritoneum angry and inflamed, it is undoubtedly best to wait and watch; if signs of perforation occur, operation must be performed as an alternative to the certain death of the patient; but if pus forms and becomes shut off, the outlook for the patient is very much better if the abscess be then opened than with a laparotomy when the adhesions are so soft that infection of the general peritoneal cavity is almost certain to result from the inevitable handling to which the parts are subjected. If the attack subsides without suppuration, the appendix can subsequently be removed in a quiet interval with a very slight risk indeed.

Consequently we treat a patient in the intermediate stage by complete rest, fluid diet, and ice bags, or possibly warm fomentations to the abdomen, and we deal with the constipation by gentle enema. If the pain is very severe, we relieve it preferably by phenacetin or some allied drug, for it must be remembered that opium may so mask the symptoms that we may fail to detect the occurrence of a subsequent perforation; it has also the disadvantage of increasing abdominal distension when it exists. The nursing of these "intermediate" cases must be conducted with a cat-like watchfulness for any change in the aspect of the patient, or rise in the pulse rate or diminishing mobility of the abdominal wall, any one of which signs demand the presence of a surgeon forthwith. Fortunately the reproach that cases of appendicitis are divided by the physicians into those that are not bad enough for surgery and those that are too bad is fast dying away, and nowadays most cases are rightly considered to be surgical from the first and, indeed, until the offending appendix and the patient have parted company altogether.

## The First Isla Stewart Scholar.

The portrait which we present of Miss M. S. Rundle, the first "Isla Stewart" scholar, must be of interest to every nurse, especially to those trained at St. Bartholomew's Hospital, as we all realise her appointment as such, to be an important link in the chain of thorough and efficient nursing education. Thoroughness and efficiency have for the past thirty years been the aim of nursing administration at "Bart's," and are inseparably associated with the work of our dear Isla Stewart, herself so practically perfect and sympathetic in attendance on the sick.

Miss Rundle warmly appreciates the honour the League has conferred upon her, in selecting her as its representative scholar, and we learn that she may expect a very cordial welcome from Professor Adelaide Nutting, of Teachers' College, Columbia University, New York, and the American Nursing World at large.

Miss Rundle will reside at Whittier Hall, in connection with Teachers' College, which is a very handsome building. Every room is outside and entirely light, and the arrangement is such that they may be rented singly or in suites of two or three.

The arrangements are most comfortable. There is a complete elevator system, and shower, needle, and tub baths. The public parlours and reception rooms are on the main floor, and there are also small parlours on each of the sleeping floors. The main dining-rooms and restaurant are on the top floor, and command wide outlooks over the city and the North and East Rivers. A House Mother is in residence, who is accessible to the students at all times, who apparently have a most delightful time. Miss Rundle will leave London for Liverpool on Wednesday, 14th inst., and will cross the Atlantic on the *Baltic*, which sails on the 17th inst., arriving in New York on the 25th September, just in time for the opening of the autumn session at Teachers' College. Miss Rundle starts from England with the heartiest good wishes from all her League colleagues, on her honourable educational mission, which we hope may bear fruit a thousand-fold at home and abroad in the near future.

## The Nurse as Patriot.

### THE ESTABLISHMENT OF A MILITARY NURSING SERVICE IN FRANCE.

By Miss C. ELSTON.

*Directrice Ecole des Gardes-Malades de l'Hôpital du Tondu, Bordeaux, France.*

A little while ago I was listening to a description of some recently discovered caves near Bordeaux. The work of studying the prehistoric drawings and unearthing the flints offered many difficulties. It struck me forcibly that it instead of the word "caves" I put the word "nursing" I was face to face with the obstacle in the way of nursing reform in France to-day.

Individual efforts have opened up different branches of nursing, but there yet remains to be found some great intellectual sunlight to transform the aspect of nursing in general; someone with sufficient energy and means to scrape away the superficial deposit of recent years (not to say the whitewash), and to clear away centuries of dust which hide away treasures said to be non-existent in France.

Military nursing has just aroused public interest in that country, and I propose giving

you a short sketch of the movement, pointing out the facts which strike an English observer.

For some few years the staff of the greater number of military hospitals has been entirely composed of men. The departments previously managed by women little by little gave less satisfaction in men's hands. Moreover, surgical nursing is now a science exacting attention to detail which the soldier-nurse, by calling a blacksmith, bookbinder, bank clerk, etc., fails to appreciate. A soldier who serves his two years in a hospital is looked upon as a lucky fellow having nothing to do, and getting off fatigue duty as a matter of course—the poor patients being "une quantité négligeable."

At last the War Office could no longer remain indifferent to the many complaints of neglect notified either directly to head-quarters or indirectly from private sources.



Miss M. S. RUNDLE,  
The First Isla Stewart Scholar.

\* Presented to the International Congress of Nurses, London, 1909.

During 1907 the Minister of War, Monsieur Etienne, aided by Monsieur Chéron, the Under-Secretary of State, so well known for his surprise visits to barracks and hospitals, made personal investigations.

The *Caducée*, the Army medical paper, voiced many of the complaints, and suggested as a remedy that skilled nursing should be provided for the soldiers.

At the end of the year a notice was published that a competitive examination for the admission of nurses to the Army nursing staff would be held on February 15th, 1908, at the Val de Grâce, Paris; candidates to send in their applications on or before January 15th, 1908. All candidates were to be of French nationality, between 21 and 25 years of age, holders of a nursing certificate from a training school recognised by Government, a birth certificate, and a copy of the "casse judiciaire" were to be produced in every case. The written and *pratique* examinations were to include surgical and medical nursing, dispensing, bandaging, application of splints, and a knowledge of drugs and instruments.

The successful candidates were to be admitted on probation for one year, with a salary of £32 with board and £14 in lieu of lodging. At the end of the first year they would be either dismissed or appointed to the regular staff as third class nurses with a salary of £11 13s. 7d.; the third year as second class nurses at £15 16s.; and the next, or fourth year, as first class nurses at £50, with whatever the rank, £14 in lieu of lodging.

A fortnight was too short a notice for numbers of candidates to obtain the necessary papers, so the War Office decided to keep the list open until March 15th, postponing the examination until April 1st. At the same time the clause making women of over 25 years of age ineligible was struck out.

The examination proved to be very popular.

The War Office received 421 applications, of which 321 were rejected owing to their papers not being in order, leaving 97 to compete.

The following certificates were produced by candidates:

- 68 from the Assistance Publique de Paris,
- 15 from the Red Cross Societies,
- 5 from the Bordeaux Schools,
- 1 from Nîmes,
- 3 from Clermont-Ferrand,
- 1 from Havre,
- 1 from Lyon,
- 1 from Angers.

When the list was closed on March 15th, notice was given that an examination would be held in the provinces for candidates not

living in Paris. Unfortunately the good news came too late. Many possible candidates had been deterred, not only because of the time a journey to Paris necessitated, but chiefly because the traditions of the country, although greatly changed within the last few years, do not generally allow a young girl to stay alone in Paris without a chaperone—an extra expense which the family might naturally refuse to incur. It must be understood that, as a rule, girls do not travel alone in France as they often do in England.

The 1st of April arrived, and the number of candidates who passed was 29 out of 97 who went up for the examination.

The proportion of candidates who passed was 100 per cent. for Bordeaux and not quite 25 per cent. for other parts of France.

The War Office wrote to the successful candidates asking them if they would be ready to take up their duties on June 10th. Most of the nurses were ready, only waiting for instructions fixing the hour and even minute of their arrival.

Their ideal of military promptness was, alas, destined to take a modified form. Days and weeks went by. June 10th came; no news from the War Office. Letters addressed to headquarters remained unanswered. Weeks and months slipped by, until November 1908, when awaiting candidates were informed that their admission depended on the Budget!

The nurses were in the same dilemma. Some had already given up all hope of getting on the Army Nursing Staff and had taken up other work. The rest wondered whether they should do likewise. Fortunately, the Senate and Chamber of Deputies voted the necessary sum for sixty military nurses.

In December, 1908, the candidates were asked to choose out of Paris and 14 provincial towns where they would like to work.

On January 1st, 1909, France opened again the doors of her military hospitals to women. God speed and good luck to them.

Having given bare facts, I will now analyse the evolution of the Army Nurse.

Army nursing reform is one of the results of the many changes which have taken place since the Franco-Prussian War.

The political parties of that time were: on the one side the Republican striving for progress and on the other the Royalist clinging to tradition.

The laicisation of the Paris hospitals was one of the first blows dealt by the new Government to the old *régime*.

The Republic has separated itself from the

Church, which has come to join the Royalists, composed chiefly of the nobility whose calling *par excellence* is the Army.

The Army now admits that the care of the sick is not the monopoly of the nurse—one of the traditions in France which will die slowly.

(To be concluded.)

## Progress of State Registration.

The Hon. Albion Brodriek replies in *Nursing Notes* to a very illogical and intolerant criticism of her arresting article, "Thou Shalt do no Murder," which appeared in the July number of the *Fortnightly Review*. We write illogically, because *Nursing Notes*, which is the organ of the Midwives' Institute, to which the credit of midwives' registration is due, has always been unsound on the question of State Registration (educational organisation of Trained Nurses).

The Editor of *Nursing Notes*, in annotating Miss Brodriek's letter, states "that while *Nursing Notes* is the official organ of the Midwives' Institute . . . as a journal it is entirely independent in its views and editorial comments on current topics."

"It is regrettable," writes Miss Brodriek, "that the reviewer should impute to me a motive in writing the article which is totally at variance with the actual one. My deep conviction of the needs of my profession and the danger to which the public are exposed were the origin of the article. Destruction is worthless; without some scheme of construction, and I voiced the opinion of the great majority of thoughtful and intellectual nurses. I do not speak for England alone—in applying the remedy of Registration and a Central Examination."

"It is regrettable that your reviewer's intelligence did not permit her to note that my criticisms, each one carefully weighed, are directed against the *system* which permits such terrible occurrences as those enumerated, and not, as I expressly took occasion to note, against my profession."

"The object of all training is, to my mind, twofold—to form habits and to impart knowledge—the failure of the nurse in all the cases noted was in the *habit and practice of her profession*—not simply "in gentleness and goodness," or in carefulness. A *habit* of truthfulness, of putting away lotions when a delirious patient was in the ward, of thinking first of her patient under all circumstances, of leaving no dangerous instrument within reach of a suicidal maniac, of strict asepsis—this is that in which the nurse was lacking. And these habits should form a part of the elementary training of her profession. So also should ethics—which, properly taught, as in France and the United States, should make most of the cases cited impossible. Had these nurses then known 'the elements of their profession,' these preventable deaths would not have occurred."

Nurses, being guardians of the public health, cannot, where the health of the nation is at stake, be dealt with as individuals. Neither can doctors, chemists, or midwives. Their existence, if not legalised and supervised, is a standing menace to the public. Why recognise this in all professions except that of Nursing? The position is unreasonable. How narrow is the point of view which will permit the health of the race to be sacrificed to the fancied interests of the individual. We, of the broader school, who for many years past have been educating both professional and public opinion in the matter, cannot but view with deep sorrow the writing in a journal such as that of the Institute of so prejudiced, so narrow-minded, and so reactionary a paper."

## Scottish Matrons' Association.

The quarterly meeting of the above Association was held on August 27th, at the Royal Infirmary, Glasgow. Miss Gill, President, was in the chair. There were thirty members present. A resolution was passed expressing a deep sense of the great loss sustained by the nursing world in the death of Miss Florence Nightingale. A wreath in name of the Association had been sent to the funeral. A resolution was also passed recording an expression of deep regret at the loss sustained by the association and the nursing profession by the death of one of the Vice-Presidents, Miss Duff, late Matron of the Royal Infirmary, Dundee. An expression of sympathy was conveyed to her relatives. There were three new members elected.

The next meeting was arranged to be held in Edinburgh on December 3rd, and it was decided that week-end hospitality should be offered to members from a distance.

After the meeting Miss Melrose very kindly provided tea for the members, afterwards personally conducting them through the beautiful new wards, nurses' home, laundry, etc. This proved a great attraction, and added greatly to the pleasure of the day.

## The Passing Bell.

The staff of the Sussex County Hospital, Brighton, has sustained a sad loss by the death of Nurse Cooke-Yarborough, after a short illness. The funeral took place on the 2nd inst., the first part of the service being held in the Hospital Chapel, the Rev. W. H. Orton (Chaplain) officiating. The service, which was choral, was attended by the doctors, sisters, and nurses. As the coffin was borne out the nurses lined the steps and placed lovely floral tributes on it. It was inscribed "Nora Gladys Cooke-Yarborough, died 30th August, 1910, aged 25." The interment took place in the Extra Mural Cemetery. Miss Cooke-Yarborough, who was very highly esteemed by all at the hospital, was a native of Boston, Lines.

## The Irish Nursing World.

We greatly regret to learn from Miss Workman, the Hon. Secretary, that the Nurses' Club Room in Belfast was closed on 1st September owing to want of funds. This Club was associated with the Ulster Branch of the Irish Nurses' Association. The lectures and social evenings, which are greatly appreciated, will be held during the coming autumn and winter, the latter in the Deaf and Dumb Institute in College Square.

Nurses of all women are the least clubbable, and the reason is not far to seek. The long hours of work in the wards and the lack of private rooms in the majority of Nurses' Homes, make many nurses long for mental rest. They do not want to touch hospital and nursing interests when off duty. Complete change of environment is the first necessity to relieve the mental strain of nursing—a strain the physical exhaustion of which is seldom realised to its full extent. When off duty, to be out of doors in all weathers, and to get into some home in touch with commonplace domesticity, with friends, animals, or a book, is what the majority of nurses love, and, when the tates are propitious, a chance of listening to music or seeing a play is a sure antidote to brain and heart strain inseparable from true nursing. Clubs for nurses have been tried on several occasions and found wanting; all the same, they have their uses, and it is no doubt disappointing to those who have given so much time and work to organising that in Belfast to see it closed.

The Reports of the Irish Nurses' Association and the Irish Matrons' Association, 1909-1910, have just been issued a little late owing to official changes. The Executive Committee are pleased to state that the Irish Nurses' Association, founded ten years ago by a few Matrons as a Club, has now grown to be a strong and useful organisation. During the year 532 new members have joined, making a total of 789 names on the roll, and the Committee point out that at this critical time in the history of nursing organisation, when State Registration is a question of practical politics, it is the duty of nurses to combine to make the Association as representative as possible, in order that they may form part of the Central Registration Committee, and, by assuming responsibility, guard their interests and that of the profession generally. The report alludes to the immensely beneficial result of co-operation, as evidenced by the great educational and social success of the Interna-

tional Congress of Nurses in London last year; and Irish nurses evidently intend to do their part to be well represented at the coming Congress in Cologne in 1912.

The Irish Matrons' Association continues to form a useful link between the heads of the training schools in Dublin. It is doing good, steady work, and several questions have been discussed by its members during the past year in friendly consultation, which is the very best way of making harmonious progress towards professional ideals. English, Scottish, and Irish Matrons are now associated in professional councils; some day, no doubt, they will affiliate, each maintaining their distinctive national characteristics whilst combining for consultative purposes where standards of nursing are concerned. Matrons are such busy women, such co-operation would be most helpful to those who are anxious to avail themselves of the experience of others.

### SUTTON HOLIDAY HOME AND PREVENTORIUM

The Women's National Health Association of Ireland held the first annual meeting of this Home on August 31st. In the active crusade which is going on against tuberculosis, this holiday home is, perhaps the greatest help of any.

A disused coastguard station on the Hill of Howth, near Dublin, was taken over a year ago, for the purpose of giving those who have been in contact with tuberculosis, or who are in a delicate or debilitated state of health, and so liable to fall victims to illness of any kind, a few weeks in pure fresh air, with a good wholesome and generous diet and plenty of amusement. The little cottages are all nicely furnished, each inmate having a single bedroom, while there is one common dining room and sitting room. It was furnished and started through the kindness of Irish friends in the City of Boston, Mass., who gave the Countess of Aberdeen, during her visit there last year, the necessary funds. A trained nurse belonging to the Q.V.J.I. is in charge, and two doctors in Howth act as hon. physicians. During the year 125 persons have been received as inmates, ranging in age from a baby of 5 weeks to an old man of over 100. All have gone back to their homes refreshed and invigorated, and in most cases the Home has proved a real "Preventorium," as the patient would, without doubt, have succumbed to illness, but for its timely help. There is no danger to residents in the district, as no one suffering from illness is admitted, no case is admitted without strict investigation. This first Home has proved such a boon that it is hoped to establish others all

round the coast of Ireland. A large number of medical men came from Dublin to this first annual meeting, and one and all were loud in their praises of the Women's National Health Association for starting this most useful branch of work.

#### GORDON BABIES' HOME, DUBLIN.

A second Babies' Club was opened on September 1st, at 19, Upper Claustrall Street. Her Excellency Lady Aberdeen paid an informal visit. There was a good show of babies, and the weighing under the superintendence of Dr. Dunne, with a trained nurse to assist, went on for about an hour. Afterwards there was tea and a quiet talk with the mothers. These clubs are proving of great assistance to mothers, especially to young inexperienced women, who know very little as to how a baby should be fed and clothed.

### The National Council of Nurses.

The annual meeting of the National Council of Nurses will be held early in November. It is hoped that it will be strengthened by the addition of several new societies of nurses. The year 1910 has been a time of sorrow and mourning for nurses, death having taken three of our greatest and much beloved leaders from us. Nevertheless the duty of those who remain is plain. We have all the more to do, and we must do it cheerfully.

### League News.

#### THE INFIRMARY, KINGSTON-ON-THAMES.

On Thursday, September 1st, the annual League meeting and Garden Party was held in the grounds of the above Infirmary. The guests were welcomed by the President, Miss Smith, Matron of the Infirmary, and the weather was exceptionally fine, giving visitors and staff an excellent opportunity of enjoying a game of tennis. As evening fell, the grounds were very prettily illuminated. Evergreen arches were erected and festooned with hundreds of twinkling lights, giving the lawn and gardens a very fairylike appearance. Many of the visitors left about 7 o'clock. The remainder took supper with the staff and afterwards joined very enthusiastically in a dance. A whist drive was also indulged in, at the conclusion of which prizes were given to the successful competitors, causing much amusement. During the afternoon a band played selections from various operas, and also dance music during the evening. It was gratifying to see that one and all joined so heartily in the function. Many of the old nurses were present;

some travelling long distances to catch a glimpse of their old training school. Numerous letters and telegrams conveying good wishes were received from those less fortunate who were unable to be present.

### Practical Points.

#### Nutrient Suppositories.

*The Interstate Medical Journal*, quoting from a German contemporary, says:—

The comparative uselessness of nutritive enemata has led Boas to suggest replacing them by nutritive suppositories, consisting of crystallized egg albumin, dextrin, salt and cocoa-butter. If these suppositories are made two and a-half inches long and half an inch in diameter, they will contain a little over 16 calories. Four or five of these suppositories can readily be introduced daily, so that the patient receives some 230 calories. This, of course, does not represent a sufficient nourishment, but it is greatly superior to anything that can be attained by means of nutritive enemata. In addition, the necessary water must be supplied by means of two saline enemata daily of a pint each. The suppositories are well tolerated and represent a distinct advance in rectal alimentation. Both crystallized egg albumin and dextrin are readily obtainable from dealers in chemical supplies.

#### Underclothing.

With regard to the under-clothing that should be worn by rheumatic individuals, Dr. Luff writes in the *Lancet*:—"I must confess that I am a convert to the view that porous linen underwear is the most suitable. It allows of the free evaporation of perspiration and so prevents a more or less sodden garment from remaining in contact with the skin, which so frequently happens with those who wear woollen underclothing. I am convinced that in the latter case such sodden garments are a frequent cause of many of the forms of chronic rheumatism. Some individuals find that in winter linen underwear is too cold, and in such cases a thin silk vest may be worn over the linen. This will be found to constitute a thoroughly warm, comfortable, and safe form of underwear."

#### Ingrown toe-nails.

A small piece of cotton saturated with a solution of potassium hydroxide, one ounce, in four ounces of water, and pressed gently in between the upper surface of the nail and the mass of tender granulation tissue, is being recommended by a well-known medical man, says *Una*, for the treatment of ingrowing nails. The alkali soon permeates the substance of the nail without irritating the sore, but to be effective the cotton must be kept constantly moist. The softened part of the nail is to be carefully wiped off every morning. In a few days the nail will have become sufficiently thin and soft to be cut away without pain. The applications must, however, be continued until all granulations disappear, and until healing is well under way.

## The St. Margaret Invalid Lifter.

One of the most interesting exhibits at the recent Exhibition at the Imperial Institute, during the annual meeting of the British Medical Association, was the "St. Margaret Invalid Lifter," as used at the Johns Hopkins Hospital, Baltimore, and which has just been introduced into this country by Messrs. Allen and Hanburys, Ltd. The Lifter is made on the principle of a crane, and it is claimed that by its means the patient may be handled without discomfort, and nurses are saved physical strain. In addition to being a lifter, it is also a means of conveyance, enabling the patient to be moved with ease and comfort to any part of the hospital or home. It can also be used to raise a helpless patient from the bed while the mattress is being turned, to lower a typhoid patient into a bath, to move a patient from his bed to a couch, and for other purposes.

The stretcher upon which the patient rests is made of bands of webbing crossed at right angles to one another, and is attached to cross bars fastened to the upper arm of the lifter. It is easily manipulated, and should be of special service in incurable homes, where the nursing of heavy and helpless patients is a constant strain upon the nurses. In hospitals and infirmaries this lifter should certainly be stocked where it would soon be known as the nurse's friend. In private homes its cost, unless it can be hired, would probably prohibit its use in cases of short duration, except for the rich.

### HOSPITAL FOR THE MIDDLE CLASS.

Miss R. V. Gill, secretary of the Women's Imperial Health Association of Great Britain, states that the association have for some time been considering the advisability of erecting a Hospital for the Middle Classes who are unable to pay the ordinary fees charged at private nursing institutions.

## Foods as Medicines.

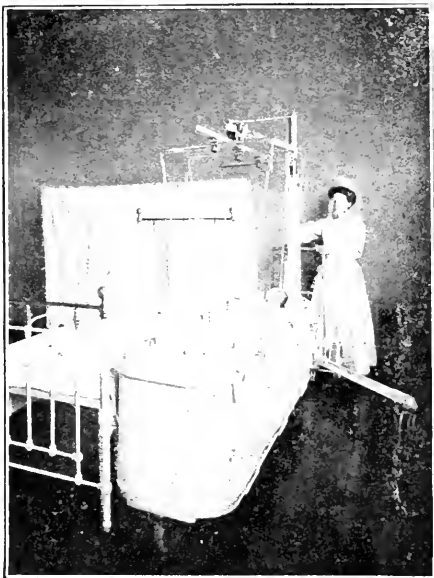
Mr. Andrew Wilson, writing in the *Illustrated London News*, says that it is a very quaint and charming study which takes us by the hand and leads us into the green pastures of the folk lore of plants. Things interesting and instructive are found on every hand, and the wisdom of ancient and mediæval science is distilled forth from every page devoted to the history of plant fare regarded from a medicinal point of view. Very powerful principles lie stored up in plant cells, ranging from the grateful lavender to the virulent atropin and digitalin.

Many of the plants we eat really represent agents of medicinal value. Most of us swallow things by faith, use, and wont, and not according to knowledge of what we eat, and hence arise the many groanings and lamentations over disordered interiors. Not that we know much about the medicinal action of plants consumed as food. On the contrary, it is a topic, this, which can bear much research and exploitation. Thus asparagus is said to be a kidney stimulant, and to exercise a soothing influence on the heart; in Russia it is taken to arrest bleeding, and in France a syrup of the plant is given as a remedy for rheumatism. Onions boiled and taken at night are recommended for sleeplessness, and also,

as they contain sulphur, they are commended as an article of diet in skin troubles. The cabbage and cress tribes are anti-scorbutic, the lettuce contains opium, and one professor claims that fresh lemon juice taken daily will prolong life.

### AN INTERNATIONAL HOSPITAL.

An International Hospital is now open in Adana, Turkey—the only one (except a hospital for Turkish soldiers) in a district having a population of 70,000. The nurses are mainly English, and it will be a great relief to the friends of young men working there to have them well cared for in sickness.



The St. Margaret Invalid Lifter.

## Appointments.

### MATRONS.

**Royal Albert Hospital and Eye Infirmary, Devonport.** Miss Gladys F. Knox has been appointed Matron. She was trained at the Royal Devon and Exeter Hospital, Exeter, and has held successively and very successfully the positions of Sister, Night Superintendent, and Assistant Matron at that important county hospital. We are always pleased to chronicle the promotion of ladies trained in representative country training schools, where excellent experience is to be obtained in practical nursing and hospital management. It encourages the managers and matrons of such hospitals to keep nursing standards up to date.

### NIGHT SISTER.

**Isolation Hospital, Warrington.**—Miss S. A. Kaye has been appointed Night Sister. She was trained at the General Infirmary, Halifax, and the Fever Hospital, Bolton. She has also held the position of Ward Sister at the Huddersfield Sanatorium.

### CHARGE NURSE.

**Hartlepool Hospital.**—Miss Ethel Lawson has been appointed Charge Nurse. She was trained at the Royal Hospital, Sheffield, and has since been Staff Nurse, and has taken Sister's duties in the same institution.

### SUPERINTENDENT NURSE.

**Upper Edmonton Workhouse.**—Miss Gwendoline Williams has been appointed Superintendent Nurse. She was trained at the West Ham Union Infirmary, where she was Staff Nurse. She has also held the posts of Charge Nurse at the Fever Hospital, Sittingbourne, and Night Sister and Ward Sister at the Newport Union Infirmary, Monmouthshire.

### HEALTH VISITOR AND SCHOOL NURSE.

**Urban District Council, Bilston.**—Miss K. Weller has been appointed Health Visitor and School Nurse. She is at present working in Oldham.

### SECRETARY.

**West London Hospital.**—Mr. Grey Hazlerigg has been appointed to the position of Secretary at the West London Hospital, Hammersmith Road, W.

### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Edith F. Hall, to Birmingham (Summer Hill Road); Miss Margaret Edwards, to Morthyr; Miss Mary Lovell, to Tipton; Miss Florence Finnis, to Hayward's Heath; Miss Sarah Morris, to North Wales Nursing Association, as Superintendent; Miss Ada E. Elliott, to High Wycombe, from Brighton; Miss Lily Fenton, to Coln St. Aldwyn; Miss Florence Meader, to Brierley Hill, from Carlisle; Miss Adelaide Sprout, to Nailsworth; Miss Elizabeth Jack, to Winterton; Miss Mildred Dunn, to Pembroke Dock.

### WEDDING BELLS.

The marriage of Engineer Lieutenant W. H. Mitchell and Miss Mabel Elizabeth Martin took place at St. Peter's Church, Southsea, on the 1st inst. They were the recipients of many handsome presents. The honeymoon is being spent in Paris and Lucerne.

## Nursing Echoes.



One good result of the general unrest amongst the nursing staff at St. Bartholomew's Hospital is the desire for work elsewhere. Thus should the experienced Sisters offer themselves in the future for posts of responsibility more readily than has been the custom in the past, it will have a beneficial effect upon other schools. The old happy home-like régime has been rudely shattered, and a change of scene is imperative for those who cannot submit to changes of fortune.

The new Matron, Miss MacKintosh, enters upon her duties on the 22nd inst. For the future the Matron's House is to be an entirely private residence, as it should be. The custom in the past of utilising the ground floor rooms as offices and dining room made privacy for the Matron very difficult. The Matron's office will now be in the Home. We often find greater consideration for the comfort of a new official, than for that of those who have borne the heat and burden of the day, or why should all the very necessary structural improvements now found necessary in the Matron's house not have been made before? The expenditure in fresh paint in the Nurses' Home has also been overlong delayed. The unsate condition of the tenements so used will, we hope, be kept prominently before the public. The excuse, "only the nurses," has reflected boundless discredit on the authorities and medical staff for years past.

After Rip van Winkian slumbers the visiting staff are beginning to make enquiries as to the status and training of, and rules for, the appointment of Sisters. They appear very simple. The Sisters are appointed by the Treasurer along with "the Bath man and other inferior servants." There is no rule that they should be trained nurses, so that there is no reason why two years' trained women from outside should not be appointed Sisters, as well as Matron and Superintendent of Nursing. This possibility appears unpalatable to the visiting staff. Why? Their representatives have voted for the principle of deprecating the status of the Nursing Staff and the standard of their training, and if Lord Southurst chooses to place semi-trained outsiders in the wards, the medical staff have no logical right of complaint.

We are glad to learn that the request by the Senior Physician that the Sister of one of his wards should postpone her resignation for a time, has been courteously and firmly refused. This lady, whose devoted services to the patient, and as a teacher of nursing have been invaluable, will be a very great loss to the hospital. Such personalities — strong and sweet — are rare.

Liverpool is to have its own permanent memorial of Miss Florence Nightingale. It is proposed to enlarge and develop the work of the Liverpool District Nursing Association. The Association was formed with Miss Nightingale's advice and help, and was always an object in which she took the deepest interest. Many medical men and nurses in uniform attended the special service held in St. Peter's, Liverpool, in memory of the great founder of professional nursing on August 20th.

The Nurses' Missionary League is this week in camp at Mundesley-on-Sea, Norfolk. The party is housed as usual at Briarcliffe. The purpose of this meeting of nurses is two-fold, (1) To provide a holiday which will also be an opportunity of help and inspiration in the Christian life, and (2) to consider the work of the Nurses' Missionary League.

The Barnsley Nursing Association, which is associated with the Queen Victoria Jubilee-Institute, held a successful garden party and sale of work last week at the beautiful grounds attached to Dodworth Hall, Dodworth, through the kindness of the Rev. T. T. Taylor and Mrs. Taylor. Two nurses have during the past year been at work in Barnsley, and visited about 2,000 persons. The expenditure amounts to £200, and there is £15 short, which it is hoped will be realised.

The Council of the Edinburgh, Leith, and District Friendly Societies have received the following letter from the Princess Louise, Duchess of Argyll:—"I desire to thank the members of Edinburgh, Leith, and District Friendly Societies for their kind offer to make the Scottish Branch of Queen Victoria's Institute for providing trained nurses for the sick poor in their own homes, the object of their collection this year, and wish it most sincerely every success."

Her Royal Highness the Duchess of Connaught, recently a guest of the Earl of Wemyss at Gosford House, N.B., paid a surprise visit on Saturday last with Lady Wemyss to the beautiful Muirfield House Convalescent Home at Gullane, which is an invaluable branch of the

Royal Hospital for Sick Children at Edinburgh. The Duchess, who was received by the Sister-in-charge, Miss Hurlston, seemed charmed with the arrangements of the institution, watched the children have their tea and demolish their cookies with relish. She accepted a rose from a pretty little Jewess, Zena by name, and wrote her name in the visitors' book. Lady Wemyss takes a very kind personal interest in the children, who suffer many things with such wonderful patience and even gaiety of heart. What a blessing it would be if we could kidnap every child from unwholesome environment and give them all their rightful share of fresh air, good food, and happiness!

For some time past the nursing at the hospital at Lorient, one of the great French seaports in France, has been in a very unsatisfactory condition; the religious Sisters have been replaced by lay attendants, who, it is asserted by the *Catholic Times*, drank the wine provided for the patients and diluted that given to the sick with water; the patients' clothes were also stolen, and the nursing arrangements became such a scandal that the Government was forced to act, and M. Imbert, Inspector-General of the Ministry of the Interior, has held an enquiry. The result is that the Minister of Justice will institute a prosecution against the accountant, who will be charged in the Assize Court with falsification of his accounts; and the resignation of the entire Board of Administration, which is said to have shown the most culpable negligence in the control of the accounts and in the general management of the hospitals under its charge, is to be accepted.

Readers of this journal will learn with pleasure that in its troubles the Lorient Hospital looked to Bordeaux, where Dr. Anna Hamilton has initiated the modern system of nursing in connection with the Protestant Hospital, and encouraged educated girls to nurse the sick, who in their turn have gone out into the world as pioneers and instituted nursing reforms in other hospitals. It was in this hospital that Miss Elston first worked as Sister, and from which she was later appointed Directrice at Tondou Civil Hospital, Bordeaux, where her splendid work has gained recognition both from the Municipality and the State.

Miss Elston has now obtained some months leave of absence from the Tondou Hospital, and is going to Lorient to organise the nursing on a proper basis. Her colleagues in this country will wish her every success in this splendid piece of pioneer work for the sick.

Letters and papers prove that the Australasian nursing world has been widely interested by Miss Amy Hughes and Mr. Harold Boulton in Lady Dudley's District Bush Nursing Scheme, and it is hoped to secure sufficient funds to make a successful beginning. These two expert missionaries have addressed many meetings in Queensland and New South Wales, they have wisely enlisted the help of the powerful State Associations of Nurses, and have met in every way the suggestions of the Australasian Trained Nurses' Association with regard to the necessary training of the nurses being equal to their standards. Only such nurses as are registered members of the A.T.N.A. and the K.V.T.N.A. are to be accepted. In addition, it is proposed that one member of their State Councils shall be nominated by the A.T.N.A. in each State on to the Committee of the new scheme.

The nurses' official organ asks—will nurses be found in sufficient numbers who are willing to put aside the attractive city life of private nurses, where they can find more work than they can do, and where at the end of the year they can show a very substantial income for their work? Will nurses be found in sufficient numbers who are willing to undergo further study and training to fit themselves for the exigencies of a Bush Nurse? The *Australasian Trained Nurses' Journal* thinks they will, provided that there is at least no pecuniary loss by accepting such positions, not that it is meant to inter that nurses are mercenary, but they certainly should not be called upon to add philanthropy to their other necessary virtues.

Individual nurses will be found ready to sacrifice all—salary, amusement, comfort, and friendship, to carry on a work which appeals to them, but these are few, and the mission fields find most of them.

It is considered that a large endowment fund will be necessary to successfully launch and carry on the organisation on the lines suggested, but as a memorial to the best beloved of monarchs it will no doubt soon reach a sum sufficient to start the Bush Nursing on a limited scale.

We have no doubt that in time the supply of devoted women ready to undertake the arduous and lonely work will meet the need, and we heartily congratulate our colleagues in the great Commonwealth that there is to be no sham about the standard of nursing they are to offer to the sick in the Bush.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King has been pleased to become Patron of the General Hospital, Birmingham, and of Newcastle Royal Victoria Infirmary.

The King and Queen have become Patron and Patroness of the Royal Hospital for Incurables, Edinburgh.

The Queen has consented to become Patroness of St. John's Hospital for Diseases of the Skin, Leicester Square.

In the report just printed by the King Edward's Hospital Fund the hon. sec., Sir Savile Crossley, and Mr. F. M. Fry, give a lot of useful information about the cost of maintenance of London's ninety-nine hospitals—just one short of 100—in 1909. The secretaries point out that economies effected in management have effected a saving of £6,000.

The proposal to increase the number of Hon. Surgeons at the London Hospital has been met by disapprobation and opposition by the present visiting staff. But at the Quarterly Court held on the 7th inst., two surgeons and two assistant surgeons were elected. The present staff consists of seven surgeons and four assistants. Considering the enormous number of operations done in the theatres and out-patients' department, the additional assistance will no doubt be for the benefit of the patients.

We rather sympathise with the opinion of Major Ferguson, the Chairman of the Committee of the Cumberland Infirmary, at Carlisle, who, whilst deploring an increasing deficit, denied that there was any extravagance or any ground of complaint against the management, adding that Carlisle was crammed full of croakers, but as they did not subscribe they were of no value to the institution, and their grumblings were valueless.

The first Conference of the British Hospitals Association will be held in Glasgow on September 29th and 30th. Mr. Cosmo Benson, President of Guy's Hospital, is the President, and the objects of the organisation are (1) to facilitate the consideration and discussion of matters connected with hospital management, and where advisable to take measures to further the decisions arrived at; and (2) to afford opportunities for the acquisition of a knowledge of hospital administration, both lay and medical.

A Sub-committee of Directors of the Sick Children's Hospital, Aberdeen, has been formed to take immediate steps to consider and report as to the best methods to be adopted for the provision of a new hospital building, which has for some time been recognised as a pressing necessity. Excellent work has been accomplished in the existing hospital, but under very great difficulties. The beautiful Children's Hospital in Edinburgh, of which the managers are so justly proud, might well be taken as a model.

Steps are being taken for reconstructing and enlarging the Ulster Hospital for Women and Children, Belfast, at an estimated outlay of £10,000. The draft plans for the minimum requirements of the medical staff show a three-storey elevation with a single storey for the out-patients' department and a maternity ward.

It is said that the first hospital ever built in America was erected by the Spaniard Cortez in the city of Mexico in 1224. It was endowed out of the revenues obtained from the properties conferred on him by the Spanish Crown for his services in the conquest of Mexico. The endowment was so arranged that it still exists and is paid at the present day. A supervisor is named by the lineal descendant of Cortez at present. In this hospital women occupied positions as nurses and physicians, and in their care were all cases and obstetrics, and women's diseases.

## The Royal Sanitary Institute.

### CONGRESS AND HEALTH EXHIBITION AT BRIGHTON.

The Twenty-fifth Congress of the Royal Sanitary Institute was opened in the Royal Pavilion, Brighton, on Monday last, and meetings and excursions will be held throughout the week.

The opening of the important Health Exhibition in the Dome and Corn Exchange was performed by the Mayor.

At the Conference on Hygiene of Childhood and that of Women on Hygiene several questions of special interest to nurses will be discussed.

Amongst the exhibitors many firms well known to, and patronised by, nurses were well to the fore.

The Royal Society for Prevention of Cruelty to Animals showed humane instruments for use in slaughter-houses and knacker yards, together with pamphlets and plans with reference to the superiority of the public abattoir to private slaughter-houses.

Newton, Chambers, and Co., Ltd.—Here the well-known Izal preparations were on view. Izal Disinfectant Fluid, powder, soaps, medical, and hotel preparations.

Stall 35. The Executors of the late William Sharratt exhibited their Formaldehyde sprays, lamps, fumigator, and Tablets, "Karsone," "Rozene," and Carbolic Disinfectants.

Sonthall Bros. and Barclay, Ltd. (Stall 56) contained specimens of many of their invaluable sanitary towels. Originally patented by S. B. & B. in 1880, since improved, and now the most perfect towel on the market. Compressed towels, full-sized towels reduced by pressure, packed in tiny boxes. Night tidy, for night use; "Shieldette," containers for used towels, protective apron, emicole breast support for the nursing period, infants' knickerbockers, nursing aprons (waterproof, flannel, and combined), sanitary sheets of various sizes for accompaniment, obstetric binders, un-stretchable (stout and medium) flannel, shaped with buckles for fastening, mackintosh sheets, free from colour, and other practical appliances.

## The Hull Sanatorium Scandal.

The Hull Sanitary Committee have once again proved that they have no right to be trusted with the care of the sick, or responsible for the safety of innocent girls as nurses, and that it is high time the citizens of Hull took active measures to clear out the Augean stable known as the Hull Sanatorium.

Listen to this:

On Saturday last an important meeting of the Hull Sanitary Committee was held to consider the report of the Sub-Committee charged with the investigation of the administration of the Hull Sanatorium. The inquiry was rendered necessary by the proceedings in the Manchester Police Court against Dr. Alford G. P. Thomson, who was Medical Superintendent of the institution, and against whom an affiliation order was obtained by Nurse Shuttleworth.

Alderman Askew presided. A letter was read from Dr. Thompson tendering his resignation, and on his motion the resignation was accepted.

The report of the Sub-committee stated that Miss Butler, the Deputy Medical Officer, had been appointed to take charge of the Sanatorium for three months, and then proceeded to recommend that the Matron, Miss Duffy, who was relieved of her duties pending the inquiry, should now be asked to resume duty.

The Chairman, in moving the adoption of the report, said they had now to see how far the Matron was concerned in the allegations made against the resident medical superintendent. Very serious allegations had been made as to the Matron's connection with the painful business which necessitated an inquiry, and it was stated that among other things she had authorised some kind of an agreement with reference to the custody of an expected child of Nurse Shuttleworth. The document which was alleged to have been drawn up, however, had never been produced, and the Matron herself repudiated altogether such an agreement. He considered that the Matron ought to be believed, and there was not sufficient ground to justify the Committee in calling upon her to resign. He had received a petition from nurses at the Sanatorium which he considered it unwise for the nurses to have sent. The gist of the petition was that in their opinion Nurse Shuttleworth should not be called before the Sub-Committee.

Mr. Raine seconded the adoption of the report, and observed that he did not think there was sufficient proof of the suggested complicity between Miss Duffy and Dr. Thomson.

Dr. Robinson, a member of the Council, followed with a speech containing some startling statements. He said he took a serious view of the whole question. For years there had been lax administration at the Hull Corporation Hospitals. When the Matron took up duty at the Hull Sanatorium there were five single women nurses and domestics—pregnant there, and not a word of this was reported to the Chairman of the Hospital Sub-Committee. In the administration in many departments of the Corporation there was laxity. Another girl who

was pregnant during the time of the Matron was got away quietly. Two head officials at the Sanatorium were continually quarrelling, and proper administration could not be expected under such conditions. Serious statements had been made by people who had been nursing there as to the lack in quality and quantity of food for the nurses and the patients.

One nurse stated—and it was not seriously contradicted—that instead of the porter being called to take the corpse away when a death occurred, the nurses had to place it where they could until morning, and on one occasion a child was placed outside in a linen basket. Dr. Robinson averred that further evidence showed that the nurses were given food in bad condition, and had to eat it from crockery used by the patients. "Imagine," said the doctor, "nurses eating off crockery used by diphtheria patients." So bad was the food provided, they were told, that it was generally given to the cat. After the disclosures they had had he did not consider Miss Duffy had acted as she should have done in this affiliation case, and she should not be retained as the Matron of the institution.

Dr. Lilley (Chairman of the Hospital Sub-Committee) said the statements of Dr. Robinson had never come before the Committee.

Mr. Flanagan could not agree with the resolution that the Matron be asked to resume her duties.

Dr. Robinson moved, and Mr. Flanagan seconded, an amendment that the Matron, Miss Duffy, be asked to resign.

Dr. Lilley supported the resolution, and said he was certain that the statements made by Dr. Robinson were untrue.

Mr. North remarked that he hoped the Committee would not reinstate the Matron.

Ultimately the amendment that the Matron be asked to resign was defeated, and the report recommending that she be asked to resume her duties was adopted.

We hope the women of Hull will take public action in support of Dr. Robinson in his spirited demand for decency and discipline in the administration of the Hull Sanatorium. We commend this institution to the vigilant attention of the National Vigilance Association for the Suppression of Vice.

electric light in the ward when she poured out the draught. In reply to the Coroner, she said that the signs for a tablespoonful and a teaspoonful were much the same, and she mistook the sign on the card. In reading it she mistook the drachm sign for an ounce. Five minutes afterwards she discovered her mistake and called the doctor. The house physician said that the patient was suffering from Graves's disease and advanced consumption of both lungs. She had no symptoms of poisoning when he was called, and he could find no sign of morphia poisoning at the time of her death. She might have died at any moment from natural disease. He did not think that the morphia accelerated the death. Nurse Smalley, recalled, said, in reply to the foreman of the jury, that nurses were not trained as to the fatal doses of poisons: "they had to find out for themselves." The Coroner commented on the danger of having a number of closely written lines containing the names of several poisons on a bed card, and also on the danger of permitting hospital nurses to measure poisons with an ordinary glass marked for teaspoonfuls or tablespoonfuls. The jury found that the woman died from the effects of disease accelerated by the shock following the surgical treatment made necessary by the nurse's mistake. They recommended that directions for administering medicine should be written in plain English instead of "hieroglyphics."

We commend the Coroner for his remarks, but why did he not go further and recommend that systematic teaching in elementary therapeutics should be included in the nursing curriculum of every training school for nurses? Surely the time has gone past when nurses "have to find out for themselves" whether or no the drugs they are called upon to administer will poison a patient! And should it not be an invariable rule that minim doses should be measured in a minim glass. And surely the common signs of weights and measures cannot be described as "hieroglyphics." A mistake may be made, and we sympathise with a nurse who makes one, but in this instance it would appear as if the lack of systematic training was the primary cause of disaster.

## Coming Events.

CONGRESS OF THE ROYAL SANITARY INSTITUTE. ROYAL PAVILION, BRIGHTON, SEPTEMBER 5TH-10TH.

### Principal Events.

September 9th.—Conference, 10 a.m.

Closing Meeting, 1.30 p.m.

Garden Party, 3.30 p.m.

Popular Lecture by Dr. Alex. Hill, M.D., F.R.C.S., J.P., on "The Bricks with which the Body is Built," 8 p.m.

September 10th.—Excursions.

September 10th-11th.—Second International Congress on Occupational Diseases, Brussels.

October 10th.—Territorial Force Nursing Service, City and County of London. Reception at the Mansion House by invitation of the Lady Mayoress and the Members of the Executive Committee 8-10.30 p.m. Entertainment and music.

## Legal Matters.

There are several lessons to be learned from the evidence given before the Lambeth Coroner at an inquest on a poor patient, who through the error of a nurse received an overdose of morphia at St. Thomas's Hospital. As reported in the *Times*, Miss Bertha Smalley, nurse at the hospital, said that the woman came under her care. She produced a bed card, and stated that she was responsible for giving the liquor morphia hydrochloric sleeping draught mentioned on the card. She gave it from a medicine glass, which was marked for teaspoonfuls. For half-drachm she would measure half a teaspoonful. The morphia was of Pharmacopoeia strength, and was marked "Liquor morph." It was kept in a poison chest. There was an

## Outside the Gates.

### GIRLS' SOCIAL EDUCATION.

A very interesting paper on Girls' Social Education in Germany, by Dr. Alice Salomon, Director of the Social School for Women in Berlin, appears in last month's *Shunte*. Dr. Salomon writes that "In Germany we are slowly turning our attention away from the question of educating girls for the professions, back to the problem of preparing them for their sphere of usefulness in family life and of deciding which educational paths should be opened up for the mothers of the future. And this task now bears a new and deep significance. First of all, the women's movement had to fight for the right of 'male education,' for the throwing open of the 'higher education,' the classical schools, the Universities, the other technical institutions, and this was done in order to open up to girls the professional possibilities of which under the present economic conditions they stand in need. After having succeeded in this, the women of this country are free to give their attention to other educational needs. And now they cannot forget that only in exceptional cases is a woman's life entirely filled by her profession, that most women have two spheres of activity. They pass from their profession into the domestic circle, or—and this is the less pleasing case—their profession stands on the same footing as their marriage, and they are forced into carrying out their professional and their family duties at one and the same time." "It is an established fact that in general German women devote two-thirds of their period of activity to family duties, and only one-third to their profession." From this the demand for preparing the growing generation of girls for both occupations follows as an absolute necessity. It is not sufficient merely to fit them for a profession. They must also be capable of performing home and family duties.

"Some years ago, therefore, a social school for women was opened near Berlin, which attempts in a two years' course to combine the training of young girls for family duties and for social work. The lower class prepares the girls for their duties in family life, and therefore places educational subjects in the front rank of the course, supplementing them by practical teaching in kindergarten work, needlework, handicrafts, and domestic economy. Lessons in political economy and constitutional history provide an introduction to social problems. The Upper Class is intended to train the pupils for social work, to prepare girls for the tasks which await them nowadays in public life. It has always been an object of the women's movement to have public offices such as poor relief work, the care of orphans, School Board membership, and matters of guardianship, open to women. And now that this demand has been fulfilled and women's work is required in so many departments of public life, her interest and understanding for social tasks must be roused, and she must be equipped with the knowledge which she needs for the effective execution of her new duties.

"A woman's life is no longer entirely filled by home duties. Public life, too, has claims on the 'citizeness,' and the woman who follows no actual profession is doubly bound to fulfil these obligations. The instruction in the social-scientific branches, the training for work in poor relief, protection and care of children, working women's clubs, etc., is therefore intended to fit the pupils for fulfilling their duty to the community, either as voluntary helpers or as professional social workers. Besides the theory of education, hygiene, political economy, and constitutional history—the continuation of the Lower Course—the instruction includes civil law, social hygiene, the problems of social work, relief of the poor, and the protection and care of children. The plan is to show where the nation stands in need of woman's work and strength, that our time has its own problems to deal with, and that want and relief, hurt and healing, must be connected with each other.

The scheme has been very successful, and Dr. Salomon considers that the large attendance of pupils is a satisfactory proof that people nowadays are recognising more and more how necessary it is to prepare young girls for their family duties and for the new tasks which await them in public life; that girls under the conditions of our modern times must be trained to be "mothers" in the old, deep meaning of the word, to take an active part in the life of their own nation, and to extend their motherly care from the home to the community which stands so sorely in need of it. It is for these modern tasks that the new educational institution provides a modern training.

## Book of the Week.

### THE HEART OF MARYLEBONE.\*

The heroine in this story marries for the very original motive of providing herself with the necessary funds to have an operation (presumably for appendicitis) performed upon herself in a nursing home in Marylebone.

"I don't want to take you by surprise. I am afraid, Leila, you must think me very abrupt, but it does not seem abrupt to me. I wanted to ask if you would marry me. . . ."

"Harry, I can't," she exclaimed. "How can I think of marrying to-day? . . ."

As nothing else would suffice she told him all. She told him briefly what was wrong and what would be necessary to put her right. If anything was to be done she should be in the nursing home that night.

"But, of course, something must be done. Why, of course it must. Everything must be done, and it must be done at once."

"It can't," she observed, briefly.

Being a man, who shut his eyes to reality, he asked her why.

Leila's pale face grew a little pink. A poor man would never have asked the question; he

\* By Handyside. (Hutchinson and Co., London.)

would have known there is always one reason, and it is always the same.

Henry Palmerston, who never acted on impulse, and never did a foolish thing, suddenly made up his mind. He drew a chair close to the sofa on which she was sitting.

"There is only one thing to be done, Leila. . . . You must marry me this afternoon. There will be no question of means after that. The privilege of paying will then be my right."

"This afternoon!" she repeated. But, but, I ought to be in the home by half-past six."

"And so you shall be. I must get a special licence. I shall telephone to the House at once."

This is a quaint proceeding to say the least of it, but Henry, being nothing if not resolute, carries it through, and at the appointed hour she finds herself in the home with Henry's signet ring upon her third finger.

The greater portion of the book is occupied in describing life in a surgical home, and the authoress has an irritating habit of speaking of the nurses by their surnames without prefix, "Sister" Lister alone being paid this respect.

This marriage in haste at first does not promise well, and in her adieu to Sister Lister she admits—

"To-night the world appals me."

"There's so much in it," Sister Lister agreed.

"Don't ask me whether I have decided to go to Grosvenor Square or to Soham; people ask me nothing else all day long, and the truth of the matter is I don't want to go to either."

Sister Lister dropped her eyes again. "Don't be afraid. I am not going to ask; but if I were you I should go to Soham. . . . With many people marriage is only a half-way house. I couldn't live in a half-way house myself; I'd rather be homeless."

"I can't live there either." It was quite unnecessary to explain that the mansion of Soham was the house to which she referred.

Later, "she thought Soham was beautiful, but, like Grosvenor Square, it chilled her. It was a magnificent house, but it did not seem to be anyone's home."

She tells her maid: "It is so dreadfully quiet, Terry. I can hear everything." She could hear her own heart beating, and longed with a pang of homesickness for the roar of London that used to silence all these lesser sounds. Twice during the night Terry came in softly to see if she were sleeping.

"Terry," she whispered, "I want to go back; the world hurts me."

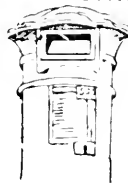
"Well, we can't go back to-night," Terry said, "and things always hurt less in the morning."

The second time Terry came her face was buried in the unbreathed pillow. She was weeping her heart out against the Palmerston monogram.

But though it all comes right in the end we think the moral is, that the nursing home was dear at the price, and the common or garden hospital would have saved a great deal of trouble. But then this book would never have been written.

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.*

### OUR GUINEA PRIZE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—Very many thanks for BRITISH JOURNAL OF NURSING announcing my gain of the "Guinea Puzzle Prize," which came as a delightful surprise to me.

I am, yours very truly,

E. SHARMAN.

The Infirmary, Wandsworth.

### THE NEW MIDWIVES BILL.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—May I, in the interests of tens of thousands of poor women, ask your readers' attention for the new Midwives' Bill, which the House of Lords has just passed, and which the House of Commons has now to consider?

When the police find a man urgently needing medical aid, owing to some accident or another, or to his own misconduct, they summon a doctor to attend to him. That doctor's fee is paid as a matter of course out of the police rate, and the man is not made liable to repay the amount.

When a woman has made the customary provision for her confinement by engaging a certified midwife, Parliament intervenes to compel that midwife, should any unforeseen dangerous emergency arise, to have a doctor sent for. Parliament made no provision as to that doctor's fee, but it is being paid, as a matter of fact, in Manchester and Liverpool, Cardiff, and St. Helens, by the Town Council out of the Public Health Rate; and all Rural and Urban District Councils have equal powers to make the payment. Sometimes the Board of Guardians will make the payment, and then the Relieving Officer is sent to make inquiries, though the Poor Law authority has no legal power to recover the amount.

Now the Bill which the House of Lords passed proposes by Clause 17 to put it upon the Board of Guardians, instead of the Town Council, in all cases to pay the doctor's fee out of the Poor Rate, although the payment has admittedly nothing to do with parochial relief, and is expressly declared to be not parochial relief. At the same time the unfortunate woman and her husband are, for the first time, to be made liable to repay whatever the Board of Guardians, under Local Government Board regulations, chooses to pay the doctor.

Here are two separate and distinct hardships to be inflicted on thousands of thrifty and hardworking women and their families, just in their hour of need. The first hardship is the importation into the matter of the machinery of the Poor Law, in-

stead of that of the public health authority. Probably the noble Lords do not see any difference. But many a worthy woman has a feeling of shame and indignity at having anything to do with the Poor Law and the Relieving Officer.

If the Board of Guardians, instead of the Town or County Council, is (for the first time) required to pay the doctor's fee, and to decide whether or not it will recover the amount from the patient, it will inevitably use the Poor Law machinery for this purpose—the visits of inquiry of the Relieving Officer, the summons to attend before the Board, and so on, just as if the matter were one of parochial relief. Indeed, the official argument used for the clause is that this use of the Relieving Officer affords the most convenient machinery for making the inquiries.

The Government has been warned by all those concerned, by the representatives of the Midwives' Institute, the Central Midwives' Board, the Society of Medical Officers of Health, the British Medical Association, the Municipal Corporations Association, such typical County Councils as those of Lancashire and Nottinghamshire, and such important Town Councils as that of Manchester, that to import the Board of Guardians into the delicate and difficult business of providing medical aid in these cases of emergency will, as a matter of fact, deter midwife and patient from calling in the doctor. Lord Sheffield and other noble lords expressly say that they hope it will have that effect!

The second hardship is the new financial burden which the Bill, for the first time, places on these unfortunate families. I see on reason why, when the State insists on the medical man being called in, on public health grounds, any repayment of the fee should be insisted on, and it is a distinct grievance that the liability will be, not to pay the modest fee which the doctor would have charged to the poor patient himself, but the one or two guineas which (quite rightly) the Local Government Board will fix as the sum that the doctor may charge to the Public Authority. But, even if it is thought that the Public Authority ought to be able to recover the amount, this is no reason for taking the duty out of the hands of the Public Health Authority and giving it to the Poor Law Authority. Neither has now the power to recover the fee. Either of them could be given that power if desired.

Can anything be done between now and the re-assembling of Parliament in November to prevent the House of Commons from passing Clause 17 of this Bill? I shall be glad if anyone willing to help, or desiring further particulars, will communicate with me.

I am, etc.

BEATRICE WHEAT (Mrs. Sidney Webb)

The National Committee for Prevention of  
Destitution.

37, Norfolk Street, Strand, W.C.

Nurses are fully aware how the deserving poor need representation. We hope those of our readers who realise the hardships to which Mrs. Sidney Webb alludes will write to any member of Parliament with whom they or their family are acquainted and ask them to oppose Clause 17 of the

Midwives' Bill as it stands. Lord Amptill took this course in the House of Lords but, unfortunately, his policy was not adopted.—Ed.]

#### THE NURSING OF MALE PATIENTS.

To the Editor of the "British Journal of Nursing."

DEAR EDITOR,—Having read in a recent number of the *BRITISH JOURNAL OF NURSING* your criticism of the remarks of Dr. Renshaw at the Catholic Congress in Leeds, I think it only fair to the Catholic body that you should see the enclosed extract from the *Universe and Catholic Weekly*.

I am, yours faithfully,

A CATHOLIC NURSE.

The extract is as follows:—

"It may be counted as one of life's little ironies that the things men say and do in their less wise moments are just the things which get embarrassing attention. Of the many papers read at the Catholic Congress at Leeds last week, none seems to have attracted so much notice as Dr. Renshaw's rather remarkable denunciation of lady doctors, female nurses for men, and women generally in these and similar spheres of life. The paper has caused a mild sensation in the North, space being devoted to it in the newspapers which its author must not mind it we say is out of all proportion to its worth. By this time we hope it has been made clear that in writing as he did, Dr. Renshaw was not only stating what was merely a personal opinion, but that the opinion is certainly not that of his co-religionists as a body, nor do we think there are many individual Catholics who share his view. A more characteristic expression of the Catholic attitude towards women in the healing professions was supplied at the great mass meeting in the Town Hall on Sunday afternoon, when one of the most applauded papers was that by a lady doctor, commenting her calling and recounting her experiences."

[It is impossible to believe that Dr. Renshaw's views are shared by many of his co-religionists.—Ed.]

#### JAPAN-BRITISH EXHIBITION AWARDS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—On the 9th July the name of our firm appeared in the List of Awards as the only recipients of the Grand Prix for Disinfectants, and we duly announced that fact by an advertisement in the columns of your journal. We now learn eight weeks after the original publication of the list that within the last few days a similar distinction has been conferred upon another firm of manufacturers, making our statement erroneous as at the present time. We now ask the courtesy of your columns to correct our statement, which was, of course, made in good faith, and in no sense intended to mislead.

Yours, etc.

For Jeyes' Sanitary Compounds, Co. Ltd.,

WM. SEAMER,

Secretary.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle-Prize will be found on Advertisement page xii.

## The Midwife.

### Labour in a Septate Uterus.

The development of the female genital organs is complex, and, to rightly understand it, embryology must be studied; some elementary knowledge is necessary to explain malformations of the uterus. In the early embryo a tube is formed upon either side of the body; these open anteriorly into the body cavity and posteriorly into the uro-genital sinus. Later two canals are formed from these tubes—the Müllerian ducts. By the eighth week, the inner walls of the lower ends fuse to form the uterus and vagina, the upper and divided portions opening into the pleuro-peritoneal cavity ultimately develop into the Fallopian tubes. A depression is at first present at the point of union; by the eight or ninth month this should have disappeared, and all trace of any septum between the two tubes should be

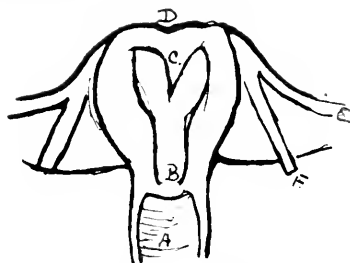


DIAGRAM (*Uterus Septus*).

A. VAGINA. B. CERVIX. C. SEPTUM.  
D. FUNDUS. E. FALLOPIAN TUBES.  
F. ROUND LIGAMENTS.

lost. If the septum persists in any degree, there results the double uterus, an organ with two sides or compartments—i.e., the two component parts have failed to fuse into one; there is no excessive formation, such as is implied by the term "double uterus." There may be two separate uteri, lying side by side—uterus didelphys—or the uterus may have approximately the same shape exteriorly, and the septum may simply divide the upper portion into two lobes or extend throughout the length of the uterine cavity and down the median line of the vagina (uterus et vagina duplex). Between these two extremes are many varieties to which different names have been given.

In the following case the septum was only present in part of the body of the uterus; fusion of the Müllerian ducts was far more advanced than in the bicornuate uterus proper, but the presence of the septum indicates that the fusion was incomplete. The fundus at term had a well marked depression in the centre, making it heart-shaped in form (uterus cordiformis). The diagnosis of this abnormality is usually made during an intrauterine exploration, such as is necessary in version or removal of the placenta and membranes. In cases in which menstruation occurs every fortnight or persists throughout pregnancy, the presence of a double uterus should be suspected; if the septum extends to the cervix, so that there is a double os, or the vagina is duplicated, the diagnosis of the condition is confirmed.

The following obstetrical history illustrates some interesting points in the clinical phenomena which may accompany labour where the uterus has a partial septum. The patient, Mrs. D., had a normal menstrual history; the onset of the periods occurred at the age of 14; they continued regularly every 28 days; the loss was somewhat profuse, the flow lasted for four days. There was no change after marriage or in the intervals between the pregnancies and suckling. Up to date she has had ten pregnancies; all were full term, with the exception of the second, when labour came on prematurely at the seventh month, and she was delivered of a still-born child. The literature concerning the uterus septus testifies to the frequency of abortion. Ruge divided the septum in a patient who had twice miscarried and she went to term in the next pregnancy.

The course of labour completing the ten pregnancies was as follows:—

1. Natural, vertex presentation, adherent placenta, removed manually; the septum was not discovered by the doctor. It would, therefore, seem improbable that the placenta was attached to the septum, a condition which would certainly cause profuse post-partum hemorrhage.

2. Premature labour; still-born infant.

3. Arm presentation, version; child still-born. The uterus was then discovered to be septate.

4. Arm presentation; still-born.

7. Arm presentation; still-born. The incomplete septum, it may be easily understood, favours a transverse presentation.

5. Vertex; forceps; alive.

6. Breech; alive.

8. The patient does not know how the child presented; there were no complications.

9. Feet presentation; child still-born.

10. Breech; easy, uncomplicated labour; child weighed 5 lb. 10½ oz. The placental site was in the right horn; on exploring the uterus a well marked septum, extending for about 3 inches into the body of the uterus, was felt. It was somewhat triangular in form, its width in the upper part being about 2 to 3 inches.

The patient says that she always lost freely after labour, but apparently the loss was never excessive. She is a big, stout, healthy-looking woman with a florid complexion; the abdominal walls were very lax; and before delivery (tenth labour) the child was very freely movable. She was advised to go into hospital. The liability to abnormalities, the danger of post-partum hemorrhage, and the possibility of rupture of the septum during labour, made it urgent for the patient to have the best obstetric help possible.

### A Rare Presentation.

The patient, Mrs. W., was a primigravida, aged 18. The pregnancy was uneventful, and went to term. Pains began on May 16th at 5 p.m.; on admission into hospital at 8.30 p.m. they occurred every ten minutes. The child was lying in the 4th sacral position (L.S.P.); the breech was in the brim of the pelvis, but not well engaged; on vaginal examination the os admitted one finger, the membranes were unruptured, a soft mass was felt, which was thought to be the buttock. The patient had strong pains all night, the presenting part made slow advance; the membranes did not rupture till May 17th, 8 a.m. A second vaginal examination was then made, the finger impinged on a soft mass, the anus was directed backwards, the iliac bones were easily felt; there seemed to be considerable tilting of the breech; strong pains brought the presenting part to the vulva; on separating the labia, a dark bluish semi-transparent mass appeared, with marked fluctuation, fluid oozed from a small aperture in the centre; it was at first thought it might be a hydatocoele, with an accumulation of fluid in the scrotum. The pains were not very effective, but with good fundal pressure steady advance was made, and there emerged a spina bifida, about the size of an orange, the cerebro-spinal fluid was oozing, and part of the tissue was broken down. The infant, a male, weighing 7 lb. 12½ oz., was easily delivered (Wat. Smellie method); he was feeble, and only survived two hours.

M. O. H.

### THE CENTRAL MIDWIVES' BOARD.

The Privy Council have approved of the continuance from September 30th, 1910, until June 30th, 1911, of the Rules framed by the Central Midwives' Board in pursuance of Section 3 of the Midwives Act, 1902, and approved by the Privy Council by Order dated August 10th, 1909, for a period of one year ending September 30th, 1910.

### THE MIDWIVES' BILL.

The *Midwives' Record*, the official organ of the Union of Midwives, realises the dangers of the new Midwives' Bill as it has left the "Lords," and has not much patience with the "sheep-like contentment based on abysmal ignorance" of the average midwife. "Here we are," it exclaims, "a body of thousands of women, professionally recognised by law, and a Bill in the highest degree offensive and inimical to our interests is introduced by a senile Minister; we should have imagined that under such circumstances every midwife in the land would have grown hot with indignation, and figuratively speaking, would have rushed to arms, or, in other words, would have overwhelmed the Bill with every form of opposition. Not a bit of it. Thousands of women, apparently, don't know that there is a Bill. We are not at all sure whether thousands are aware of the existence of Parliament."

Whilst sympathising with the Editor, may we remind her that the "fighting force" which inspires the sense of public—or even personal duty—is one of the rarest virtues in the world. Productive as it is of the highest morality, its expression spells martyrdom for the submerged sex. Tyranny breeds fear, and women are still foolishly fearful of "tattered bogarts" stuffed with straw. Some day they will laugh to learn how easily they are toppled over.

We should advise midwives to carefully read Mrs. Sidney Webb's letter which appears in this issue, and to enlist her Parliamentary supporters in their just demand for more effective direct representation on their own Governing Board.

### INSPECTORS OF MIDWIVES' ASSOCIATION.

A meeting of the Inspectors of Midwives' Association will be held at the Midwives' Institute, 12, Buckingham Street, Strand, London, W.C., at 2.30. Miss du Santoy, the Hon. Secretary, 16, Elm Grove, Taunton, will be glad to receive by September 12th subjects for discussion, so that they may be placed upon the agenda. This Association appears to have a very useful future before it.

### MIDWIVES' DEFENCE UNION

Midwives practising in the Brightside and Pitmoor districts in Sheffield have intimated that they will not attend cases unless paid the recognised fee of 10s. 6d. in advance, and they have just started a Midwives' Defence Union in Sheffield. The truth is that midwifery is a dangerous and terribly responsible work, very inadequately paid, and without co-operation it is impossible to make a living wage.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,172.

SATURDAY, SEPT 17, 1910.

XLV.

## Editorial.

### THE NECESSITY FOR ORGANISED NURSING EDUCATION.

The fatality at St. Thomas's Hospital, to which we called attention in this journal last week, furnishes an object-lesson which is of the utmost importance to the whole community. Briefly, the statements made at the inquest on a patient were that the nurse gave her half an ounce of morphia in mistake for half a drachm, and that the medicine-glass she used was marked in teaspoons and tablespoons. These statements were admitted to be accurate; indeed, the nurse may be commended for the conscientious and truthful manner in which she gave her evidence, as she explained that the nurses at St. Thomas's Hospital have no special training as to the administration or nature of fatal doses of poisons; and she added, "we have to find that out for ourselves."

Subsequently, the Secretary of the hospital, in an interview with a lay journalist, is reported to have said "that the statement was substantially correct, though not happily expressed"; and to have added, "there is no need for the nurses to understand the strength of doses of any mixture, so long as they are able to carry out the doctor's instructions." It must be remembered that the whole object of professional education is to fit persons to perform their duties in an expert and skilled manner; that the duties of a nurse responsible, as she often is, for human life, make it imperative that the principles of nursing—which includes the administration of drugs—should be systematically and carefully taught by those responsible for her training; and to argue that trained and efficient nursing can be based on mere rule of thumb, and not on accurate

knowledge, is an admission of ignorance upon the part of a responsible hospital official, which is almost incredible, if it was not a fact that in very few of our lay-managed Nursing Schools the curriculum includes instruction in the elements of materia medica.

The wider her knowledge, and the greater her experience, the more valuable is the nurse both to doctor and patient. At the present day, when many commonly used drugs are poisonous in large doses, the nurse who is not taught the nature and doses of these poisons during her training will always be liable to make some fatal mistake.

We protest, therefore, most earnestly against the assumption that nurses can be considered efficiently trained if they are not efficiently taught; and urge, for the safety of the public, that those responsible for the training of nurses, should realise that neglect in this particular almost amounts to criminal negligence on their part.

But just so long as Parliament neglects to frame and pass an efficient law for the organisation of Nursing Education and the Registration of Nurses, tested by an independent examination, just so long will the lives of sick persons be in peril—not only by poisons, but by general ignorance and lack of skill, resulting from obsolete methods of teaching. It is high time the happy-go-lucky, cheap, and insufficient method of education provided for nurses in many hospitals should be dealt with by Parliament, and that it should provide safeguards for the lives of the community. The opposition of the un-professional persons who control the voluntary charities of the Metropolis to State organisation of nursing is an economic one, and the Government must, sooner or later, deal with it as such. The lives of sick people should be a most

sacred trust of the State. Let those at present in power prove that they realise their responsibility by dealing effectively with the Registration of Nurses at an early date.

## Medical Matters.

### NEW USES FOR CARBOLIC ACID.

Dr. Robert Mason, Exeter, N. H., writing for the *Medical Record*, says he has used carbolic acid (liquefied crystals) in fourteen consecutive cases of diphtheria. The acid is applied by saturating a piece of absorbent cotton (so it will not drip), fixed to a cotton holder, and smearing the tonsils till the surface turns white. This operation is to be repeated every day—sometimes lightly, both morning and night. In four or five days the cure is complete. Every case of diphtheria he has had has terminated in recovery under this treatment. He has used the same treatment in tonsillitis, in a great many cases with perfect results, sometimes aborting the disease with one application. He says enlarged tonsils and uvula (chronic inflammation) can be cured in the same way. He has also removed adenoids in the same manner. He says papules, furuncles, and carbuncles can be aborted if touched before suppuration has occurred. He has injected several encysted tumours of the back with pure acid, and has seen them disappear without any pain or inconvenience to the patient. He has used a 50 per cent. mixture of the acid with water (on cotton with holder) and thrust the cotton through a polypus of the nose, and also through uterine polypi, and has destroyed them with one or two treatments. He says warts may be removed by touching with carbolic acid on a dull pointed stick.

### EFFECT OF LEECHES.

A French medical paper states that wet cupping has almost entirely replaced the use of leeches in therapy, yet the effect of the two is not the same. After cupping, the hæmorrhage will soon cease, while after the use of leeches as much as 100 to 200 c.c. can be obtained. The exuding blood resembles that of hæmophilia, in that coagulation sets in very slowly. If the soft non-adherent clot is removed, the bleeding will usually continue. In the test-tube, the clotting only affects the plasma; it occurs late and the clot shows no retraction, and it frequently redissolves. The addition of a few drops of human or animal serum will bring about normal clotting.

## Notes on Paralysis and the Common Forms Met with in Children's Nursing.

Paralysis "Trelax" means loss of power, muscular action: this is generally due to interference with some portion of the nervous system. Properly regarded, paralysis is more correctly described as a symptom rather than a disease: this symptom is usually (to some extent) associated with disease or injury to the nervous system—either cerebral, spinal, or peripheral.

The more common types of paralysis met with in children's work come from Class II. It may be well, however, to first point out some of the more usual types to be met with in Class I, although age may have little to do with the condition where due to injury.

### CLASS I.—CEREBRAL.

Hemiplegia (half stroke), affecting one side of the body, is caused either by hæmorrhage into the brain substance or plugging of one of the blood vessels. This may occur suddenly, as in apoplexy, or through a local injury; again, the condition may arise gradually without loss of consciousness. When this appears in a modified degree it is called "Paresis." The side paralysed will be the opposite one from the side of the brain affected. Partial recovery may take place of muscular power, but it is rarely that the nervous system recovers entirely from the shock. In advanced life the condition is apt to recur when the cause has been hæmorrhage.

Care should be taken to avoid exciting the person who has suffered from hemiplegia in the past. The evening meal should be light and digestible, alcohol should be employed sparingly, and upon a rush of blood to the head (many patients complain of a feeling of fullness) the feet should be placed in mustard and water and cold applied to the head. Mustard leaves also can be placed on the back of the neck and spine, and mental rest encouraged by the nurse. Massage will do much to prevent the side affected from muscular waste, but this should not be employed without the consent and direction of the medical attendant.

"Paralysis agitans" is a disease of advanced life: it is characterised by trembling of the parts affected. The patient does not recover, but life may be prolonged for some years.

There are other kinds of functional paralysis which are generally the heralds of further disease in the nervous system. General paralysis of the insane is the most complete

and distressing condition that can be mentioned.

Diplegia, an extensive condition of disease affecting both sides of the body, sometimes occurs in infants soon after birth; it is due to inflammation of the brain.

#### CLASS II.—SPINAL.

Disease of the spinal cord, causing paralysis, may be due to myelitis, inflammation of the cord, hemorrhage, spinal injury, or disease affecting the vertebral column.

Inflammation limited to the anterior portion of the grey matter of the spinal cord throughout a greater or less extent is termed "infantile paralysis"; in this condition the function of motion is affected, leaving that of sensation unimpaired.

Infantile paralysis may affect one limb only; it is then termed "Monoplegia." If both sides are affected, this will occur below the seat of injury, and be termed "Paraplegia." Paraplegia may be due to injury or disease of the spinal cord; it is also a form of paralysis commonly associated with disease or injury of the vertebral column, fracture, or caries.

In the case of the posterior portion of the spinal cord being affected, the function of sensation will be lost, and if laterally affected, spastic paralysis ensues.

When the spine has been injured the condition may arise at once, or in the case of disease it may be progressive, when all functions are lost; the bladder and bowels will probably also be similarly uncontrolled.

Progressive muscular atrophy is a disease of middle life—certain groups of muscles waste; this is due to the nervous system being affected, and if death results from this condition it is when the muscles of respiration are affected.

Before considering the nursing of paralysis it may be well to mention some kinds of peripheral paralysis.

#### CLASS III.—PERIPHERAL PARALYSIS.

The most common forms in this class are facial affections. This may be due to disease of the brain or the canal through which the special nerve passes. Neuritis is another example, also diphtheritic and lead poisoning paralysis.

The treatment of the different forms of paralysis differs widely. There are, however, a few common points as regards the nursing of such cases that it may be well to dwell upon. The most important of these, and the most universal, is the *prevention of bedsores* and, where they have occurred, their cure. As the circulation is much affected in the paralysed part, everything must be done to maintain it.

Massage will therefore be found of much benefit.

Cleanliness is a great point, and feet will need special attention; the care of the skin and bowels will need special consideration. THE PREVENTION OF BEDSORES AND THEIR CURE.

In an extensive condition of paralysis, which is not due to an injury to the spinal column, and where the disease is in a chronic condition, not acute, nothing aids the nurse more when she desires to keep the patient's skin supple than bathing the patient by immersion in a warm bath, and, after thoroughly soaping, washing, and drying, briskly rubbing the skin with methylated spirit, and carefully powdering, taking great care that the palms of hands, groins, toes, and fingers are well dried and powdered. The patient may then be placed on a couch well covered, and general massage may be given if ordered by the medical man; after this the patient should rest and be allowed to sleep.

Should the skin become superficially red, leadin may be applied to the part; but in every case where there is any appearance of pressure the pressure must be removed. There are many appliances in the present day to assist the nurse. A large water pillow is always of service, a ring pillow or horseshow where there is total paralysis, or a divided bed, the mattress being in four pieces, with a square in the middle to contain a bed pan, and ring pillow, will be found of use; this, however, entails special sheets, and one loses the water pillow, unless two small ones can be used under the shoulders and feet. In a case of total paralysis, to sling the feet and legs on a cradle with a calico sling, with holes for the heels, has been found of service. Many are the devices used to ensure the one essential thing—prevention of pressure.

In the case of infantile paralysis massage is most helpful; so much can be done, if only the child's condition be noticed soon after the paralysis has occurred. During dentition, or after a chill, this may happen, and no notice be taken of the apparent uselessness of a limb or limbs, especially if the child is not walking. By massage much can be done to prevent muscular waste and promote the circulation, and prevent atrophy—by one set of muscles that are still active, but unopposed, pulling the limb out of place—or spinal curvature occurring. Massage should always be in the hands of a specially trained operator, who will know just what movements are required and how long to continue at one time.

General massage also much aids the digestion, and the patient, who cannot exercise,

assimilates food, and skin diseases disappear, that may have given much trouble in the past, some patients being very subject to eczema.

Where the patient is admitted suffering from extensive bedsores, surgical cleanliness must be observed, pressure removed entirely, and great patience and discretion used in the dressings. Bedsores occur because the circulation of the part of the body has been impeded by pressure (this happens only in the hands of the untrained or untrainable person), but where they have occurred the nurse will need to give much patient attention to effect a cure.

Boric fomentations, frequently changed, are perhaps best: where there is an old slough a small piece of lint sterilised, soaked in balsam of Peru, and applied immediately over the slough, helps to detach it: this may be surrounded by a boracic fomentation, the latter changed four-hourly until the parts are clean. Then the unhealthy granulations will need keeping down and the wound stimulating by a change of dressing. Lotion Rubra is useful for this purpose, returning to the use of boracic after a few days.

Where the patient cannot be placed in a bath, careful washing in bed will be needed, and his back, thighs, shoulders, heels, and elbows will need attention (which should be regular night and morning or more frequently).

Diet and the care of the bowels must be suited to the individual patient. Children who may partially recover will need a generous diet and cod liver oil, and small doses of Gregory powder often suits them better than any other aperient, followed, if necessary, by a single enema. Fruit and vegetables should be included in their diet, and fat: no hard and fast rules, however, can be laid down.

In the case of children incurably afflicted, cases of paraplegia, etc., and the aged, a light diet should be given, which is easily digested, and lime juice may be added when the digestion is too weak to assimilate green vegetables, otherwise the skin will be troublesome, unless the diet be reduced to tea and milk foods only.

In every case the nurse should be fully rested, and plenty of water should be given to the patient to drink. When helpless cases often get into a state of water, and the urine will not be found to be troubled alkaline and uric acids will be present.

As the nursing of the helpless conditions the nurse will have to take the same care as in the more severe cases, attending to the patient's mouth and teeth. Young nurses do not always realise that the old people do remember and in dealing with these cases great care will need to be taken as to the best of all, for these

cases are specially prone to chest affections, while the air must always be kept fresh and constantly changing.

Where the patient is very helpless, and the position cannot be altered from side to side, blocks placed under the head of the bed and removed regularly at intervals of a few hours will sufficiently alter the position to guard against a condition of congestion of the lungs arising, which will prove quickly fatal to a helpless patient if unrelieved.

Before quitting this subject perhaps it would be wise to mention bright, cheerful surroundings and willing service, with some light occupation, when the mental and physical condition admits, are both beneficial to the patient and often the only thing that the nurse can secure to alleviate the tediousness of a fellow human being's sufferings. In this world, alas, "hopelessly incurable."

MADGE SUTTON.

## A Call From the West.

The Victorian Order of Nurses for Canada, founded in 1897 as a National Memorial of Queen Victoria's Diamond Jubilee, received its inspiration from the great success which attended the excellent work of the Q.V.J.N.I. in England.

The objects of the Order are:—"To supply nurses, thoroughly trained in hospital and district nursing, and subject to one central authority, for the nursing of the sick, who are otherwise unable to obtain trained nursing in their homes both in towns and country districts."—V. O. Report.

The General Superintendent for Canada—Miss Mackenzie, a lady of high administrative abilities—resides in Ottawa, and numerous local branches have been established in various cities throughout the Dominion, each under the charge of a competent Lady Superintendent.

Since its inception the work of the Order has steadily increased, and there are now V.O. Nurses in many parts of Canada, though the number is totally inadequate for this vast country. It is earnestly hoped that in the near future every town and city will have its Branch.

It may be interesting to English nurses to read some account of the work of the Order in Montreal, Canada's largest city, prefaced by a few remarks relative to the city itself.

To repeat a well-known fact, the site occupied by the City of Montreal is not surpassed by any other in the world. Situated on the Island of Montreal, and surrounded on all sides by the mighty St. Lawrence River, it is

built on a succession of terraces that form the southern side of the beautifully wooded Mount Royal, which has an altitude of some 900 feet above the sea. Mount Royal Park forms one of the principal pleasure grounds of the city, and a most delightful and enchanting panoramic view of the city and surrounding country can be obtained from the "Observation Point" or "Look Out."

The climate, too, is ideal, the summer heat being tempered by cool breezes, tempting thousands of tourists, who visit the city in ever increasing numbers; while the winter snows are looked forward to with keen anticipation as heralding a season of outdoor sports and pastimes which are unsurpassed. Hockey is the national winter game, whilst skating, tobogganing, skiing, snow-shoeing, sleighing, and many other recreative amusements vie with each other in making the winter months a period of healthy and invigorating exercise combined with wholesale amusement and pleasure.

The Montreal (Local) Branch of the V. O. consists of a Lady Superintendent and thirty nurses. This, again, is subdivided into ten districts, each having from one to six nurses, but for a population of over half a million the demand is far greater than the supply. New districts would be immediately opened up providing it were possible to supply the necessary staffs. In addition to the above, the Royal Edward Institute for Tuberculosis employs two nurses, whilst three are employed by the Protestant School Board.

The nurses work for eight hours a day, or from 8 a.m. to 1 p.m., and from 2.30 to 5.30 p.m. They are not expected to pay more than seven to eight visits during the day. At times the cases lie at some distance apart, but the Street Car Service is always available, and even quite remote suburbs are quickly reached.

The work is very interesting, the majority of cases being maternity and typhoid, with a good percentage of operations and other general work. Midwives are not allowed to practise in Canada. The homes are, on the whole, cleaner than those visited in England, the occupants in most cases earning good wages and having an air of comfort and well-being about their surroundings. This is chiefly noticeable in the homes of the English and French speaking Canadians. It is usually only among the Poles and Roumanians and other foreigners of this cosmopolitan city that one finds squalid homes, though this is not for want of means. Often these foreigners are most grateful and willing to pay highly for the services of the nurse. Parts of the city are almost entirely French, so that a knowledge of the French language is very useful.

The charge for each visit of the nurse varies from 5c. to 50c. (2 p. to 2s.), but the very poor are attended free.

There is one central home, where seven nurses and the Lady Superintendent live. Those working in the suburbs usually rent a flat and live together, or they may live in private or boarding houses subject to the approval of the Lady Superintendent, and provided they can have the use of a telephone.

The salaries of the nurses are good, and range from \$25.00 (£5) to \$30.00 (£6) per month. In addition to this, each nurse is allowed \$20.00 (£4) per month for board and room expenses, \$3.00 (12s.) for laundry, and \$5.00 (£1) for car fares. The expenses of living and clothing are not so great in Canada as one often hears. Excellent bargain sales occur regularly at all the stores, but such articles as furs, linen goods, blankets, felt hats, woollen underwear, and dress materials are certainly cheaper in England.

If some English nurses who read this article feel inclined to take up work in our beautiful Dominion, they may rest assured that they will always find an enormous field of work in this vast country. Should any nurse wish to learn further particulars of the V. O. work in Montreal, a letter addressed to the Lady Superintendent, 29, Bishop Street, Montreal, will always bring a courteous reply.

A. A.

## Farewell to Miss Rundle.

### ISLA STEWART SCHOLAR.

Miss M. S. Rundle left London on Wednesday for Liverpool, the first stage of her journey to New York—fraught with so many hopes for the future. Selected by the League of St. Bartholomew's Hospital Nurses as the first Isla Stewart Scholar, Miss Rundle fully appreciates her most honourable responsibility, and her work will prove, we feel sure, that the League could have made no better appointment.

Amongst those present at Euston Station to bid Miss Rundle good-bye were Miss Cox-Davies, President of the League, Mrs. Bedford Fenwick, Miss M. Sleigh (Sister Lencus), and several nurse friends, and she went off in the best of spirits, keenly anticipating the pleasurable experiences of the future in a new world of thought and effort.

We think our American colleagues will agree that we have sent them a very charming and promising pupil. The reputation Miss Rundle has made at home is of the highest.

Luck go with her.

## The Nurse-as Patriot.\*

### THE ESTABLISHMENT OF A MILITARY NURSING SERVICE IN FRANCE.

By MISS C. ELSTON,

*Directrice École des Gardes-Malades de l'Hôpital du Tondu, Bordeaux, France.*

(Continued from page 205.)

The next point is how the War Office chose its nurses.

The fact that there was a competitive examination shows a wish to secure the best.

Nurses will see that the conditions of admission were not dictated by anyone knowing nurses' possibilities for good and evil. Were such a competition to take place in England, where nursing is far in advance of France, the most rabid anti-registrationist would be convinced of the necessity for a minimum uniform standard of nursing, when it came to putting the successful candidates to work.

The age is the first thing which strikes one. Putting aside the fact that French women are older for their age than English women, what Matron would from choice put a girl of 21 in charge of a men's ward, much less a military ward, where some of the patients would belong to the same social rank as the nurse? for military service is compulsory for all classes in France.

As far as moral character is concerned, the only testimonial required with nurses is the "extrait du casier judiciaire." The "casier judiciaire" is a register in which only criminal offences are inscribed. Minor failings, which we should describe under the head of unsteadiness or untrustworthiness, are not noted.

I have left it to the last to mention the certificate of a training school recognised by Government. The Government encourages every one to train nurses, but it is very chary about giving preference to anyone in particular, so that as far as the selection of candidates was concerned, the State approval was no sort of guarantee whatever.

The English public knows that a person holding a nursing certificate of any kind has more or less practical experience, but in France practice is a thing which very often comes later, and is not considered to be at all essential to the obtaining of a certificate.

It is quite possible to hold a diploma without having nursed a patient, and it is also possible to be nursed in a Parisian hospital by an infirmier or infirmière who holds no certificate at all, and who has no intention of qualifying for one. So that certificate and

experience have nothing in common with one another.

The certificate of the Red Cross Societies represents the slightest possible practical experience, which is as much as can be expected of amateurs.

The Red Cross Societies are composed of three branches, whose object is to send to the sick and wounded gifts provided by public generosity; in time of war to provide accommodation for patients at the rear, and as the Comte d'Haussonville says, "to provide the superfluous."

The Red Cross Societies have 30,000 beds—that is to say, that hotels and similar establishments promise to one or other of the Societies a certain number of beds in time of war—creating what is called an auxiliary hospital.

The Red Cross Societies arrange nursing lectures, which are largely attended by society women. Those amongst them who wish to obtain certificates practice dressings in a dispensary for three to six months. A higher grade certificate is awarded to those who work for three months in a hospital approved of by the Society, but even this course may only mean a few hours' work in the morning.

The professional value of the Red Cross nurses in France is in no way the equivalent of those of Germany or America. They have lectures rather more advanced than the St. John's Ambulance First Aid Classes; have at the most the ward experience of our three months' paying probationers.

The Red Cross Societies are for the most part an agglomeration of women belonging almost entirely, by reason of family ties and interest, to the clerical party, just in the same way as the Primrose League dames are wives and daughters of Conservatives in England. They do real good without trespassing on professional ground, as lady visitors and ladies bountiful.

The Bordeaux certificates, which are issued to candidates who are chosen with the greatest strictness and care, are the most like our English ones. They are awarded after two years' consecutive ward work, including night duty, in a hospital for patients of both sexes, where nursing is systematically taught by trained nurses.

It must be regretfully admitted that the most important factors towards success—namely, moral value and practical nursing experience, were omitted from the recent French War Office requirements.

The actual position of the Army Nurses in the military hospitals is not well defined. They have the special care of serious cases, help the

\* Presented to the International Congress of Nurses, London, 1909.

soldier-nurses in distributing of food and drugs, and follow the doctor's visit. They are under the authority of the doctor in charge.

The provisional rules do not mention their rank, but in the matter of rations they are treated as non-commissioned officers.

They are included in the list of the staff for active service, but their duties are not defined. There is no Matron or Sister in charge.

As a patriot, the French nurse is well on her way to being worthy of her high calling. No one can cast a doubt upon her love of country, but her nursing qualities must be stimulated, so that love of humanity may be honoured with the same laurels as crown devotion to the fatherland.

## The Truth About State Registration in the United States.

### LETTERS TO MISS L. L. DOCK.

NEBRASKA.

*State Board of Registration of Nurses, Omaha, Nebraska.*

MY DEAR MISS DOCK,

The State of Nebraska has only just begun to register its nurses, but the registration law has already indirectly caused the closing of a number of small private hospitals maintaining training schools; and other hospitals having courses of six months' training have lengthened them to one year, and promised to extend the course to two years' in another year. Many graduates from these short courses are applying to the general hospitals for more training.

Doctors having their own private hospitals are asking for registered nurses to take charge of them where hitherto they have had women who are not even nurses.

VICTORIA ANDERSON.

*President.*

MINNESOTA.

*The Minnesota State Board of Examiners of Nurses, Minneapolis.*

MY DEAR MISS DOCK,

Our Bill for State Registration is still so youthful in Minnesota that it is difficult to give you any definite results.

State Registration is stimulating the interest of our nurses in not only present conditions, but conditions which may be better through their efforts for the future nurse and the profession at large. Uniform training and willingness on the part of smaller training schools to provide their nurses with additional training through affiliation with the larger schools, is a hopeful result in our State. We have had some difficulties with the heads of our large insane hospitals, where they maintain their nurses are sufficiently trained, but the nurses themselves see the justice in the requirement for additional training in a general hospital, and have shown their appreciation by coming up for the required examinations. Most of the applicants have been successful.

We have registered about five hundred from out various hospitals through the State.

EDITH P. RÖMEL, R.N.

*President.*

NORTH CAROLINA.

*State Board of Examiners for Nurses, North Carolina.*

MY DEAR MISS DOCK,

As I am no longer a member of the Examination Board of Nurses, I cannot speak as President, but I can say this much, that as a member of the Board for six years I have had ample time to observe an improvement in the nurses as they present themselves before the Board, the number has increased every year, and more hospitals are represented, and the nurses seem better prepared, and they also recognise the fact that a registered nurse has a more enviable standing than un-registered.

Yours very truly,

CONSTANCE E. PEORLE, R.N.

*Ex-President, State Board of Examiners for Nurses.*

A State with very poor educational standards generally.—L. L. D.]

## Practical Points.

### Flies and Summer Diarrhœa.

In a paper recently read before the British Medical Association, Dr. J. H. Clements, of Beckenham,

detailed the results of an investigation into 44 cases of summer diarrhœa in a northern town in the year 1909. These cases were notified from 12 houses, there being two sets of twins, and 40 of them occurring between August 9th and September 9th. In several houses adults or older children suffered from the disease, but were not included in the count, which only related to children under two years. The secondary cases were probably infected from a common source and not directly from the first case, for the same date was taken with the stools and linen as in the case of typhoid fever. Of the babies, 27 were under twelve months and 17 between 12 and 24 months. Of the former, 17 were under the age of 9 months, and in none of these was the baby fed entirely on the breast; 10 of them were fed wholly by bottle or artificial foods, and 7 were partly breast-fed and partly bottle-fed. The mother went out to work in 15 cases. In the great majority of the infected houses the yards were unpaved and the conveniences were privy middens. In the few cases in which the house was provided with a water-closet there were privy middens in the adjoining yards or close by. Speaking generally, the cases occurred in parts of the town where the housing was of the poorest type, where the sanitary arrangements were least satisfactory, and where there was evidence of neglect and want of cleanliness within and without the house. A rough estimate was made of the number of flies in the infected houses, and flies were collected from 17 cases for bacteriological examination. In every house where diarrhœa occurred there were num-

bers of flies, and some of the houses were infested with them.

The examinations proved that there could be little doubt that the fly reared in a manure heap had its alimentary canal well stocked with whatever organisms the manure might contain, and these organisms probably continued to multiply during the adult life of the fly, and got deposited wherever it chanced to alight. Dr. Clements expressed the view that this fact alone should suffice to cause the fly to be regarded with suspicion, even if his legs were not so admirably constructed for picking up and carrying whatever material his unsavoury habits induced him to rest upon. During the period of fly prevalence some attempts were made to kill the flies in houses where they were the greatest nuisance. Sprays of various kinds were used, and formalin, both in the form of vapour and spray, was tried. The vapour did not kill the flies, and the spray was so unpleasant and irritating to the person using it that it had to be given up. A spray of izar proved to be more successful; it did not immediately kill the flies, but when sprayed over them they became stupefied and fell to the ground, where they could be swept or gathered up with a cloth and thrown into the fire. By the use of izar spray all the flies in several houses were killed.

Dr. Clements warned his hearers that although this spraying cleared the house of flies for the time being, the great aim must be to exclude flies altogether. Such a consummation is devoutly to be desired, but meanwhile most people will be glad to know of an effective palliative measure.

## Presentations.

### TO MISS WREFORD.

On Friday last, at a meeting of the Committee of the Leeds Hospital for Women and Children, Mr. Henry Barran, Chairman, on behalf of the Committee, Lady Visitors, and one or two friends, presented the retiring Matron (Miss Wreford) with a purse containing a cheque as a mark of appreciation of her long and useful services.

Miss Wreford, who holds the certificate of the Bristol Royal Infirmary, worked for some years in connection with the Leeds District Nurses' Home, and in 1893 was appointed Sister at the Hospital, shortly afterwards accepting the offer of the post as Matron.

### TO MISS L. FOX.

Miss L. Fox, for many years the Sister of the Duchess Ward for children at the Hull Royal Infirmary, has been appointed matron of the Hilo Hospital, Hawaii Islands, West Indies. A handsome presentation has been made by the Medical and Nursing Staffs to her. Miss Fox, who was highly respected by all in the Institution, and much beloved by her little patients, leaves her home (Barnsley) on September 24th, to take up her duties in the West Indies, with the warmest and good wishes of a large circle of friends.

## Appointments.

### MATRON.

**Victoria Infirmary, Glasgow, N.B.**—Miss Jessie Campbell has been appointed Matron to succeed Miss M. M. Macfarlane. She was trained at the Victoria Infirmary, where she has held the position of Assistant Matron, and she has also been Matron of the Convalescent Home, Largs. We congratulate Miss Campbell upon the honour of being selected to superintend her training school, and the nursing staff upon the recognition of their work by the governing body of the hospital.

**St. Pancras Infirmary, Highgate, N.**—Miss F. S. Spittle has been appointed Matron. She was trained at the London Hospital, E., and has been Home Sister and Assistant Matron at St. Pancras Infirmary. Her selection is a gratifying recognition of her work by the Board of Guardians.

**Cottage Hospital, Bingley.**—Miss J. Robertson has been appointed Matron. She was trained at the Bethnal Green Infirmary, N.E., where she worked as Staff Nurse, Sister, and Superintendent Nurse. Miss Robertson has also held the positions of Assistant Matron at the Keighley and Bingley Joint Hospital, and Sister-in-Charge of the Keighley and Bingley Joint Hospital Sanatorium.

**Abertyswg Workhouse Hospital.**—Miss M. J. Thomas has been appointed Matron. She was trained at the Carhill Infirmary, and has been Staff Nurse, and Sister in the same institution.

**Children's Shelter, Edinburgh.**—Miss Anna Sinclair has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and the Brighton Hospital for Women, and has since had the following extensive experience:—Assistant Matron Queen Victoria Hospital for Seamen, Las Palmas, Sister in the Deaconess Hospital, Edinburgh, Sister-in-Charge of a Surgical Home, Glasgow, and Alexandra Nurse at Fort George, and she has also done district and private nursing. Miss Sinclair is a certified midwife.

**Hammersmith Receiving Home for Children.**—Miss Eva M. Mustoe has been appointed Matron. She was trained at St. Marybone Infirmary, and has since been Sister at Croydon Infirmary, Superintendent Nurse at Holborn Schools Infirmary, Mitcham, and Charge Nurse at Shirley Schools, near Croydon.

### ASSISTANT MATRON.

**St. Pancras Infirmary, N.**—Miss Janet Thorpe has been appointed Assistant Matron. She was trained at the London Hospital, and has been Home Sister at St. Pancras Infirmary.

**Bath Royal United Hospital.**—Miss Alice Marshall, of the Norfolk and Norwich Hospital, has been appointed Assistant Matron.

### NIGHT SISTER.

**General Hospital, Chelmsford.**—Miss Florence M. Finlay has been appointed Night Sister. She was trained at the Royal Portsmouth Hospital, and has been Staff Nurse at the Cancer Hospital, Fulham Road, London, where she has gained experience as holiday Sister and Home Sister.

## SUPERINTENDENT.

**Northumberland County Nursing Association.**—Miss Anna R. Hunter has been selected as Superintendent. She was trained at the Royal Infirmary, Dundee, and was Queen's Nurse at Dundee and Barry, South Wales. Miss Hunter has been Sister in the Conventration Camps, South Africa, and Assistant Superintendent of the Northumberland County Nursing Association, is a certificated midwife, and holds the certificate of the Royal Sanitary Institute.

## SUPERINTENDENT NURSE.

**Poole Union Infirmary.**—Miss Lucy A. Stanley has been appointed Superintendent Nurse. She was trained at the Ashton Union Infirmary, has been Head Nurse at Chipping Norton Workhouse Infirmary, and done private nursing at Burton-on-Trent.

## CHARGE NURSE.

**Penarth Sanatorium, near Cardiff.**—Miss Bessie Norman has been appointed Charge Nurse. She was trained at the Isolation Hospital, Norwich, where she was Staff Nurse and Sister.

**St. George's in the East Parish Infirmary.**—Miss F. E. Pike has been appointed Charge Nurse. She received her training in the same Institution.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Grace E. Stewart, staff nurse, resigns her appointment. Dated September 7th, 1910.

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

Miss Evelyn M. Skinner has been appointed Sister.

## QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

**Transfers and Appointments.**—Miss Botey F. Fulcher, to Cumberland, as Assistant County Superintendent and School Nurse; Miss Sarah Birkin, to Manchester (Bradford Home); Miss Elizabeth J. Nicol, to Mells.

## THE PASSING BELL.

We record with regret the death of Mr. John Langton, F.R.C.S., Consulting Surgeon to St. Bartholomew's Hospital, E.C., which occurred on Sunday last. Mr. Langton has been associated with nurses' organisations for many years—as Treasurer of the Royal British Nurses' Association, and later of its Nurses' Settlement Fund, and it was only this year that, upon the invitation of Lord Amphil, he accepted office as Treasurer of the Central (Nurses') Registration Committee. Mr. Langton was held in great affection by the Sisters and Nurses at St. Bartholomew's Hospital, of whom a large number attended a memorial service held in the Church of St. Bartholomew-the-less within the grounds of the hospital, at 12 o'clock on Wednesday last.

The death is announced at Geneva of M. Gustave Moynier, the president of the International Red Cross Committee.

## Nursing Echoes.



The Metropolitan Asylums Board is providing means of further training for young women in the care of sick children. The Park Hospital at Lewisham, which has been closed for some time, has been thoroughly disinfected, and is being rearranged as a Children's Infirmary on the lines of the institution working so successfully at Carshalton. Miss Villiers, the Matron at the Park Hospital, is well known as a very successful organiser and superintendent, and a very charming woman, so that the nurses selected to form the new staff may look forward with confidence to happy surroundings. Staff Nurses and probationers are required—the former to be thoroughly trained—the latter will be selected from applicants whose age need not exceed nineteen. They will be engaged on a three months' trial, and if found suitable, they will be engaged for a three years' term of training in children's nursing and care. Probationers will be systematically instructed, will have to pass examinations from time to time, and a certificate of training will be given only at the end of three years, and after passing a final examination by an outside examiner. The salary will be £10, £14, and £18 per annum.

It was announced at the quarterly court at the London Hospital that Lord Tredegar, the landlord of the institution, had presented the hospital with a freehold of Tredegar House, the preliminary training home of nurses. A gift of £1,000 had also been made by Mr. Raphael to name a ward. Mr. Hora, by whose munificence the hospital had so frequently benefited, had deposited with Messrs. Glyn, Mills, and Co. securities for £3,000 at 4½ per cent., thereby raising the return from his endowment to £520 a year, a sum which would relieve the hospital fund from the charges that it had borne since the opening of the Marie Celeste wards.

We may hope, therefore, that the nurses who work in these maternity wards will not now be charged £20 each for their training. As they do all the work, it is an excessive fee.

The advance proof sheets of "The Nurses' Year Book, Who's Who, and Register," which is being compiled by Mrs. Helen Davidson, with an introduction by Lady Helen Munro Ferguson, prove the monumental scope of the

work, and the enormous difficulty of making it correct. It is a great mistake, therefore, to tack on the title of "Register" to this unprofessional publication. If an entry in a social publication is not quite correct, no very great damage is done, but a mistake in a professional register, and they are bound to be numerous in a list compiled and issued by lay people, might give great cause for professional damage.

We will take one entry alone from the proofs sent to us. A lady stated to be born in "1868" is entered as "certificated and C.M.B. 1884," that is, she is "certificated" at the age of *sixteen*, eighteen years before the Central Midwives' Board was constituted under the Midwives' Act of 1902. A little lower in the paragraph she is entered as "Sister, Miss McCaul's Nursing Home, for Sir F. Treves, Welbeck Street, 1875-6." The lady, therefore, held this responsible post at the age of *eleven*—at a time when "Freddie" Treves was a youthful resident at the London Hospital, and some twenty years before Miss McCaul helped to start the Nursing Home alluded to. Furthermore, the name of Dr. Milton is spelled "Nilton."

No doubt the firm of Andrew Melrose, the well-known publishers, hope to meet a need by the issue of a Nurses' Year Book, but to assume the title of Register, and dabble in the professional training and status of thousands of nurses is as unwise as it is impracticable. Professional Registers can only be usefully compiled under the supervision of a legally constituted professional authority, and should not be attempted on any other basis. The expense also of revising and keeping up to date such a work is enormous.

In the table of contents we find notified "The Registration Society." Presumably, this alludes to "The Society for the State Registration of Trained Nurses." If so, the information must be quite unofficial, as none has been given or corrected from the office by any reliable officer. We sincerely hope the title "Register" will be dropped.

On Thursday, the 8th inst., the Countess Beauchamp opened at the Worcester Infirmary what was described as the "nurses' and patients' sale of work." It was an effort organised by the sisters and nurses under the direction of the Matron (Miss Herbert) to provide a balcony for the Bonaker Ward. Miss Herbert, in explaining the object of the sale, said they needed a balcony on which to put the children in their cots. Sunshine was a valu-

able aid in restoring them to health, and at present they could get very little of it in the ward. The nurses felt that to go on for months without having some provision of that character would be a bad state of affairs, and therefore they had co-operated with friends outside in that effort. Lady Beauchamp said she was glad to join in the undertaking, which must appeal to all their hearts.

In moving a vote of thanks to Lady Beauchamp, Mr. S. T. Harris and the Rev. G. F. Williams spoke in warm praise of the generous help of Miss Herbert and her staff, the latter remarking that as chaplain he had the opportunity of seeing a good deal of the work in the Bonaker Ward, and he was quite sure that there was a great deal of sunshine in the ward, but it was not of that kind which Miss Herbert now required. The organisers of the sale made the best of the little accommodation available. They had a stall in the middle of the committee room, and other small stalls in some of the corners. Every available crevice was artfully utilised. Shelves which had borne ponderous medical treatises now bore tempting cakes and delicacies which were offered for sale. We are glad to know the sale was a decided success.

Miss M. D. Milton, a probationer at the Hull Sanatorium, has shown courage and a sense of duty in writing to the local press concerning the following paragraph in the report of the Sanitary Committee, to which we alluded last week:—

"That as to the allegation that an effort was made to induce the witnesses not to give evidence or to keep things back, the evidence was that a certain sister had spoken to one nurse about the inquiry because she thought she was a nurse who would be inclined to exaggerate her grievances. She told her simply that it was not a time for one's own personal grievances, but a question of the hospital in general, because probationers made grievances out of very small matters."

Miss Milton writes:—

"I am the probationer referred to, and I wish to publicly repudiate the statement. What actually occurred was that one of the sisters had a conversation with me on generalities, and got to know my opinion about the institution, which was not a favourable one."

"My own view is that the sister was afraid that I should speak out at the inquiry about the training probationers were getting at the institution, which in my own case has been practically nil."

"As far as absolutely 'personal grievances' are concerned I should like to say I had none, and the stand I took, and am taking, is purely on the question of administration of the institution as a training school for nurses."

This letter is only one more proof of the injustice to young women eager for efficient training—when they find themselves in institutions where no systematic training is provided, and worse luck still—where a Committee not only neglects its duty in this particular, but keeps persons in office, from whom decent women should be protected.

The *Lancet's* special correspondent in Australia sends the following report from a medical point of view of the Bush Nursing scheme:—

"A special meeting of the Victorian branch of the British Medical Association was held to hear an outline of Lady Dudley's scheme for 'bush nurses,' which was communicated by Mr. Boulton, of London. The scheme at the outset was said to be intended for the organisation of district nursing throughout Australia and its gradual extension to outlying districts. This was the plan that had succeeded in Great Britain and Canada, and Australia presented less difficulty than the latter in that there were already existent small country hospitals which could be utilised as bases for beginning work. The proposed organisation consisted of:—(1) A federal committee, whose duty it was to see that conditions were standardised all over Australia, and which would appoint nursing inspectors to see that the scheme was working smoothly. (2) Each State would have a central committee, whose duty was to see that nurses were available and adequately trained. Every hospital trained nurse would have to undergo six months' experience of district nursing in the city before being sent out, and would also require to be proficient in maternity work. The State committee would also see that payment was adequate, and that no trespass on the function of the doctor was permitted. (3) In each town there would be a local committee, whose duty would be to see that the nurse was properly housed, and to provide means of transport. It would also arrange all financial matters, and the nurse would receive no money from patients at all. The local bodies would be represented on the State committees, and from these the federal council would be elected. It was not intended to thrust nurses on the people. Each town or district could apply at its own discretion, and the nurse, if not fully occupied, might possibly lecture on matters of hygiene in the local schools. The meeting received the address sympathetically, but a good deal of doubt was expressed as to the necessity for anything of the kind. Public enthusiasm has been somewhat lacking, especially in Victoria. New South Wales has shown more energy, and already a considerable sum has

been raised by subscription and other means. The conditions in Australia are so wholly different from Great Britain and Canada that outside the cities there are practically no people that could be termed unable to pay for skilled nursing or unable to have their sick removed to hospital. Possibly in parts of Queensland and Tasmania the provision of nurses in outlying districts would have some real service."

The danger of nursing the tuberculous in sanatoria has heretofore been considered so slight as to be negligible, but *American Medicine*, touching on the question, says "it is often argued that in defence of these institutions that in effect they are the safest places in the world on account of the great care exercised to destroy all bacilli escaping from the patients. As usual with all such unqualified medical opinions, a very false impression has been conveyed, for we have recently learned of two female nurses who have contracted pulmonary tuberculosis in a sanatorium situated in a climate which has been widely advertised as God's own for the cure and prevention of the disease. With everything in their favour as to climate and hygiene they have been infected by their patients, and their sad plight conveys the lesson that there is great danger from contact with any infection. It was only a few years ago that we thought typhoid a very safe disease to nurse, but we are now appalled at the enormous number of contact cases, and have reversed our teaching to the end that nurses be guarded with extreme precautions. Similarly, though to a less extent of course, we must warn all those in contact with the tuberculous. Perhaps the two nurses we mention had become reckless from the proverbial contempt of dangers daily encountered, or have been grossly careless, but even so they show that the occupation is not as safe as we believed."

A trained nurse should be an exquisitely clean and careful woman, but many women who attend on tuberculous patients are very insufficiently trained, and are, therefore, ignorant of the elementary principles of asepsis. It is just in this direction the danger of infection lies. All attendants on sick people suffering from infectious diseases or not, should, from the day they enter the sick room, live by well defined laws of *absolute personal cleanliness*. Breathe no dirt, swallow no dirt, touch no dirt, scrub, clean, and disinfect, and cultivate a healthy appetite, and do a bit of deep thinking every day. Mental effort is the stimulant which makes the physical wheels go round, and keeps the whole body in health.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Their Majesties the King and Queen have become patrons of the Hunstanton Convalescent Home and of the Prince Edward Home for Convalescent Children.

Her Majesty the Queen has become a patron of the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.

The Queen has kindly sent presents of grapes to several homes for incurables and invalid gentlewomen amongst which the Home at Catherine House, Church Road, St. Leonards-on-Sea, has been so favoured.

Prince Francis of Teck, Chairman of the Middlesex Hospital, has had a wonderful success in his appeal for £20,000. Already over £19,000 has been subscribed by both rich and poor, and the sum required will no doubt be soon complete.

Princess Henry of Battenberg, with Mrs. Hay Newton in attendance last week, attended the annual meeting of Governors of the Frank James Memorial Cottage Hospital, of which Her Royal Highness is president. The meeting was held at the East Cowes Town Hall.

The Hon. Secretary of the Southport Infirmary, Mr. A. H. Reynolds, has acknowledged the receipt of £5,000, the gift of Miss Swindells, of Birkdale, for the building and endowment of the "Swindells" Ward of the Infirmary. The ward is now in the course of erection.

### THE HOSPITAL FOR WOMEN, SOHO SQUARE, W.

The Hospital for Women, Soho Square, London, W., which has been entirely rebuilt to meet modern requirements, will not be ready for patients until the end of the present month, but structurally it is practically finished, and it is evident that the wards will be bright, sunny, and pleasant when finished. The three large wards, which are in the front of the building, overlook the square, while others are carried back from the main block and face Frith Street. Most of them are provided with balconies, so that patients who are well enough will be able to enjoy the fresh air.

On entering the building one finds oneself in a spacious entrance-hall, with main staircase of teak giving access to all parts of the building. The wards have floors of polished teak, and the walls, which are painted with painpan, are cream in colour, with a dash of green tiles. The mantelpieces are of white tiles, flush with the walls, the grates being brass.

The bath rooms look very fresh and clean, with white tiles below and white painpan above, and all floors are laid with terrazzo. The kitchen walls are also lined with white tiles, and the passage can be warmed with radiators.

The operating theatre, which like the rest of the building is still unadorned, is light and spacious. It not only has a top light, but the east side is almost entirely formed of glass, so that whatever light there is will be concentrated there. There are, of course, the usual annexes, and much thought has evidently been given to this department where so much useful work is carried on.

## The Isabel Hampton Robb Memorial.

In the current *American Journal of Nursing* an open letter "To the Nurses of America" appears, headed "The Isabel Hampton Robb Educational Fund," in which the debt, and the individual responsibility which must be assumed by every American nurse, is pointed out, if the memorial is to be a worthy contribution to the cause of the higher education of nurses and an impressive testimonial to one of the great teachers in our profession. "Throughout the length and breadth of our land," it runs, "there ought to come the practical evidences that you appreciate your own obligation in this endeavour and that out of your sincere appreciation you purpose that this memorial shall be, not the attempt of a few, but the grateful expression of every nurse and every training school, that one and all are debtors to Isabel Hampton Robb beyond what they can ever repay."

"How shall we show the worship we should do her?" Surely, by carrying out the purposes so dear to her heart, in making the nurses' training one of increasing educational privilege and highest dignity. No better means toward this end could have been devised than the establishment of the Isabel Hampton Robb Educational Fund, to which all of you are asked to give, as your heart prompts you. You and your school may profit directly from it, if you choose. Assuredly, the nursing profession will profit immeasurably, as there are added to its ranks earnest, enthusiastic women who have had the advantages of these Robb Scholarships, to make them better teachers and leaders amongst us." "It is urged that every nursing body, alumnae and state association, nursing clubs and schools, etc., make a systematic effort to interest their members, that everyone shall feel the desire to have some part in this splendid undertaking."

## Preliminary Training.

The lamented death of Mrs. Robb has deprived the International Education Committee of its first chairman—an irreparable loss. Miss Van Lanschot-Hubrecht, secretary to the Committee, is sending out to each President of a National Council of Nurses questions relating to preliminary training. The replies will be brought before the next meeting of the International Council at Cologne.

## Peregrinations.—I.

"Have you heard?"

In a very serious tone, and with an ominous expression, the question was addressed to me on the morning of my departure.

"Ober-Ammergau is under water and the theatre is in danger of collapse."

This did not give me an appetite for breakfast! The authority for the unwelcome news was the English Press, and when I thought thereon my spirits revived.

"Don't go," urged my apprehensive friend. "Not go! when the fruition of my hopes of many years was within sight. Was I to be turned from my purpose by a mere rumour, an uncorroborated statement, when my cherished ticket had been taken weeks before and my plans made? I might never see the great Play at all."

I started, met the friend who was going with me at the appointed time and place, and we left that night. At intervals along the route I enquired eagerly about the floods in Bavaria. No one seemed able to tell us much until we reached Munich, and then the accounts were very reassuring. That there had been floods no one denied, but the waters had returned to their natural courses, and the Play had not been interrupted and the theatre stood firm. (Moral—stand firm to your purpose!) It was very obvious that the authorities were as anxious not to stem the tide of foreign visitors to Bavaria as they were to stem the tide of the less welcome invasion. There was sufficient evidence that the heavy rains had done some devastating work when, at a wayside station midway between Munich and Ober-Ammergau, an excited official entered the carriages and told us that we must all get out at once. The floods had washed away part of the railway and with it the embankment. The train crawled up to the edge of the yawning chasm; we then climbed down the embankment, carrying our *handbags*, and up the other side, where the train waited for us.

Ober-Ammergau at last! my Ultima Thule! It was like another world, this quiet, beautiful Bavarian village, surrounded by guardian hills, chief among which is the great rocky crag called the *Kofel* rearing its summit above the rest, surmounted by a cross immediately over the village like its guardian-in-chief.

The spirit of the Passion Play seemed to rest upon the place.

The courtesy and hospitality, the smiling faces, the long hair which softened the faces of the men, and the picturesque dress of the children and some of the adults; the entire absence of newspaper boys, shrieking the latest tatty news or hideous crime, and the glaring and obtruding posters proclaiming the same, which hit the eye everywhere in our big modern cities, all combined to make the contrast felt by those who dwell in them.

Our host—"St. Thomas"—a skilled carver, received us with impulsive courtesy, and showed us, in the absence of his wife, to our tiny but exquisitely clean bedrooms.

A steady, relentless downpour of rain did not bode well for the morrow; however, to my frequent

question, "What about to-morrow?" I received the confident reply, "It will be fine to-morrow!" and, sure enough, the haggard clouds divided and the sun looked down and smiled radiantly out of a cloudless blue sky.

Shortly before 8 a.m. the entire village appeared to be in the hands of a peaceful invading force—an allied army of foreigners, speaking many languages. From every road and lane of the village they emerged, 4,000 strong, all centralising towards one point the Theatre. Silently and quickly all took their places, for punctually at eight the play began. To describe the representation would occupy too much time and space, but, if the Editor will permit me, I would like to epitomise my impressions.

The Play was wonderful from beginning to end, characterised by deep reverence, simplicity, and devotion. Acting, as such, does not exist; each man and woman takes the part allotted to them—by the Council or the Passion Play—and makes it his and her own, throwing into it all the realism and pathos with which centuries of faithful allegiance to their vow has inspired them.

A tableau, taken from Old Testament History, immediately precedes every scene of the drama which it foreshadows. They all follow in quick succession. In order to appreciate the Play as it deserves to be appreciated, it is almost necessary to see it a second time. Perhaps the most impressive scenes, besides the culminating one, were the parting at Bethany, the Repentance of St. Peter, the remorse of Judas.

The first part of the Play is over at twelve, when there is an adjournment of two hours. The second part terminates shortly before 6 p.m.

We made Switzerland our highway back to England, stopping a few days at various charming spots. (N.B.—What spot in Switzerland is not charming?)

*En route* we spent a day in Munich. Since our last International Congress of Nurses I have become imbued with the spirit of internationalism—the Editor will say that is the *raison d'être* of such Congresses. Well, this excellent spirit within me impelled me to ring the bell at the main entrance of the large General Hospital of that city, and boldly ask to be shown over.

When I explained that I was myself a *Krankenpflegerin*—the word looks brimming over with the highest qualifications, does it not?—I was at once admitted, and a gracious Sister of Mercy, although obviously the hour was rather inconvenient, took me round. The building—capacity about 500 beds—was built in the year 1813; structurally, therefore, it is out of date, as indeed all old hospitals must be, seeing that light and air as curative agents were "nothing accounted of" in the "good old *insanitary* days"—the italics, of course, are my own. For instance, the oblong ward, which appeared to be uniform in size, and contained fourteen beds each, had only one window, and that was placed at the one end! Consequently there could be no ventilation, and the patients looked weary and depressed. Not a single picture adorned the whitewashed walls, not a single flower

or plant the tables and lockers, except in one case where I observed a sorry-looking bunch, forlorn in the flowerless waste!

The beds looked untidy and not too clean. I was disappointed in the cheerless, depressing aspect of these wards. Yet the good Sisters radiated smiles and graciousness with great liberality. With all due respect for these excellent women, my observations on several occasions have led me to the conclusion that they do not make good nurses.

As a contrast, the hospital was furnished with all the newest appliances for the alleviation of suffering both in the medical and surgical departments that modern thought and human ingenuity could devise. In the basement there were rooms for various kinds of treatment by mechanical appliances, etc. A room for sulphur baths, a Turkish bath-room, a medical gymnasium, fully equipped with electrical appliances for the treatment of every kind of stiff joint and decrepitude imaginable. Then there was a hot air room for inhalation for the treatment of nose and throat diseases. Also an electric light bathroom, and another for Finsen ray treatment. It was marvellously interesting, and I almost doubt if there were such a thing as an *incurable* disease in that hospital.

I was also introduced to a very fine theatre, splendidly equipped with every modern requirement except what seems to me ought to be part of the furniture of the theatre of every hospital, large or small, and which I have only seen at the Cottage Hospital at Weymouth—an oxygen cylinder mounted on a trolley, with funnel and tube attached, ready for use upon emergency.

The floor was of marble, and everything was beautifully clean and polished. B. K.

(To be continued.)

#### THE HULL SANATORIUM SCANDAL.

A special meeting of the Hull City Council was held on Monday to discuss the question of administration at the Hull Sanatorium. This was in consequence of the allegations arising out of the resignation of the Medical Superintendent and the recommendation of the Sanitary Committee that the Matron (Miss C. M. Duffy), who had been suspended during the inquiry, should be asked to resume her duties at the Sanatorium.

After a prolonged discussion it was decided to adjourn the meeting for a fortnight, that the minutes be printed and circulated, and the Matron be suspended.

The Matron, following upon the decision of the City Council, immediately sent in her resignation. The letter stated:—"My health has been so seriously affected by the ordeal through which I have had to pass for so many months, that although I assert my innocence of the serious charges brought against me, I feel that the best course for me is to resign my appointment, and to sever my connection with an institution to which I came with splendid credentials, and in which I have conscientiously discharged my duties to both officials and staff, and the rate-payers. I therefore resign my position, to take effect forthwith."

Miss Duffy is seriously affected by the course of events, as she went to Hull with excellent credentials

## Pure Milk Campaign.

The question of pure milk for babies is one of no little difficulty, and in their world midwives and nurses are constantly consulted how to procure it. The first duty is, of course, to impress upon the young mother that no food can equal her own milk if the supply is natural and healthy, but alas! this is often not the case and substitutes must be given. Even medical opinion differs as to infant feeding, and little wonder, babes have their idiosyncrasies, and what suits one poisons another, and owing to the extreme difficulty in obtaining our absolutely pure milk supply, the labour and cost of preparation. Doctors, nurses, and midwives are constantly met with the difficulty of procuring sufficient nourishment for the weakly infants of ill-nourished and poor mothers.

To meet this need, modified standardised desiccated milk (Glaxo) has been most carefully prepared, and whilst in no way wishing to depreciate other methods of milk feeding—all designed to assist in reducing the heavy infantile mortality in large cities, it is well to acquaint oneself with the excellent work toward the same object which upon the evidence of medical officers of health is being accomplished by the use of Glaxo.

Some three years ago, Dr. Newman, the then medical officer for Finsbury, and Dr. Fenton, the then M.O.H. for Barking Urban District Council, had brought to their notice the modified standardised desiccated milk (Glaxo), which they subjected to an exhaustive trial. The former doctor had 30 infants fed upon it persistently for twelve months and over 100 for different periods of time, and the average weekly gain was 4.6 ounces. In his annual report to the Health Committee, he reported:—

"There can be no doubt that it provides an excellent substitute for much of the milk upon which infants are now fed . . . that it can be well used and when so used, yield excellent results . . . that the progress made (average increase per week, 1.6 ounces) indicates that the milk was not only nourishing. . . ."

Equally satisfactory results were obtained at Barking, the annual report containing the following statement:—"Most children can be brought to the depot . . . and are supplied with a preparation of pure, waterless milk. The particular form I have been using is called Glaxo, and my results have been very satisfactory indeed."

Several other similar bodies have since adopted its use in preference to either pasteurised or sterilised milk, owing to its sterility (the process assures the death of the tubercle bacillus), economy, and convenience. It keeps indefinitely in the hottest weather, its constant composition and increased nutritive value compared to either ordinary milk, pasteurised or sterilised. It is easier digested than ordinary milk, owing to the process causing a physical change in the Protein, which prevents it subsequently forming a dense, leathery curd.

The cost of running a milk depot with Glaxo is considerably less, and much more convenient, than

with pasteurised or sterilised milk. The latter has to be sold at a loss in order to bring it within reach of the poor. This is not the case with Glaxo, which can be sold at cost price. The inconvenience of fetching milk daily from a distance, the cost of installing a pasteurising plant, the running expenses, cost of bottles and the breakages, are obviated by using this preparation, and it permits a closer inspection of the babies, as once a week they come to a certain address to obtain their supplies, when the authority is there to give advice and see the babies weighed, and finally, it is in great favour with the mothers owing to its convenience.

To overcome the question of dirty or tuberculous milk, it will be agreed by anyone familiar with infant feeding and our milk supply that this cannot be satisfactorily done by mechanical means. The only efficient method of doing this is to go right to the source of supply of the milk, and handle it when it is fresh—say, within two hours of its coming from the cow—before any fermentative changes have taken place, as it has been proved that milk that has more than .2 of 1 per cent. of lactic acid is too sour for satisfactory results. This, no doubt, is the reason why Glaxo promises to solve the problem of infantile mortality. It is made in New Zealand—the milk is received at the factory within two hours of its being drawn from the cow. All the cows supplying milk to the factory are periodically inspected by Government veterinary surgeons, and the cans that carry the milk to the factory are washed in lime water, hot water, and finally sterilised with steam. The substance is then put up in pure vegetable parchment bags, which are placed in hermetically sealed, air-tight tins.

## Legal Matters.

Nothing quite so disgraceful as the conduct of Henry Moss Cohen, a member of the St. George's-in-the-East Board of Guardians, has recently been recorded. He was recently summoned at the Thames Police Court for assaulting Miss Jane Pitts, a nurse at the workhouse. Nurse Pitts stated that she went off duty at 6.30 on the evening of August 25, and about an hour later went to her bedroom in the female officers' quarters. The door was closed, but not locked. She went to bed about eight o'clock. About ten o'clock she was suddenly awakened by hearing her door opened. She got up and saw Cowen in her room. He shut the door, and when asked what he wanted he made no reply, but stood still with his back to the door. As he made no movement to leave, she jumped out of bed, and as she went towards him he put his arms around her and kissed her on the lips roughly. After a struggle Cohen left the room. The magistrate, in giving his decision, said he had no hesitation in saying that he believed every word that had been said by Miss Pitts and other witnesses. So serious did he regard the defendant's offence that he had decided to sentence him to one month's imprisonment without the option of a fine. He considered the defendant totally unfit to hold the position of a guardian. The sentence, he announced, would not carry with it hard labour.

## Outside the Gates.



We are pleased to learn that women Suffragists have it in mind to honour the memory of Miss Florence Nightingale. Second to none in original genius and as a benefactor to humanity—she was naturally in favour of full citizenship for her sex. We hope the members of every Suffrage Society will unite to consider how the sacred memory of this great woman can best be honoured.

The hundred and thirteenth anniversary of the death of Mary Wollstonecraft, the author of "A Vindication of the Rights of Women," took place on Saturday last. A large number of women Suffragists visited her tomb in St. Peter's churchyard, Bournemouth, and placed floral tributes on the grave in honour of one who was described as a great woman and a noble pioneer in the movement for the freedom of women. In the evening a commemoration meeting was held.

Under the auspices of the Women's Industrial Council, an enterprise is under consideration for the foundation of an institution in the East End where working-class girls can be trained as children's nurses. This scheme is not a new one. As far back as 1908 the matter was discussed at a conference held at the Guildhall.

A suitable house, with a nice garden attached, has been found at Homerton, and there it is proposed to open a crèche or day nursery, for the babies of mothers who are compelled to go to daily work, and are thereby unable to take care of their children. A small charge (probably 1d. a day) would be made for the care of each child. In looking after these little ones the working girls would receive their training in the care of infants and young children.

At present girls of the working class on leaving the Board schools, if they do not become factory hands, generally follow some occupation where skill or training is not necessary. Many develop into household drudges for their neighbours' children, and eke out a scanty existence thereby.

The girl of fifteen or sixteen is hard to place, as she has rarely any but an imperfect knowledge of household matters, and would not be employed in a domestic capacity except by someone whose circumstances do not permit of the engagement of a trained servant. A girl commencing life under these conditions has no future before her, as from such surroundings she cannot possibly rise to any position either as a domestic servant or a nurse. It is to help this class of girl that the Women's Industrial Council are founding the institution.

Recognition of women's original work is so sparing in this country that we are always pleased to record it. When the International Council of

Women held its Congress in London in 1899, many of us had the pleasure of meeting Mrs. Willoughby Cummings, of Canada, the secretary of the Canadian National Council of Women.

King's College, at Windsor, Nova Scotia, is the oldest university in the British Colonial Empire, and at the Convocation Ceremony last week, the honorary degree of Doctor of Civil Law was conferred on, among others, Mrs. Willoughby Cummings. Mrs. Cummings is the first woman upon whom the honorary degree of D.C.L. has been conferred. She is now employed by the Dominion Government to deliver lectures upon the Government's old-age pension system.

Mme. Curie and M. Debiérne have just presented a joint memoir to the Academy of Sciences announcing that they have succeeded in isolating pure radium. The metallic radium which they have obtained is of a brilliant white colour, which blackens when exposed to the air. It burns paper, rapidly decomposes water, and adheres to iron.

## Book of the Week.

### VERITY LADS.\*

To quote from the introduction, "This book is a packet made up of boy's letters. . . . The letters are like the needy knife grinder; for story, God bless you, they have none to tell, sir—as stories told by writers go. They are all about a thousand things that seemed funny or vexations to an irresponsible youngster."

They were written to his Uncle Donby, the outcast of the family. "It is the oddest thing in the world, that people think they know sufficient of a man to judge him, when they have heard just one plain thing about him. My Uncle Donby had been in jail, that was enough. . . . My uncle died at Christmas of pneumonia. . . . He, was delirious for a day and part of the night; and towards morning, he raised himself with his ordinary keen look of quiet pleasure, and pointed at the wooden floor.

"See!" said he, as if he had spied a secret out, "Take one."

I asked him what I was to take.

"What, do you not see?" he smiled, dropping his eyes at me. "Shawdrops."

They were not due, alas, till he had been six weeks underground.

"Shall I gather a bunch for you?" said I.

"Nay," he answered, with his tone of gentle depression. "Nay, leave 'em, Harry. Aw m' be gone home."

With that he lay back again and slept his last sleep.

It must not be supposed that much of the book is in this strain, for the confidences that Master Harry Verity makes to his uncle, leads to pious thanksgiving that he belonged to any other family

than one's own. His misdemeanours appear to have come home to him when he was suffering from the mumps. "I had to take care they didn't meet under my chin, because Sally said it ever they slipped down and came together, I was as dead as a nit. Sally said it I put my feet in mustard and water and jumped into bed quick the mumps would sweat away. I was afraid of dying, because of not being saved. There is no end of things you can think of to repent, if you want badly to be forgiven. P'raps the angel misses out some, it a nipper doesn't rightly know what a sin is. I would, I expect, I ought to have sat with my class when we went to chapel, instead of going into the free seats with Bob, where the stove was, and roasting chestnuts with a hole cut in them, so they wouldn't crack out. But, of course, in the Bible there is nothing said about a thing like that . . . but I know I prayed about it.

Sally told my mother not to give me any medicine. She said, "Anybody that takes medicine, it eats their insides away, while at least there's nought but a shell; and it ever it gets at back of their heart into that cup where their heart is, and lit it out then they're done for. Especially black medicine that goes straight into the cup."

But as everyone knows, "When the devil was ill, the devil a saint would be," etc., and while the mumps were yet with him he went to visit Tom Hopkinson afflicted in the same manner. "We had a try to mend their clock. It never went anyway. I don't expect we did much harm to it." "We got sent away to Whittaker's farm, near Craggsdale, for a holiday, old Whittaker expected we should come to no good—so he made us go to church on Sunday. By rights, I expect we should have gone to chapel like we always did. Church is different. The parson had a long white gown on. He kept singing (rather miserable), and then they all sang whenever he stopped; but not very loud, because I don't think many knew what tune it was. The sermon was soon done, I didn't get to look at all the windows, but I enjoyed myself better than our chapel, that is, I would have it Bob had behaved. He told me it was Popery, and said don't take any notice."

If the "Verity Lads" does no more than provoke a smile, it is something in this sorry world.

H. H.

### COMING EVENTS.

September 27th. Meeting of the Inspectors of Midwives' Association. Midwives' Institute, 12, Buckingham Street, Strand, W.C. 2.30 p.m.

October 10th.—Territorial Force Nursing Service, City and County of London. Reception at the Mansion House by invitation of the Lady Mayoress and the Members of the Executive Committee. 8-10.30 p.m. Entertainment and music.

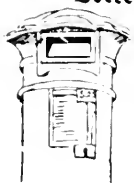
### WORD FOR THE WEEK.

I wonder why we are not all kinder to each other than we are. How much the world needs it. How easily it is done.

HELEN DUNSMON.

\* By Keighley Snowden (T. Werner Laurie, Clarendon Press).

## 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 NIGHTINGALE MEMORIAL.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I have read with deep interest, and more than once, your editorial of this week. I agree with the suggestions made, in their entirety. No man or woman has passed away who deserves to be memorialised more than the truly great woman Florence Nightingale, who was an altruist and a humanitarian, besides being a pioneer and a reformer. I suppose no one will deny that, in considering the proposals for suitable memorials, there is the national, and there is the professional aspect to be considered. I am glad to see that you emphasise this point.

Florence Nightingale was a highly educated woman, and in all her advice to others we find her insisting upon efficiency and thoroughness as the basis of all enduring work; in other words—a scientific basis. What could be more suitable, therefore, than—as you aptly put it—"a logical National Memorial" in the form of a College of Nurses.

Some might object that there is a danger of over-educating the nurse; but a moment's reflection will show such to be a foolish and groundless fear. Education—especially in the nurse—is never finished. In order to be an efficient Aid Society to the medical profession, with its rapid advancement and constant new discoveries, the nursing profession should offer facilities for post-graduate education, which your admirable scheme of a College of Nurses would supply. The lament of many nurses—many of them excellent nurses—is that they are getting rusty. The scheme would meet their need. The public are slow to realise that our profession is of great national importance; this would arouse their imagination.

Let us follow the example of the French, who may well be proud of their splendid college at the Salpêtrière in Paris, which I have had the pleasure of visiting. And what is a sum of £50,000 for an Empire like ours to subscribe to—shall I say—this patriotic scheme. As an act of love and respect for the work of a great patriot, England could not do better than erect and endow a College of Nurses. The suggestion of a professional memorial should also be welcomed by the nurses of the Empire: a statue in Trafalgar Square appeals to me more than one in Westminster Abbey, as being more conspicuous, and near the Royal College of Physicians, and so more suitable. I would suggest that no one but nurses should subscribe to this; let us make it all our own.

Standing still is childish folly.

Going backward is a crime.

Onward, ye devoted Nations  
Onward keep the march of Time!

I fear I have trespassed too much upon the space of this journal, which stands for the progress alluded to.

BEATRICE KENT.

P.S. I hope many other readers of the journal will find time to express their opinions upon this important matter.

### A RELIABLE OPINION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM. I enclose my yearly subscription to THE BRITISH JOURNAL OF NURSING.

While watching with interest the march of events, one cannot but deplore how very slowly State Registration approaches.

It is a grievous thing that so much opposition should be met with. Writing from a country that has had registration for some years, I can state with confidence that the benefit to the public is incalculable, and the nursing profession is relieved of much odium undeservedly bestowed. It is so easy for a "bogus" nurse to glibly explain that she is thoroughly trained, and who can question her statements?

Here the register is at once referred to and all doubts set at rest.—Believe me, yours faithfully,

J. MELLY JONES, R.N.

Okeokinga Institute for Trained Nurses,  
Auckland, New Zealand.

### THE NURSE AS SOCIAL WORKER.

To the Editor of the "British Journal of Nursing."

DEAR MADAM. I should like to record with what great interest I read the article on "The Nurse as Social Worker" in your issue of the 3rd September.

I wonder if there are any school nurses or health visitors who have not sadly realised in the course of their duties "that peculiar mental condition which is bound to result from the constant depressing struggle for bare existence."

Those of us who are Suffragists realise only too well that if the laws of maintenance, as they affect the wives and children of working men, were altered, to the advantage of the former, they would go far to removing the cause of this "mental state." To illustrate this: In the course of my duties I was visiting a mother in order to ascertain why she had not been able to have a physical defect in one of her children remedied. She had previously promised to do this, and help had been forthcoming. I was unable to penetrate this very "mental condition" that Miss Pearce so ably defines. I knew that here was an apathetic indifference to the welfare of her children that was not natural to the woman. Happening to be in this home just at a dinner hour, she asked me to excuse her while she dispatched her "man's" dinner to his place of work. This dinner consisted of a good-size Yorkshire pudding, a piece of roasted meat, an appropriate amount for three grown people. This was all sent per small son to the "legal parent."

A light dawned on me. I felt I had the key to this mental state, that was baffling me. I made inquiries as to what mother and child were doing

were to have—there was nothing but bread and lard—less than half a loaf of this and about 1 oz. of lard. I remonstrated, but the woman assured me that "he buys it himself every morning, and I has to shut it." He would kick me if I didn't, miss." (This said in a weary, resigned tone.) This is by no means an isolated case. In my little sphere of work I know of many. It is this sort of thing that should convert those "delicately insane" antis who talk of "Queens of the home" to the necessity of having laws to protect their less fortunate sisters from brutality of this description.

Truly, as your admirable journal once stated, the opportunities of doing good by the educated nurse as a social worker are limited only by her own capacity.

If there are any nurses engaged in social work who are not yet assured of the need of Women's Suffrage, I sincerely trust that they may be given "minutely to think," after reading the article referred to in your last week's issue. I make a point of sending your journal to a nurse. "Anti" every week, as I consider it an educating influence on the need of a higher status for women, the professional nurse included. I take this opportunity to thank you for the very helpful and encouraging advice I have derived from THE BRITISH JOURNAL OF NURSING. I am, dear Madam, yours faithfully,  
A HEALTH MISSESSOR.

#### THE NEW MIDWIVES' BILL.

To the Editor of the "British Journal of Nursing."

DEAR EDITOR.—Being a constant reader of your paper, let me say that I agree with your remarks in this week's issue, in answer to the extract taken from the *Midwives' Record*, and would like to supplement them by saying that all the midwives in the country are not passive.

There is no newspaper to blazon forth the fact, but there is a strong fighting force in the country under the banner of the National Association of Midwives.

When Parliament assembles there are 30 members pledged to oppose the Midwives' Bill when it appears in the House of Commons.

The secretaries of our branches have had personal interviews with their respective members.

The secretary of the Manchester Branch is responsible for obtaining the pledges to oppose the Bill from seven members in one day.

Knowing your sympathy for womanhood, I thought you would like to know the work that is being done.

Please let me draw your attention to an error that has crept into your columns regarding the Union formed by the midwives of Sheffield and district. The fact is they have formed a branch of the N.A.M., and not a small local union. The union at Sheffield believe, as do we, that small local unions are absolutely no use to midwives at this critical time in the history of our profession.

It is only by united effort and presenting a solid front that we can hope to obtain any measure of justice.

Yours faithfully,

MARGARET LEWSON.

President, National Association of Midwives.

## Comments and Replies.

Miss T. S., London.—The hospital in which you are training is not alone in failing to provide systematic teaching for nurses in Materia Medica. It is a most serious and dangerous omission from the nursing curriculum. We should advise you to obtain the Text-Book on Materia Medica for Nurses, compiled by Miss L. L. Dock. It contains a Table of Poisons, their antidotes and antagonists, and is published by G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.C.

Sister Marion, Liverpool.—See reply to above.—Your suggestion to give "grinds" to your probationers we consider most wise. No doubt, when we have a Central Nursing Council, Materia Medica will be a compulsory subject for nurses. According to Gould, the broad meaning of medicine (Medicina) is "the science and art of healing and curing the sick," and the word drug means "a substance, simple or compound, natural or prepared, single or mixed, with other substances, used as a medicine; and "Materia Medica" covers the entire list of such substances, with their whole history. Every nurse should possess and study Dock's text-book on this subject.

District Nurse, I.F.A.—Dr. G. H. Mapleton, in the *British Medical Journal* advises that all cravices in rooms be brushed with a feather dipped in strong solution of corrosive sublimate in rectified spirit for the destruction of bugs. He considers it intailable.—Ed.

## Notices.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

#### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal; those on practical nursing are specially invited.

Advertisements and business communications should be addressed to the Manager, BRITISH JOURNAL OF NURSING, 11, Adam Street, Strand, W.C.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

The BRITISH JOURNAL OF NURSING may be obtained at 131, Oxford Street, London, W.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## A Hospital in Utopia.

Time was when women in labour were attended solely by practitioners of their own sex, and so strong was the feeling in this country against the admission of men to the lying-in room—a feeling still existing with equal force not only in the zenanas of India, but in many other Eastern countries—that it is related that the first male practitioner whose services were requisitioned for an urgent case had to attend the patient in woman's dress. Later midwifery passed largely into the hands of men, not because men were more capable than women, but because, as medical education improved, the knowledge of medical men was greater, and therefore they became more proficient than midwives. The consequences were twofold: firstly, it became increasingly usual for medical men to be engaged or summoned to assist women in childbirth; and secondly, as all the most desirable cases were absorbed by the medical profession, midwifery was rejected as a means of livelihood by many women of the class who formerly practised it, until the term midwife became almost one of reproach, and certainly, for the most part, synonymous with ignorance and unfitness, so that it was mostly practised by women of the lowest class. It will be remembered that Mrs. Gamp was a midwife as well as a "sick nurse," and attended lyings-in and layings out with equal readiness; it is perhaps as well that her biographer does not record with what result.

Like trained nursing, midwifery to-day has been rescued from the evil plight into which it had fallen, and thousands of trained women are to-day caring for their fellow-women in childbirth to their comfort and advantage, for it must be remembered that, so far as the poor are concerned, and it is mostly the poor who are attended by midwives at the present time—the medical practitioner who attends a lying-in woman does so only at the time of confinement, and delivers the patient (it, indeed, delivery has not been effected before his arrival by an ignorant (so-called) monthly nurse). The midwife, on the other hand, is summoned sufficiently early, remains with the patient throughout the second and third stages of labour, and visits her daily for ten days, subsequently attending to her comfort and dietary and that of the child during that period.

What the future of midwifery as practised by women in this country will be it is not easy to foresee, except that in the future, as in the past, their opportunities of usefulness will be limited only by their opportunities of acquiring knowledge. At present the standard required by the Central Midwives' Board is limited to the acquisition of "such knowledge as it would be dangerous to a midwife to lack," and neither the professional prestige attainable nor the remuneration which is the reward of hard and responsible work, are sufficient to attract a highly educated class of women in large numbers to adopt midwifery as a profession.

But in Germany a scheme has been evolved, which could scarcely have been suggested except in a country where male domination is the rule, to provide not only male practitioners to deliver women in childbirth, but also to attend them as monthly nurses. Incredible, but apparently true, for a correspondent describes in an article of nearly a column length in the *Times*, under the heading "A Hospital in Utopia," a new movement to provide a maternity hospital where "nurses in the professional sense are to be superseded by fully qualified doctors of both sexes. These young doctors, immediately after taking their degree, are to spend a certain time in the hospital, giving to the patients all those professional attentions which are usually left to the trained nurse, while the patient is also to receive the care which affection only can bestow, from her personal friends. Not only the nurse but the Matron will thus be found superfluous." Verily, it takes a male mind to conceive, and male obtuseness to propound, such a scheme. The best we could wish for this unique institution is that it should remain in Utopia, but apparently it is to materialise in bricks and mortar at Munich. The opportunity for acquiring additional knowledge may be desirable in the interests of medical education, but how it will benefit the patients is not easy to understand. Imagine a hospital in which there is no head to the nursing department, the office having been abolished as superfluous, and where the nursing duties are divided between medical students who have just qualified and untrained friends of the patients, and this in a maternity home where, if nowhere else, woman is entitled in her own sphere.

The scheme is promoted by a group of Munich doctors, whose first maxim is that "childbirth, the only dangerous operations."

needs the safeguards and apparatus which are to be had completely only in a hospital or institution, and not in a private house of any kind." Therefore they argue that women of every class, rich and poor, should be urged to enter institutions for this purpose. Since when has childbearing ceased to be a normal act, that it is now to be classed with "other dangerous operations?" Moreover, it is surely cruel to impress upon women the danger of an event to which most of them look forward with some dread, when it is proved that something less than 2 per 1,000 is the average maternal mortality when patients are attended by skilled midwives. We imagine that it will take some persuasion to induce women who can afford to pay for the services of competent nurses to make a habit of leaving their own homes and entering an institution for their confinements, although it is held out as an inducement, in the case of the Munich institution, that it is to be a "home from home." It does not seem to have dawned upon the good doctors that it needs the Matron or house mother, whom they in their wisdom consider "superfluous" to make a "home."

A point which is considered important by the founders of the new institution—or *Frauenheim*, as it is called—is "the free entry of one chosen friend of the patient at all times and seasons to the hospital," a regulation which we imagine could only work well in the male imagination. Daily visits, certainly, but "at all times and seasons." It will be curious to note how the staff of young medical practitioners, minus the organising control of a Matron, will manage the work under these conditions. The supreme control of the *Frauenheim* is to be vested in a house surgeon or director "of the highest possible skill," and it is needless to add that "his emoluments will consist of a handsome salary, a good dwelling-house attached to the hospital, and the right to receive as many patients as he pleases in his own consulting room, as well as the use of a certain specified number of beds for his own cases." Within bounds, the house surgeon is to be an autocrat almost a despot. But he is to be appointed by members of the Society. A committee created to establish the home, and responsible to them alone, and patients and friends of patients are to have the opportunity of stating grievances and suggesting amendments in fact, of governing in their own interests.

It is said that in Germany a happy "home" manner is not cultivated with the same care as in England. Some German doctors take their patients into health, as the drill

sergeant bullies his recruits. And the nurses, overworked and undertrained, have not the cheeriness, kindly exterior to which we are accustomed in London.

Dr. Hengge one of the most distinguished Munich physicians, has recently visited England and America to study the systems in force, and lecturing recently at Munich gave unstinted praise to English hospitals, the kindness and competency of the nurses, and the "comfort" with which patients and nurses are surrounded. It is just that atmosphere of "comfort" which mere man, with the best of intentions, can never disseminate, and for this reason we fear the *Frauenheim* can never fulfil the hopes of its promoters.

#### A MATERNITY WARD AT "BARTS"

A maternity ward is soon to be opened at St. Bartholomew's Hospital, but we gather it will be used for the instruction in midwifery of medical students, and not of nurses. A suggestion that the nurses should be compelled to pay for training in this ward "as at the London" would be most unfair, as they will only receive instruction in maternity nursing, and not the necessary experience in midwifery to qualify themselves for the Central Midwives' Board examination and certificate—a professional asset of commercial value.

#### A LOVELY BABBY.

At the Bristol Police Court, recently, Elizabeth Walker, of Elberton Place, Regent Road, Bedminster, was summoned for contravening the Midwives' Act by practising without being duly certified. Mr. F. P. Tyrrell (Town Clerk's Office) prosecuted, and said the Act came into force in 1902, but the section enforcing the registration of midwives did not become operative till April of this year. Notice of that clause had been given from time to time to women practising as midwives, and one prosecution in respect of a woman practising without a certificate had taken place. Defendant had been practising as a midwife for some years, and up to the present time, but she had not been certified. She had been cautioned on two occasions by the Constable.

Evidence was given by women whom defendant had attended lately, but they all agreed that defendant was a kind and skilful nurse.

Defendant inquired of one: "Have you anything to complain of?"

Witness: No, it's a lovely baby.

Mr. Tyrrell: She attended you for another, did she not? Was that a lovely baby, too?

Yes; a fine boy. She looked after me well.

Defendant admitted the offence, but said she had tried to get a certificate. She frequently attended cases with doctors, and they were satisfied with her.

The magistrates adjourned the case for a month, telling defendant she must not practise meanwhile, unless she obtained a certificate.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,173.

SATURDAY, SEPT 24. 1910.

XLV.

## Editorial.

### "OUT BACK."

The Countess of Dudley's District Nursing Scheme, or, as it has now been decided to call it, "The Australian Order for District Nursing," is making progress—although not on the lines originally suggested—and Lady Dudley has written to the Australian press to say she has reluctantly come to the conclusion that the Bush Nursing Scheme is not wholly acceptable to the people. The truth is the Australian nursing world is self-governed and democratic—and the Bush Nursing Scheme was neither. The fact that women are citizens in the Commonwealth was quite overlooked, and the members of the medical and nursing professions who have raised nursing in Australia from ill-equipped drudgery to a highly skilled and organised profession for women, naturally dreaded the effect of any form of district nursing which might in time follow on the lines of the Queen's Institute in England—which by affiliation has recognised as district nurses, hundreds of ill-educated and quite insufficiently trained women as professional nurses for the rural sick poor—a step of a very disastrous nature so far as the prestige of nursing in this country as a whole is concerned. Australian nurses who are politically enfranchised, will not accept absolute government and control by aristocratic persons, whose only claim for interference with professional standards is their social influence. Here is the matter in a nutshell.

But for all that the generous impulses of Lady Dudley will bear good fruit. We learn, at a public meeting recently in Sydney at which the Lord Mayor presided, three resolutions were passed (1) expressing

general approval of the scheme as submitted by Lady Dudley, (2) recommending that a provisional State Council for New South Wales should be formed in order to co-operate with the provisional Federal Council, (3) pledging those present to stimulate public interest in the scheme, and to help to raise as large a sum as possible in its support.

A meeting of the provisional Federal Council of the Order was also held at Government House, at which the Governor General, who presided, and Lady Dudley were present, as well as the Governors of Victoria and Tasmania and official delegates representing New South Wales and South Australia, Mr. Harold Boulton, Miss Amy Hughes and others. The draft Constitution was formally approved, and a nursing committee formed with Her Excellency the Countess of Dudley as chairman, and an executive and finance committee with Professor Anderson Stuart as chairman. These two committees will consider the general by-laws and regulations for Federal and State Councils and for the district committees, and report to the next meeting of the Federal Council.

An important effect of the establishment of the scheme is likely to be that women will be encouraged to settle in the outlying districts where their services are needed, instead of remaining in overcrowded cities as at present. This is but one more instance of the national value of the work of trained nurses, for it is evident that before the resources of Australia can be developed "out back," this skilled worker is indispensable as a pioneer settler, in order to give that sense of security of care in sickness which will inspire other women to penetrate into lonely outposts of the interior. The trained nurse is, in short,

indispensable to the adequate colonisation of this great continent, with its vast resources, and as her services to the State are so great, surely no members of the community are more justly entitled to the full benefits of citizenship.

In support of this statement, we quote the *Sydney Town and Country Journal*, which says:—"One of the most important items in this scheme to a young country is that once it is established women are more likely to go and live 'out back,' for there is no doubt many women, especially those in delicate health and with young children, are often prevented from going into the interior owing to the difficulties they would encounter in case of illness, and they would sooner live on less in the city or large town than risk their lives by being out of reach of a doctor or nurse. Once Lady Dudley's scheme is in full swing all these difficulties will vanish, for with a nurse within call—even if it is a long call—the advantage of the bush telephone, and closer settlement, women will flock to the country and help to build homes for themselves and their children. Those in the city who are not now, perhaps, quite in sympathy with the idea cannot help seeing what a benefit it will be in the development of the country. For the overcrowding of the cities and the employment of many women and girls in factories, shops and other places where they go in for occupation, does not tend in any way to improve the young generation."

The scheme, it is also thought, will appeal to girls born and bred in the bush, who seldom become accustomed to city life, but who if they train as nurses would, as members of the Australian Order for District Nursing, be able to return to the interior as most valuable members of society, earning a good living as skilled professional workers. In short it is almost impossible to foresee all the possibilities which the scheme holds for the future of Federated Australia, but it is evident that they are likely to be greater even than we could have then anticipated by its largest and ablest Founder.

One thing must be kept well in mind. To be successful, the Australian Order for District Nursing must be set up by the best women, the most efficient and trained nurses.

## Medical Matters.

### SHOCK.

Dr. T. N. Brainerd, writing in the *American Journal of Clinical Medicine*, quotes Da Costa's definition of Shock as very accurate.

"Shock is a sudden depression of the vital powers arising from an injury or a profound emotion acting on the nerve-centres and inducing exhaustion or inhibition of the vaso-motor mechanism." . . . In shock the abdominal veins are greatly distended and the other veins of the body may be overfull; the arteries contain less blood than normal, and an insufficient amount of blood is sent to the heart and to the vital centres in the brain. In other words, in shock there is a deficiency in the circulating blood. . . . Shock may be light and transient, or it may be severe and prolonged, and it may even produce almost instant death. . . . Shock is more severe in women than in men, and in the nervous and sanguine than in the lymphatic, in those weakened by suffering than in those who are strangers to illness.

The treatment of shock is simple and mostly passive. Be careful to do nothing which can add to the existing shock.

In moving a patient be gentle with him. Do not permit a broken bone to gouge into the flesh and nerves and blood-vessels needlessly.

Keep him quiet on his back with head low.

Apply artificial heat.

Give morphine hypodermically for the relief of pain and to quiet the mental agitation. The hyoscine-morphine combination is best for this purpose.

Give strychnine (1-20 grain) to revive the heart action.

Give hypodermic or intravenous injections of saline solution to fill up the blood-vessels. Atropine and ergotone will contract the smaller blood-vessels. Adrenalin chloride will raise the blood pressure.

### SANDFLIES

Professor Robert Newstead, of Chester, who was despatched to Malta by the Liverpool Tropical School of Medicine to investigate the problem of the serious menace to health by sandflies, has returned after an absence of three months. Practical measures for dealing with disease-carrying insects in the island will be embodied in a report which Professor Newstead is drafting. He has brought back a considerable amount of material not only in connection with the special object of his investigation, but also into other forms of tropical disease in Malta.

## Clinical Notes on Some Common Ailments.

By A. KNYVET Gordon, M.B. (Camb.).

### DYSPEPSIA.

We now come to a condition which is so common as to number almost every one at one time or another—and certainly every nurse—amongst its victims, namely, dyspepsia, or indigestion, as it is popularly called.

It is a difficult subject to treat in a short paper, for it has been complicated by an enormous mass of literature, and different writers have attempted to elucidate matters by calling the same thing by as many different names as possible, with the result of making the confusion worse confounded. In reality, however, the matter is simple enough if we omit names altogether, and keep before our minds the central fact that indigestion, whatever its cause, simply means that the food stays longer in the stomach than it should. We will then try to see the reasons for the delay, and how the patient can best be treated in each case.

In this endeavour we are helped very considerably by certain experiments that have recently been made on animals, and also by the results of administering to patients meals containing various articles of food, and then removing the contents of the stomach at different intervals with the stomach tube, and investigating by chemical tests the extent to which digestion of the food has taken place. It is true that delay in the conversion of the food into the nutritious part of blood—which is, after all, the object of digestion—may be due to faults in some other part of the alimentary canal, but this is comparatively rare, and need not concern us in this article. We will also leave out those cases in which the delay is due either to organic disease of the stomach, such as ulceration or cancer, or to any mechanical obstruction to the exit of food into the intestine, due to a growth or adhesions round or inside the organ itself.

Having thus cleared the ground somewhat, we have next to consider what happens in the normal person when an ordinary meal is taken. Assuming that it is properly masticated—and very many cases of indigestion are due to either careless teeth or to the modern custom of the "quick lunch" or the "theatre dinner"—the food meets in the stomach with gastric juice, which consists of a ferment, pepsin, and an acid, hydrochloric acid. The object of gastric digestion is twofold: first, and most important, to reduce all the food to a pulpy mass, so that it may pass easily into the

intestine; and secondly, to convert proteins into soluble peptones, the starch, sugar, and fat in the food remaining (chemically) unchanged.

Now, much of the confusion in which the literature of dyspepsia is wrapped is due to the fact that it was formerly thought that the main part in gastric digestion was played by the pepsin, and that the acid only helped the ferment to do its work of conversion, but in the light of recent research it appears that the hydrochloric acid is the more important of the two constituents of the gastric juice. In fact, the real work of conversion of the food is done by the pancreatic and intestinal juices and by the bile in the small intestine, but if the food does not enter the intestine properly prepared by the stomach, trouble ensues.

Properly speaking, therefore, the hydrochloric acid serves two purposes—it assists in the breaking up of the food so that all its constituents are exposed to the action of the intestinal juices when it leaves the stomach, and it acts on a substance which is present in the intestinal walls (called pro-secretrin) to form another body (called secretin), which so stimulates the pancreas that it pours out its pancreatic juice, which converts not only proteids into peptones but starch into sugars and fats into an absorbable mixture of soap and fatty emulsion.

If, then, hydrochloric acid is not formed in sufficient quantity in the stomach, there is none of it left to stimulate the production of pancreatic juice, and if it is present in excess the food has to stay in the stomach until sufficient bile (which is alkaline) has been poured out by the liver to neutralise that excess: in both cases, therefore, the food stays too long in the stomach.

In addition to this, when the glands of the stomach are not acting properly—whether acid be deficient or in excess—they secrete a large quantity of mucus, which adheres to the food and prevents the proper access to it of pepsin in the stomach, and of the intestinal juices later on.

We can now divide cases of (functional) dyspepsia into those due to the presence in the stomach of too much hydrochloric acid and those where it is deficient, and we find in practice that these types of indigestion occur in very different kinds of people; in fact, the clinical distinction was recognised long before the pathological reasons for it were understood.

Unfortunately it is a little difficult to get to the two conditions names which shall sufficiently differentiate them, and yet indicate the nature of the distinction between them. At present

the best that I can suggest are "robust" and "weakly," always promising that the terms apply to the patient's stomach and not to the man himself or to his constitution. In the robust type there is too much hydrochloric acid and in the weakly type too little.

Let us first take a typical case of the robust variety. He is a man in the upper middle-class, who has been more or less athletic in his school and college days, but has settled down into "something in the City," or is, it may be, a professional man; at any rate, a round of golf on Saturday afternoons has, perforce, replaced the daily cricket and football of his earlier days.

His appetite, however, has not undergone a corresponding change, and he would describe it as "healthy": he takes alcohol fairly freely both at lunch, dinner, and as a nightcap before going to bed, and probably partakes of meat three times a day, and is liable to constipation. The first thing that indicates that there is something wrong is the occurrence of pain at the pit of the stomach before each meal, that is to say about the time when the stomach should have been emptied of the previous repast; at the same time, he will probably complain of flatulence directly after food and of difficulty with his bowels, which no longer act regularly after breakfast. The pain is relieved by the taking of food or by a small whisky and soda, both of which remedies have usually been successfully applied, but now seem to be losing their effect.

In addition to these symptoms, he may complain of waking up about five in the morning with an attack of pain in the stomach, or flatulence, or perhaps of vomiting itself, on all occasions when he has had a late supper at which his "healthy" appetite has been completely satisfied. Later on he generally develops signs of high arterial tension, such as have been described in a previous paper, and thereafter becomes a source of income to the citizens of Harrogate or some other watering place once or twice in the year.

Let us now turn to the other type. The patient will be a slightly anæmic girl (a very anæmic one would have probably a gastric ulcer, which is another story), who works for her living in a stuffy atmosphere, or, at all events, does not get out of doors very much, and oft has but little time for her meals, which, if she is a hospital nurse, are probably badly cooked and worse served. She will eat but little, because she will be under the impression that food brings on pain, just as the man in the previous case thinks that it relieves it. Incidentally both are very good examples

of a "vicious circle." When the pain appears, it is either very shortly after each meal, or more usually within half an hour of its completion, and it gradually diminishes as digestion progresses; there will probably not be much flatulence, but there may be nausea, or even vomiting, directly after the principal meal; the patient is probably a r ectotaller, but takes a cup of tea whenever she can get it; her arterial tension is below the average, and she ultimately develops a snarling disposition and a red nose; her tongue will be pale, large, and flabby, in contrast to that of the robust man, which is small, red, and pointed.

If now we give to each of these patients a test meal of bread and meat, and remove the contents of the stomach (by the stomach tube) for analysis at various periods afterwards, we shall find that, in the case of the man, the contents are much too acid, and in that of the woman, the hydrochloric acid is deficient, with the result that the food stays too long in the stomach in each instance. The pain is due in the first case to the presence of free hydrochloric acid, and in the latter to the fact that food is there without any digestive juice to act upon it.

Obviously we must treat these two patients very differently, but certain things are essential to the successful management of each. Firstly we must deal with constipation, and the best drug for this purpose is calomel, not in the heroic doses of the days of our forefathers, but given preferably in quantities of a grain or half a grain, repeated every two hours until three grains have been administered. Besides opening the bowels calomel also disinfects the intestinal contents and so hinders the absorption of the products of imperfectly digested nitrogenous food, which makes for high tension. Another useful measure in each case is a tumblerful of hot water with a pinch of bicarbonate of soda in it taken on rising; this acts by washing the stomach and so freeing its walls from the sticky mucus which is present, more or less, in every case of dyspepsia; if he prefers to drink this at so much per time to the accompaniment of gossip and an orchestral rehash of the latest comic songs we can send him to a Spa. Then the mouth must be attended to, and all curious teeth removed or stopped; it is well that more than ordinary attention should be paid to the toilette of the mouth, an antiseptic and alkaline wash being employed for this purpose. Exercise in the open air is desirable, but it is almost a cruelty to prescribe the obviously impossible. There

is no doubt, however, that daily gymnastic exercises in front of an open window for ten minutes on rising are always useful and generally possible.

Coming now to the special treatment of each form, we must obviously give our man less acid and our woman more. Inasmuch as the hydrochloric acid of the gastric secretion is derived from common salt in the diet, we forbid this condiment to the man and encourage the woman to take more; very many "weakly" dyspeptics do not take salt at all with their meals, and men who live well frequently take too much in the form of savouries and highly spiced dishes.

Then, in the case of the robust type of dyspeptic, we prescribe something that will neutralise the excess of gastric acid, and we give it when the pain comes on, that is to say, about half an hour before each meal. The carbonates of bismuth and of soda are perhaps the most useful drugs here, and we may give twenty grains of each. For the weakly type, we prescribe hydrochloric acid itself immediately after meals, with a little bitter tonic such as the infusion of gentian; strychnine may usefully be added to impart vigour to the movements of the stomach.

*(To be continued.)*

## Progress of State Registration.

We acknowledge with much gratitude 12s. kindly forwarded through the Lady Superintendent, Mrs. Kildare Treacy, by members of the nursing staff of the City of Dublin Nursing Institution, Dublin, in support of the work of the Society for the State Registration of Nurses. Next month we hope the Registrarians of the United Kingdom will individually begin an active campaign in support of this reform, which, to judge from recent events in the nursing world, is more urgently necessary than ever, if professional standards already attained are to be maintained, and the negligent care of the sick in many institutions improved.

Our earnest hope is that the nurses' organisations will concentrate themselves on Registration during the coming Session of Parliament.

Dr. C. W. Stewart, M.A., D.P.H., in the course of an address at the opening of the session of the Nursing Association, Scotia Street, Glasgow, said that the State Registration of Nurses was of the great importance both to the nursing profession and to the public who are patients and payers. But to make the registration of any value there must

be a uniform standard of examination for the whole kingdom. This uniformity could only be obtained by taking the examinations out of the hands of interested bodies and placing them under independent control.

## A Great Loss to St. John's House.

It is with great regret we learn that the Sister Superior of St. John's House, Queen Square, Bloomsbury, is shortly retiring from active work, after holding the office for seventeen years, during which time she has done much to benefit the nurses and to maintain the prestige which the House has enjoyed ever since its foundation in 1848.

During Sister Charlotte's term of office the Nurses' Pension Fund has been consolidated, the houses in Norfolk Street, where St. John's House was located for so many years, given up, and a house suited to its purposes built in Queen Square; the Norfolk Street Chapel, endeared by many memories being removed and rebuilt on the new site.

St. John's House has never been simply a commercial speculation, but has taken its share in promoting nursing education and in establishing good fellowship between nurses of different institutions. The present Sister Superior has worthily maintained its best traditions, and to her is due the foundation of the League of St. John's House Nurses; Sister Charlotte from the first being elected its President, an office which she now holds. It will be remembered that last year, when the International Council of Nurses met in London, its members were invited to a reception at St. John's House, and the League also took part in the Nursing Exhibition held at the same time. Sister Charlotte will be very greatly missed by the nurses of the staff, for her rule has been one of the strictest justice and a freedom of outlook and professional matters, with which she has endeavoured to them by many acts of personal kindness.

When the resignation of the Sister Superior takes effect the connection of the Community of St. Peter's Sisters with the House will cease, as it is found impossible to spare another Sister for this work, this will be an additional sorrow to the nurses, as the Mother Superior at one time worked at St. John's House, and she therefore has a intimate knowledge of its needs. When the Community of St. Peter's, Kildare, meet at the opening of St. John's House, they will probably find that the loss of St. John's House is just as much

## Servants of Mankind.

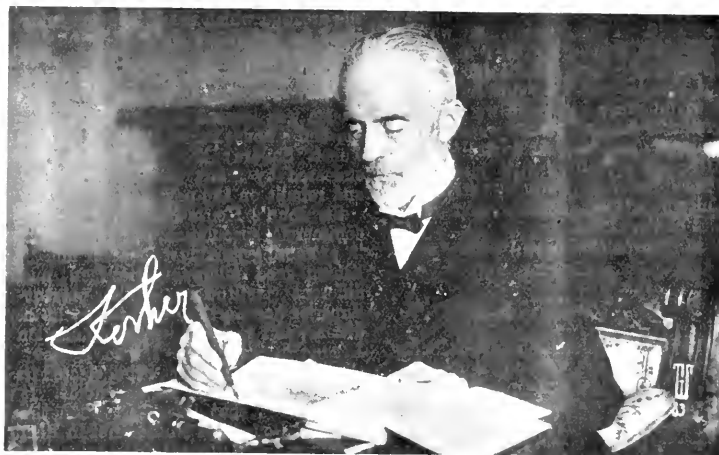
### KOCHER. THE GREAT GOITRE SPECIALIST.

A few notes on one of the winners of the Nobel prizes may be of interest. The prizes are awarded to those who are considered to have rendered the greatest service to mankind, and one was won last year by the eminent surgeon, Professor Kocher, of Berne.

Kocher was born of simple parentage in the country region of the Canton of Berne. It was entirely owing to his zeal and capacity for work that the fund for his studies were provided, and these qualities, added to his genius for diagnosis

and the European continent, but from all over the world. Millionaires and others have to wait patiently—sometimes for weeks—until the great surgeon has time to see them.

Kocher's activity is wonderful. Although he is nearly 70, he is at the hospital every morning at 7.30. He visits his cases, delivers lectures, and performs operations till midday. In the afternoon his time is given to his private patients. Five in the evening he is generally at the hospital again. His own private hospital has also to be attended to. And all this is done with the enthusiasm, vitality, and rapidity which is generally associated with youth,



PROFESSOR KOCHER, OF BERNE.

and surgery, have raised him to his present honoured position in the world of medicine.

Kocher's literary works are of great value, specially, perhaps, his writings on military surgery, such as his well-known treatise on modern gunshot wounds. His general surgery is brilliant, but his celebrity is chiefly due to his discoveries in the etiology of the diseases of the thyroid gland and his successful treatment of them. He was the first to attempt operative treatment of goitre. His first operation was performed in the early eighties, and by now he has done over two thousand! He generally uses local anæsthetics for the purpose, as he considers a general one unsuitable.

Patients come to him, not only from Eng-

though many young people are older than Kocher from the time they are born. His bright eyes, quick movements, and speech often make his assistants and nurses wish they could keep pace with him. I was privileged to attend one of Kocher's clinical demonstrations to students in the lecture theatre of the General Hospital at Berne. And here I will incidentally remark that one knows how advanced medical and surgical science is at Berne, and that therefore one regrets the more certain nursing deficiencies. For instance, it struck one's English hospital mind disagreeably on the occasion I am describing, that no nurse remained with the patient. The doors opposite the amphitheatre are flung open, and the

patient is carried or wheeled in. He finds himself before a sea of strange faces, and often has to undergo a painful examination without the friendly hand and face of the ward nurse to console him. The same thing happens in the case of women and children. On this occasion the first patient was a man of about thirty, a stalwart peasant, who was wheeled in in his bed. Two students were called down from their seats, and had to stand by the bedside to undergo the formidable ordeal of being questioned by Kocher. The latter explained that the man had been brought in complaining of great pain in the thigh after a fall from a bicycle. There had been no wound and no signs of fracture, and no cause for the pain could be discovered. Kocher had thereupon made an incision. He found nothing, but next day an abscess on the bone manifested itself. "What," said Kocher, turning to one of the students, "do you attribute this to?" The unfortunate man ventured, after some hesitation, to say, "To septic infection," and Kocher thereupon asked whether he accused him, Kocher, of introducing germs with his instruments. The tone was light and bantering, but one felt sorry for the youth, particularly as the answer, as far as it went, was correct.

The Professor then explained the history of the case. He had re-questioned the man after the abscess had formed, and ascertained that some time previous to the fall he had cut his hand with a fork with which he had been carrying manure. The wound had suppurated badly. "That," said Kocher, "is how the germs entered the circulation. And when the man had the fall and bruised the bone, the cocci found the injured area a congenial spot to settle in and multiply. When you cannot account for a similar septic condition, always find out whether there is any history of a previous infection." Kocher concluded his lecture on the case thus, and possibly the hint may be of use to nurses also.

E. L. C. EDEN.

## Health and Morality.

A Private Conference on Health and Morality is being arranged to be held in London on Wednesday, November 23rd. Women doctors, trained nurses, Guardians, and Rescue Workers will be invited. The Editor will be pleased to obtain tickets for Nurses who desire to attend the meeting. We are glad to note in reports of addresses by doctors to nurses in the United States that the vital importance of morality to the health of a nation is being impressed upon them.

## Practical Points.

### The Dirty Medicine Bottle.

The *Lancet* reports that Professor Joseph P. Remington, a prominent pharmaceutical teacher, in addressing a section of the American Medical Association at the recent meeting at St. Louis, called attention to the usual work which the pharmacist can do in the way of preventing infection from harmful bacteria. By way of illustration, he stated that practices which had been followed by careless and ignorant druggists, have most undoubtedly increased the death-rate in the past. Thus bottles and boxes coming direct from an infected sick room have frequently been refilled without proper cleansing. It is obvious that the blame for this dangerous practice rests largely with the nurse in charge of the case, who should see that corks and boxes from infected quarters are destroyed, and that bottles and other utensils are properly sterilised before passing into other hands. Corks are particularly dangerous as germ bearers, and there is no valid excuse for using them a second time. The old practice of biting a cork to soften it and moistening it with the tongue to make it fit the neck of the bottle are not altogether obsolete, disgusting though they are. The necessity for scrupulous cleanliness in dispensing is especially evident in the case of hypodermic injections and collyria. Care should be taken to sterilise the liquid to remove all flocculi and particles of dust, and to use perfectly clean utensils and containers. Such precautions call for greater care in the storage of dispensing materials and containers than is usually met with. A glance at the back of a dispensing screen too often reveals row after row of dusty bottles and jars, and syrup bottles coated around the neck with crystalline sugar and dust, upon which flies find a happy hunting ground.

### Skin Sterilisation by Tincture of Iodine.

Dr. I. S. Stone, writing in the *Southern Medical Journal*, considers that tincture of iodine is the best skin disinfectant now known. Experiments have been performed which clearly demonstrate that iodine has the power of penetrating deeply into the layers of the skin. The spaces between these layers are occupied by the various forms of bacteria, fat, sweat, etc. The inter- and intracellular capillary and lymph spaces all communicate with these layers of epithelium, and it is conclusively shown that iodine penetrates into all of these various clefts and openings of the skin. The alcohol of the tincture dissolves the fat, while iodine has a special penetrative quality of its own and forms a chemical combination with the fatty acids of the skin, which combination is quickly absorbed. The author believes that the soap and water cleansing is wrong in principle, as the intracellular spaces are filled with the soap solution, which prevents the action of the alcohol. After the operation is completed a final application is made over the closed wound before applying the sterile dressing.

## Training for Women Health Visitors and School Nurses.

On the 10th of October a Course of Lectures will commence at the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W., to assist students entering for the Examinations on Hygiene in its bearing on School Life, and for Women Health Visitors and School Nurses. The Course will consist of Lectures and Practical Demonstrations on Physiology, Personal Hygiene, and the Sanitation of School Buildings and Dwellings. The Hygiene of Child Life and Educational Methods. The Local Government Board accepts the certificate of the Royal Sanitary Institute as one of the qualifications for the appointment of Health Visitor, and the Education Committee of the London County Council also accept it for certain appointments.

## Queen Victoria's Jubilee Institute for Nurses.

### EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, SEPTEMBER 15th, 1910.

1. What do you mean by infection? Describe the steps you would take in different cases of infectious disease to lessen the danger of the infection spreading.

2. What is eclampsia? What are the symptoms which accompany it? How would you deal with an eclamptic convulsion in the district in the absence of a doctor?

3. Explain the advantage of a mixed diet. Give a suitable and economical week's diet for a case of phthisis and of acute rheumatism.

4. Contrast the compositions of inspired and expired air. How does this show the necessity for good ventilation?

5. What do you understand by the following terms?

- (a) Dyspnoea.
- (b) Cheyne-Stokes's breathing.
- (c) Oedema.
- (d) Cyanosis.
- (e) Pediculi capitis.

6. How would you deal with a case of acute haemoptysis in the district before the doctor's arrival?

### TRANSFERS AND APPOINTMENTS

Miss Mary Cracknell, to Sick Room Helps, as Senior Nurse; Miss Marion Rud, to Huddersfield; Miss Anna Davies, to Nantlle Vale.

### PARISH NURSE

A meeting of the Executive Committee of the Wales Parish Nursing Fund was held on Wednesday, in order to appoint a nurse to succeed Nurse Aubin, who is leaving to take up an appointment at Cwmcr. Eighty-two applications were received for the post, and after careful consideration, it was decided to appoint Nurse Latham, a lady with very high qualifications.

## Appointments.

### LADY SUPERINTENDENTS.

**The Melbourne Hospital, Victoria, Australia.**—Miss Bell has just been appointed Lady Superintendent of the Melbourne Hospital. She was trained at the Royal Prince Alfred Hospital, Sydney, N.S.W., and Queen Charlotte's Lying-in Hospital, London. Miss Bell has had a very extensive experience in nursing and training school administration. She has held the positions of Ward, Night Superintending, and Housekeeping Sister at the Royal Prince Alfred Hospital; Matron of the Bundaberg Hospital, Queensland; Matron and Superintendent of Nurses at the Brisbane Hospital, Queensland; and Senior Assistant Lady Superintendent at the Royal Infirmary, Edinburgh, from February, 1909, to the present date. Miss Bell is also a Certified Midwife. We should imagine no candidate could have been selected as Lady Superintendent for the Melbourne Hospital more efficiently trained for that position, or whose appointment would be more gratifying to the Australasian nursing world.

### Newcastle-on-Tyne Nurses' Home and Training School.

—Miss Mildred Emery has been appointed Lady Superintendent. She was trained at the Royal Infirmary, Edinburgh, and the Newcastle-on-Tyne Lying-in Hospital. Miss Emery's previous experience includes that of Matron to the Royal Infirmary Nurses' Home of Rest, Colinton, and Sister at the Royal Infirmary, Edinburgh, from 1909, to present date. She is also a Certified Midwife.

### MATRONS.

**Liverpool, Royal Southern Hospital.**—Miss Lucy Eleanor Jolley has been appointed Matron. She was trained at Guy's Hospital, London, where she gained her certificate for three years' training in 1906. Miss Jolley was subsequently Instructress in the Preliminary Training School and Night Sister until 1908, and has held the position of School Inspector at Ipswich. Miss Jolley holds the Guy's Nurses' Medal for five years' service, and the certificates of the Central Midwives' Board and the Incorporated Society of Trained Matresses.

**Medical College Hospitals, Calcutta.**—Miss B. Stevenson, Matron of the Bromhead Institution for Nurses at Lincoln, has been appointed Matron of the above group of hospitals carried on under the auspices of the India Medical Service, and which require thorough reorganisation in the nursing departments. Miss Stevenson, who will sail early in October, will take with her three Sisters from the London Hospital, E., who will act as Senior Assistants. The appointment is a responsible one, for each hospital is completely fitted for different treatments, and there is a students' medical college attached. The hospitals, it is interesting to note, are situated amongst the native population, quite away from European civilisation.

**General Hospital, Simonstown, South Africa.**—Miss Lovelidge has been appointed Matron. She was trained at the Baxthorpe Infirmary, Nottingham.

**Birmingham Ear and Throat Hospital.**—Miss Louisa Strickland has been appointed Matron. She was trained at University College Hospital, London,

was Theatre Sister and Night Superintendent at the Samaritan Free Hospital, London, and is at present Matron of the Victoria Infirmary, Northwich.

#### ASSISTANT MATRON.

**Victoria Infirmary, Glasgow.**—Miss Janet Rodger has been appointed Assistant Matron. She was trained at that institution, and has held the position of Sister to the Electrical Department.

#### SISTER-IN-CHARGE.

**Keighley and Bingley Joint Hospital Sanatorium.**—Miss N. Wilson has been appointed Sister-in-Charge. She was trained at Bethnal Green Infirmary, London, where she was promoted to be Sister. Miss Wilson has also had experience in private nursing.

#### SUPERINTENDENT NURSE.

**Isle of Wight Union.**—Miss E. Ruddock has been appointed Superintendent Nurse. She was trained at Chorlton Union Hospital, and has been Charge Nurse at Crossland Moor, Huddersfield, and Superintendent Nurse at Deanhouse Hospital, Huddersfield.

#### NIGHT SISTER.

**Borough Hospital, Birkenhead.**—Miss Alice Todd has been appointed Night Sister. She was trained at Bury Dispensary Hospital, and has held the position of Sister and Theatre Sister at the General Hospital, Loughborough.

#### SISTERS.

**Gранtham Hospital.**—Miss A. B. Close has been appointed Sister. She was trained at the County Hospital, Lincoln.

**Newport and County Hospital, Newport, Mon.**—Miss Gladys Alexander has been appointed Sister. She was trained at Newport, and has since held the positions of Nurse at Abergavenny Cottage Hospital, and Staff Nurse at the Newport Hospital.

#### CHARGE NURSES.

**The Darlington Hospital.**—Miss L. Atkinson has been appointed Charge Nurse of the Children's Ward. She was trained at the Macclesfield General Infirmary, and has there done temporary and holiday Sister's duties.

**Plymouth Workhouse Infirmary.**—Miss Sara E. Chilton and Miss Helen Newsham have been appointed Charge Nurses. The former received her training at the Durham County Hospital, and the latter at St. Luke's Hospital, Halifax.

**Coote Joint Hospital.**—Miss Helena Seully has been appointed Charge Nurse. She was trained at Monsall Fever Hospital, Manchester, and has been Assistant Nurse at Liverpool City Hospital, Charge Nurse at Calverley, Yorks, and has done private nursing.

**Craigleith Hospital, Edinburgh.**—Miss Laurie and Miss Oliver have been appointed Charge Nurses. They were trained at Stobhill Hospital, Glasgow.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned ladies to be Staff Nurses provisionally:—Miss B. Jackson (Aug. 29); Miss D. C. Isaacs (Sept. 1).

Miss E. S. Mason, Sister, resigns her appointment (September 14th).

## Presentations.

#### TO MISS E. S. FORTESCUE.

In the presence of members of the Board of Management and many subscribers, Miss Ethel S. Fortescue, the Matron of the Torbay Hospital, Torquay, was presented on the 14th inst. with a cheque for £121, and a beautifully-illuminated address, upon her retirement from the position of Matron of the Institution, after discharging the duties for nearly eight years. The address was contained in an album, bound in red morocco, on the cover of which were Miss Fortescue's initials in gold. On the page containing the address was a coloured sketch of the hospital, and the wording was: "Presented to Miss Ethel S. Fortescue, with the accompanying gift, by the undersigned subscribers, as a token of appreciation and esteem, on her retirement after eight years' devoted service as Matron of the Torbay Hospital." The names of the 151 subscribers followed. Miss Fortescue was also the recipient of a toilet set, with her initials in silver on the back of each article, from the Sisters and nurses, and of a silver coffee jug from the cook, maids, and porters of the Institution.

Colonel Carey, the President of the Hospital, in making the presentation, asked Miss Fortescue's acceptance of this small token of their respect and of their high esteem and appreciation of her invaluable services to the hospital. He stated that her constant kindness and attention to the many patients had obtained their abiding gratitude and that of their friends and all interested in the institution.

Miss Fortescue acknowledged the gifts in an eloquent little speech, in which she thanked all her friends for their past and present kindness.

#### TO MISS ANNA SINCLAIR.

Miss Anna Sinclair, recently appointed Matron of the Children's Shelter at Edinburgh, who has been in charge of the Nursing at Fort George Garrison during the past four years, was the pioneer of "Alexandra" Nursing in the North. Before leaving to take up her new appointment she was presented with a silver sugar basin and cream jug. The articles are very massive and of exquisite workmanship, and bear the following inscription:—"Presented to Miss Sinclair as a token of gratitude by the women of Fort-George Garrison, 1910." Eighteen months ago the Highland Light Infantry, before leaving Fort-George, presented Miss Sinclair with a silver teapot.

#### A WINDFALL.

Miss Emily Knowles, of Sussex Place, W., has left £5,000 each to the following London hospitals: Charing Cross, the Middlesex, University College, Royal Free, St. George's, St. Mary's, the London, the Cancer, the Chelsea Hospital for Women, the British Home for Incurables, Queen Charlotte's, and £1,000 each to Dr. Barnardo's Homes and the Royal Society for the Prevention of Cruelty to Animals.

## Nursing Echoes.



City in 1908.

We are pleased to note that a proposal to commemorate the services of the late Miss Florence Nightingale by placing a marble bust of her in the Guildhall, or in some other way, will come before the Corporation at an early date. Miss Nightingale, it will be remembered, received the honorary Freedom of the

"Nurse B," in the *Daily Chronicle*, makes the suggestion that all persons other than trained nurses should pay duty on wearing nursing uniform—so many domestics have now adopted it. The difficulty is to enforce such a licence.

We have observed several suggestions in the press recently, that male unemployment might be decreased by the adoption by young men of the nursing profession. There is no doubt, when women have raised and legalised this work by their strenuous labour, more men will avail themselves of its organised benefits.

Why has it never been considered necessary to provide Rest Cure Homes for the poor? Not merely convalescent homes, but institutions where treatment, perfect rest in bed for a month or more, with forced feeding and massage. "*Nil Humani Alienum*" invites consideration of this question in the daily press.

"The appalling mystery," he writes, "of the neurasthenic state, whatever its true nature may be, must surely appeal to your readers as soon as they realise the need. It is only less, if it be less, than the misery of insanity itself; and it may well be greater, because the neurasthenic is sane enough to appreciate his own exceeding wretchedness."

"Whatever conclusion (if any) is reached as to the relative strain of mental and manual work, there seems to be a consensus of expert opinion that one of the great factors, if not the greatest—in nervous breakdown is painful emotion; and no one can deny that this element is as prevalent among the poor as among the rich; their anxieties and griefs, if different in kind and less subtle in nature, are obviously often over-whelming in degree, and frequently come from the great elemental things and touch the very bedrock of human needs and passions."

"The cost of organising any adequate system for dealing with such cases would, I am well aware,

be enormous, the risks of abuse would be considerable, though by no means so great as the layman might suppose; but as long as no proper system of "rest cure" is provided for the poor we in this country cannot make the proud boast we are apt to make, and we ought to be able to make—viz., that the medical needs of the poor are well seen to, and that (thank God) still almost wholly, despite Socialism, despite 'minority reports,' in the immortal words of the mythical Frenchman, by 'Monsieur Voluntary Contribution,' by the 'free gifts of the rich.'"

In the county of Lincoln a scheme has been set on foot to raise a memorial to the memory of Florence Nightingale, and it is thought that no more suitable memorial could be suggested than that the work of the Lincolnshire Nursing Association should be enlarged and augmented by scholarships given to assist in the training of women who are suitable for the profession, and that each scholarship should be called a Nightingale Scholarship. In addition to the ordinary subscribers, it is suggested that a Shilling Fund be opened in every district where the nurses of the Association are employed.

Dr. Davy is making an appeal on behalf of the Exeter District Nursing Association, in affiliation with the Queen Victoria Jubilee Institute. The time has long since passed when it was necessary to urge the desirability of nurses being available for attendance on the sick poor. The Mayor and Mayoress of the city have taken up the matter enthusiastically, and are supporting the claims of the Association, and this being so, it is not too much to hope that the comparatively small debt which remains on the initiation of the scheme will soon be met.

At a recent meeting of the Committee of Dundee Sick Poor Nursing Society a report was submitted from the Superintendent of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses upon the work of the Queen's nurses in Dundee, inspected in August, which sets forth that each nurse whose work was seen showed capability and a kindly spirit, that the nurses' equipment was in good order, their uniform neat, their books up-to-date and neatly kept, that the nursing work goes on well, and that there is a good spirit in the Home.

It may specially interest school nurses to know that the current issue of *School Hygiene* is a special "Congress Number," and contains a very full and excellent report of the third International Congress on School Hygiene which was held in Paris last month.

Dr. L. Haden Guest, in describing the suggested organisation of a school clinic in the *Daily News*, considers that as in every closely-populated locality schools are built fairly close to each other, and fall into groups, to serve a group of schools only one school clinic is required, and in a thickly-populated neighbourhood one clinic may very well serve for sixteen or twenty schools, with a school population of something under a thousand each.

"In order to start a school clinic all that is needed is to find some convenient building situated in the centre of the group, or as near this as may be. It is desirable, especially for small children, to have the clinic not more than twenty minutes' walk from any school. Greater distances are inconvenient, and much smaller distances highly desirable. The chief needs of a clinic premises are a large waiting-room, one or two rooms for consultation with the doctor, and a room for treatments and dressing by the nurse.

"A doctor should be in attendance at the clinic during school hours in the morning, and the head teachers of the schools served by the clinic should send to the clinic, in charge of the school nurse or other responsible person, all the children who are to have treatment. These children will be roughly the poverty group cases, but they will also include cases of discharging ears and other chronic ailments that need daily care, and which cannot be attended to at a hospital. The children sent to the clinic would be normally those examined by the school doctor, whose parents were recommended to get them treatment, but who failed to obtain it, on their own initiative, after a reasonable period, say a month. In some acute and urgent cases the clinic should render first aid, as it were, pending other arrangements, and the teachers should be encouraged to consult the doctor and send children to the clinic for examination in every case where there was uncertainty as to its condition.

"The clinic should be the organisation which sees that the child gets treatment. A large number of cases, those of ear, nose, and throat, many skin diseases, chest troubles, digestive troubles, and others, would be actually treated at the clinic. But the very severe ear case would be sent to hospital, the serious phthisis case to the sanatorium, and the serious bone tuberculosis case to the special hospital. The clinic, in fact, while acting as a treatment centre for those defects and diseases

which can be conveniently and economically treated in an institution fitted up in a simple and inexpensive way, would also act as a sorting centre, and draft off serious and special cases to the institution where their appropriate treatment could be obtained.

"The school clinic should work in the closest cooperation with the hospitals and dispensaries, and should have standing arrangements with them, whereby certain classes of cases could be sent direct to hospital from the clinic. Some of the arrangements made at present with hospitals for treatment would fit in well. This means in practice that the clinics would only need the simplest apparatus, and that for the complex cases the costly and elaborate hospital organisation would be made use of.

"The clinic should, in fact, become the instruction centre for parents in the art of hygiene, the concrete examples being provided by their own children's ailments. Such concrete hygiene teaching, supplemented, perhaps, by special demonstrations and talks for parents—on the care of the teeth, on breathing, and on feeding, for instance—would do more for slum districts and poverty spots than years of abstract lectures in evening schools, admirable as these are.

"Above all, the clinic must be simple, straightforward, and human. A laughing and a smiling child should be the rule. A solemn or a weeping child the exception. The doctors and nurses' rooms should be places of happiness and kindness. In this way the confidence of child and parent will be gained easily, treatment will be facilitated, and the parents will try to obey and understand rules of treatment and hygiene."

Miss Betty Tanner, the five-year-old Californian heiress to £5,000,000, is known as the "sterilised baby," on account of the extraordinary precautions taken to ensure that her health should not be endangered. A mansion has literally been built around her near Los Angeles, a city of perpetual summer. The ground has been sterilised, and the same precaution has been taken with regard to every bit of material used in the building. The air that the baby breathes, her toys, food, and clothes are thoroughly antiseptised before they are allowed to reach her. How the little cage bird will flutter her wings once she is in possession of those millions!

## The Hospital World.

### BU THE STOBHILL HOSPITAL, GLASGOW.

In no branch of hospital administration has more rapid and marvellous progress been made than in the great parish infirmaries which in England are under the direction of the Local Government Board, and in Scotland under the Parish Councils. I recently visited the General Hospital, Stobhill, Springburn, Glasgow, and found a hospital city, and not merely an institution. Springburn is a suburb, clear away of the great mercantile Queen of the Clyde, and one mounts up and up until one finds, most magnificently situated on elevated ground, this splendid institution for the healing of the sick.

Covering many acres, the blocks and buildings are intersected with lovely, well-kept lawns and gardens, and without the boundaries are scented meadows, sunny farms, and exquisite views of a beautiful, beautiful world. Especially is this so from the men's recreation ground, and from the windows and balconies of some of the blocks, looking away over the valley to the picturesque Campsie Hills.

Stobhill Hospital contains accommodation for nearly 2,000 patients—to be correct, 1,422 adults and 500 children; so to call it a hospital city is no exaggeration. The Nurses' Home is a fine building, containing the Matron's charmingly bright suite of rooms and office, and for the nursing staff excellent bedrooms, a fine refectory, and recreation and study rooms. The Scottish people love a lordly house, and the Parish Council of Glasgow were evidently in no niggard mood when they planned the Stobhill Hospital.

Miss Wright, the Matron, has under her supervision the domestic and nursing departments of the whole institution, and a personally conducted tour—which took some hours—under her direction proved her admirable ability. In the wards and annexes, planned spaciouly, in the splendid kitchens, and domestic offices, in the laundry, throughout the tuberculosis camps for men and women, and in the blocks for healthy children, every detail of the management of this enormous institution was known to the Matron.

The wards are fitted with every modern improvement, and all were in exquisite order, and the nursing staff, alert and busy, presented a very nurse-like appearance. That is a very high compliment, for to be nurse-like a woman must be neat, sweet, and wholesome in appearance, swift and noiseless in movement, and sunny in manner. At Stobhill the nursing staff had a happy air. I like that, it is so good for sick people. The

Matron herself has this happy, buoyant temperament; her welcome, so unaffected and kind, her pride in her far-reaching sphere of work so genuine, her professional sense so keen and intelligent. No need, therefore, to add that Miss Wright has for many years been a keen educationalist, and naturally a registrationist. The technical and practical instruction of nurses at Stobhill is well up to date, and includes the majority of subjects which a Central Council would exact; indeed, for several years the Parish Councils in Scotland have subjected their nurses to a central examination before certifying their fitness, so that it would be but a step for their nurses to prepare for examinations by a State-appointed Nursing Council in competition with nurses trained in the voluntary hospitals.

On the evening of my visit, thanks to the courtesy of Miss Wright, I had the pleasure of speaking to a gathering of some 100 nurses in the fine recreation room. Of course, professional education and nursing economies, as suggested in the Nurses' Registration Bill, was our theme, and I was glad to find that Scottish nurses are taking a very intelligent interest in this important question, and are—at least at Stobhill—well instructed in the underlying principles of Registration. This comes of having a broad-minded and public-spirited woman in charge of the School.

To do justice to the work carried on at Stobhill would require a folio. Suffice it to say, I have added the hours I spent there to a list of "happy days" tucked away in some brain cell, to be called forth and lived over again in memory's playtime.

We took our way into the city on a lovely morning through Springburn Park—a recreation ground for the surrounding district, and a very lovely spot. Such grand velvety bowfing greens, to play on which we met night workmen wending their way. And such flowers, everywhere a great splendour of bloom, grown to marvellous perfection. A millionaire, who lives near by, presented this gorgeous garden to the people. That is how I should like to commemorate a great King, by providing beautiful playgrounds in every section of a big city, and in every village as well—King's Gardens all over the land. Surely prevention is better than cure!

E. G. F.

Through the kindness of Dr. Parker and Miss Donald, the nurses of Stobhill were recently invited to a tennis match at Gartock Mental Hospital. The weather was ideal, and a delightful time was spent. The result was a victory for Gartock.

## Reflections.

FROM A BOARD ROOM MIRROR.



All over the country memorials to the late King Edward VII. are being proposed. The Welsh National Memorial will take the form of a sanatorium for consumptives, as £150,000 of the £300,000 required has already been promised for this purpose. Newcastle-on-Tyne favours charity in opposition to a town hall or statue. The Coventry and Warwickshire Hospital will probably get a new wing. Birmingham will have both a statue and a new Children's Hospital. Carlisle will add a wing to the Cumberland Infirmary, to contain men's and children's wards, and Belfast is to have a new building for surgical and administrative purposes in connection with the Royal Victoria Hospital, an institution erected to commemorate the Jubilee of Queen Victoria, which was opened by King Edward on the occasion of his last visit to Belfast.

Brighton has before it the suggestion to erect a Home for Queen's Nurses working in the town. Recently, through the generosity of an inhabitant of Hove, a freehold house has been provided as a home for the three nurses working there, and the two nurses employed at Portslade are supported locally; but for the twenty working in Brighton, which is the administrative centre of the whole district, not only is there no proper home, but the provision made for their support is totally inadequate. The Queen's Nurses in Brighton are now housed in two separate buildings, and are working under conditions which, from a sanitary point of view, it is impossible to continue, for the sake of the patients as well as of the nurses; for in work of this character not merely ordinary, but surgical, cleanliness is a necessity.

The question arose, after the resignation of Miss Duffy, the Matron of the Hull Sanatorium, whether it would be necessary to circulate, in accordance with the resolution of the Council, the evidence taken at the private inquiry by a special Sub-committee. Means have been taken to ascertain the views of the members of the Corporation on this point, with the result that the decision of the Council will be carried out. The evidence will be circulated among the members before the adjourned meeting next week. We are relieved that the Council has summoned up courage at last to acquaint itself with the truth.

For the sake of the patients, the public should not tolerate any hushing up concerning this mismanaged institution.

The Ninth International Anti-Tuberculosis Conference is to be held in Brussels from October 5th to 8th. The Conference is under the patronage of His Majesty the King of the Belgians, and the Hon. Secretary is Dr. Pannwitz, Avenue Van Volxem, 253, Forest, Brussels.

## Peregrinations.—11.

(Continued from page 254.)

Surely none can enjoy a holiday more, or indeed as much, as those who work. The delicious sensation of feeling more and more rested every day, and with it the power of enjoyment growing stronger, and the taste keener, makes one eager to make the best use of every hour that passes! There are certain elements, however, necessary to the fullest enjoyment of a summer holiday, the chief among which, of course, is favourable weather conditions!

To be in a place called "beautiful," where the pitiless rain falls night and day, almost without ceasing, the lovely blue sky obliterated by obscuring sullen grey clouds, and the snow-capped mountains, which one had travelled many miles to see, a thing of the imagination only, is a strain upon one's faith, and—one is but human!—the temper also. What was even worse, the sun in mockery, would scatter the clouds for a brief interval, giving us a moment's hope, and then the rain would fall again with such earnestness of purpose, that you will not wonder, gentle reader, when I tell you that it came to pass one morning at an early hour, and—oh! the irony of it! a fine morning, at least a rainless one—that two travellers arrived at the breakfast table booted and spurred for a journey, ready to run away! If it had not been for the formality of having to pay our bill we might have effected our escape even earlier. But the custom had to be complied with!

We had heard that the sun was to be found at Lugano, so we went after that elusive thing, and—Jubilate!—we found him in his fullest prodigality.

The trinity of lakes in southern Switzerland, called the Italian Lakes, has been poetically likened to a shell, with Lugano as the pearl in the centre. And verily it is a pearl of great beauty. As I write I see it in panorama before me, standing on the summit of Monte San Salvatore. The blue lake with purple shadows playing fantastically over it, lying serenely in the centre of a perfect "chaos of mountains," the town itself seen from this great height looked an exquisite mosaic set in green and blue enamel, and the little villages nestling close to the water's edge, all along the shores made beautiful patches of colour. Such scenes render the eye and mind—and shall I say the soul—insatiable. We stayed at Paradies-Lugano, the immediate suburb, at the foot of the mountain mentioned above, being a quieter and to my mind prettier spot. The name is sufficiently suggestive. The ruddy brown-skinned children running about here, looked as if illness could not touch them; nevertheless, there is a fine newly built hospital standing on high ground on the outskirts of the town, which I resolved, if I could, to visit. Again the Fates were propitious, and without any introduction beyond my own calling card, and the announcement that I was an *infermiere*—the language had to be changed this time—I was courteously received by the Director.

What is most foreign to the mind of the English

nurse in visiting foreign hospitals, is the absence of the Matron! The want is very conspicuous, and so contrary to the traditions of her training. A young Italian house surgeon, who spoke French, was sent to me to conduct me round the hospital. It is only two years old, having been built in 1908, on the most approved and up-to-date lines of hospital science.

This new "Ospedale Civico" has entirely replaced the old "Italian Hospital" in the city, which I imagine must be too old and unsuitable to serve any longer the purpose of a hospital. It is now used as a sort of almshouse for old people. The new building is evidence of a fine forward movement.

Who shall say that some reverberating note of our International Congresses has not reached and quickened into action the less progressive Italian mind? We know that Rome is waking up, so we may be sure that the reform movement will spread into the provinces; and Italian Switzerland will not care to be out of the progressive march. The Ospedale Civico is built to contain 200-300 beds; the laudable aim of the architect appears to be, to admit the maximum amount of light and air.

The wards are not large; no more than eight beds did I see in any of them, they are lofty and abundantly airy, and they are heated on the central heating principle.

The walls are of washable paint, of a soft eau de Nil colour. Extreme cleanliness was evident everywhere. The beds looked the acme of comfort, of that type known as Italian bedsteads: a good well-stuffed mattress over a box spring mattress, indeed, the most comfortable of all bedsteads, but which I have never seen in use in a hospital before. Everything was of white within the wards. The entire absence of colour made them look bare and cheerless. Again, flowers and pictures were conspicuous by their absence! "A thing of beauty is a joy," and surely it is a mistake to deny the joy of such things to the sick, upon whom they have undoubtedly such a beneficial effect.

Perhaps this fact was accountable for the air of depression which I again noticed among the patients. Particularly strange in a land of sun and flowers!

At the end of each of the long, wide corridors, a table was placed for the purpose of serving meals to convalescent patients, instead of in the ward an excellent plan. A great deal of use is made of the balconies which can be closed in with glass panels in the winter. There are a few wards for paying patients, which looked thoroughly comfortable.

There are three good theatres, splendidly built, and equipped with every modern requisite. One for general purposes, one for gynaecological cases only, and one for smaller operations in the casualty room. The tubercular patients were accommodated in a separate block. I was surprised to find no provision for open-air treatment. I am sorry to say that the educational standard of the nurses is not in line with the advance of medical science.

"One year to eighteen months," the House Surgeon told me in a tone which seemed to imply that it was of very little importance! Such was the

training of the nurses! Their uniform consisted of cotton gowns with short sleeves, covered by an overall; no caps. Their appearance was not very neat. I should imagine that they were drawn mostly from the uneducated classes. The authorities would do well to visit the fine college for nurses at the Salpêtrière in Paris, with a view to an imitation.

The children, too, have a block to themselves, and are very well cared for.

I was very inquisitive, and asked a great many questions, which my attentive guide answered with much patience. He had only been there a month, however, and was unable to satisfy me on all points. He took me everywhere, even into the kitchen, and finally to the Board Room, whose walls were hung with the portraits of notable people, who looked benignly down upon us from their sombre frames, and whose spirits, let us hope, actuate the deliberations of the members! Then, with bows and smiles and thanks on my part, we wished each other good-day.

A week later I had left beautiful sunny Lugano-Paradiso behind me, and was back in—well—there can be no comparison—London to the loyal Londoner is supreme!

BEATRICE KENT.

## Letter from the Emerald Isle.

Ballinacoon, Caher Daniel,  
Co. Kerry.



Our year's record of work is very different from the one which we had hoped to be able to send you. It still has to be, as a

friendly critic put it last year: "Truly Irish—the report of a hospital which does not exist." In many ways it is simply a record of what we have not done.

A widespread and virulent epidemic of measles broke out in the district in July, 1909. The Medical Officer of Health forbade all congregating together until it was over. In consequence, the building was stopped during all the most favourable summer weather, and, when at last we were able to resume, the better part of our missions had found work elsewhere, and it was too late in the year to start afresh. We were therefore only able to raise the external walls to an average of 2 feet 6 inches in height.

Owing to the same cause, we have not yet got our tram-line for carrying stone into working order. Nor is our windmill for raising water the fifty feet necessary, yet erected.

We have unfortunately also to chronicle the loss, through sickness, of our excellent foreman, who made our interests his own.

In addition, some of our materials have suffered a serious deterioration, through being, of necessity, left uncovered throughout the winter, a winter of furious rain and windstorms. They were materials which, in every case, should have been used up before work stopped for the winter. Owing to the epidemic this proved to be impossible.

Owing to the long drawn out winter, our men were unable to plant their potatoes, or to get ready the ground for them until unusually late in the spring. Instead, therefore, of starting work in March, as we had hoped, it was well into April before we were able to make any headway. This was followed by a strike amongst the younger and less thoughtful of the workmen, which threatened the work seriously for a time.

Our sand for building did not yield good results, and it was more than doubtful if any of sufficiently good quality could be obtained near at hand.

Things are mending now. The strike was settled on a friendly basis. We are obtaining excellent sand from five miles away.

Your hospital—yours by reason of the good help which you have been generous enough to send us—has, for the past six weeks, been growing and prospering. We have had nine masons at work. The ground floor windows are almost all in. We are making good progress with the casting of concrete blocks for lintels over doors and windows and of stairs for our external staircases. The excavation for our reservoir of drinking water is almost completed. The reservoir will be of concrete, to hold 15,000 gallons. The interior walls are some 6 feet in height upon an average. The main part of the scaffolding—a serious item in both cost and labour—has been put up. At present the building appears a forest of masts.

Your farm, and a state of 15½ acres) have, on the other hand, made good progress throughout since last year.

We have now a substantial row of farm buildings, 60 feet in length, comprising cow stables, to the newest sanitary designs, calf stall, mule stable, and isolation stall for invalids. Also a good cart and implement shed with loft overhead—the latter an untold boon for the keeping of stores. We have also a small movable towlhouse in timber.

Drainage goes steadily forward. We have nearly another acre thoroughly drained and sown in grass. This proved a trouble-some job, owing to the quantities of stones met with. These, however, have been made use of, none being wasted. The best went to the hospital, the less good to the farm buildings and necessary walls, and the smaller and entirely inferior to road-mending and the filling in of floors below concrete.

On the island we have planted three thousand larch. There is little timber in the district, although in old times it was covered with forest, as is shown by the stacks of "hog-deal" which we have dug out in draining and turf-cutting. Should these trees do well, they ought to prove a valuable asset to the hospital. Should they weather the winter successfully, we propose to plant some ten to fifteen thousand more.

We have also planted some hundreds of black-

thorns, for which there is a sale as "shillelaghs," and 700 osiers, with a view to basket-making.

This has been a year of experiment, and also of considerable expense in stocking. It must be remembered that our aim is to be self-supporting in the future, in regard to food, as far as possible.

We have three cows in milk and one in calf, one yearling bullock and two heifer calves—all black Keries; 1 pigs, 2 turkeys, 2 pure-bred prize strain White Wyandotte cocks, with 6 hens and 8 chickens, and 10 common or cross-bred hens, 1 hive of bees.

Although we were unable to manure our ground adequately in time for the year's crops, we had a very fair result in potatoes, sufficient to last us throughout the year, a fair amount of oats and rye, also of cabbage, mangolds and turnips, although by no means sufficient for the winter feeding of the cattle and carrots, turnips, lettuce, and celery for our own use. Our hay crop was fair and well-saved. We bought a rick of hay and three tons of mangolds for winter feeding.

Turning from outgoings to incomings, we have made by sale of cattle £13 5s.; pigs, £28; butter, eggs, and vegetables, £41—£52 in all. In addition, we cured a few hundred of mackerel in the autumn fishing season, the greater part of which we sold in the spring. Our bees yielded 30 lb. of honey, which, after providing for ourselves, brought us in eighteen shillings. We made, too, some hundreds of pounds of plum jam, apple jelly, and marmalade, which have brought us a very fair return.

We are, of course, like the proverbial farmer, incapable of keeping an honest farm account. The whole working belongs to the hospital work, and all profits go to the hospital fund.

Since the beginning, we have paid in wages £1,491 6s.; in materials for building, stocking, blasting, feeding of stock and planting, £2,284 6s., making a total of £3,775 12s. In donations we have received £495 17s. 6d., and deeply grateful we are, not only for the financial help, but for the encouragement and the living interest which some of our friends give to and take in our small kosmos.

I am glad to be able to chronicle that, through the kindness and good-will of our neighbours, Ballinacoma has become the centre of a young, but flourishing Co-operative Agricultural Society.

Yours sincerely,

ALBINA BRODBECK.

June, 1910.

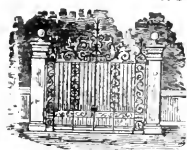
#### GRAND PRIX, BRUSSELS EXHIBITION.

Messrs. Horrockses, Crewdson, and Co., Ltd., the well-known manufacturers of the celebrated Long-cloths, Twills, Sheetings, Flannelettes, etc., have been awarded the Grand Prix at the Brussels Exhibition. This award is the highest obtainable, and is another proof of the sterling value of these famous goods. Indeed, no award but the highest is good enough for "Horrockses." But in view of the world wide attention given to the Brussels Exhibition, and the world wide competition thereof, it is a feather in the cap even of Horrockses to gain a Grand Prix there.

## Outside the Gates.

## Book of the Week.

## THE NATIONAL UNION OF WOMEN WORKERS.



The annual conference of the National Union of Women Workers of Great Britain and Ireland will be held at the Central Hall, Lincoln, from October 10th to 14th. There are 42 local branches of the Union,

and in addition 142 Societies connected with women's work are affiliated. Lady Laura Ridding is this year President of the Union.

The proceedings will open on Monday, October 10th, when, after a meeting for branch workers, the Mayor and Mayoress of Lincoln will give an "At Home" in St. Martin's Parish Room at 5 o'clock. In the evening there will be a public meeting, at which Lady Laura Ridding will preside, and the Bishop of Lincoln, Lady Cecilia Roberts, and Mrs. Edwin Gray will be the speakers.

On Tuesday morning Lady Laura Ridding will deliver her presidential address, which will be followed by a discussion on "Educational Ideals," by Dr. L. Martindale, Mrs. Wyndham Knight-Bruce, and the Hon. Mrs. Franklin. At the afternoon meeting papers on "The Relative Place in Education of Literary and Manual Training" will be read by Lady Darwin and Miss E. P. Hughes (Glamorgan), while the evening papers will be on "The Effect Upon the Nation of Forty Years of Elementary Education," by the Headmaster of Westminster and Mrs. Simon (Newcastle-on-Tyne).

A meeting of the National Council of Women will be held on Wednesday to consider the annual report, etc., and reports of the sectional and other committees will be considered. The Conference will discuss "The Responsibility of the School in regard to the Child's Future Care" (Miss Burdett, M.A.), "Street Trading and Labour Bureaux" (Miss M. E. Marshall), "Women's Indian Study Association" (Mrs. George Cadbury), and "International Council of Women" (Lady Aberdeen). A meeting for women workers will follow at 5 o'clock, and in the evening there will be a reception at Lady Londonderry's at the County Assembly Rooms.

The National Council meeting will be continued on Thursday morning. The Standing Committee of the Scottish Union of Women Workers have a resolution: "That for the name 'National Union of Women Workers' there be substituted the name 'National Council of Women'." Resolutions on Education, Street Trading, and the Care and Control of the Feeble-minded will be considered, and in the afternoon papers on "The Position of Women in our Universities" and "The Participation of Working Women in Higher Education" will be discussed, followed by a reception at the Girls' High School. An annual meeting will be held in the evening at which Canon Martineau will speak.

On Friday the Bishop of Lincoln will preside at a special service at the Cathedral Church.

## THE ROSARY.\*

This book appears to have enjoyed an amazing popularity, and has already been reprinted a number of times. Why, we are not prepared to state, except that it abounds in sentiment of a rather sickly order. We seem to have met the Duchess of Melburn and the young man who feels "just seven" quite recently in one of Mr. E. R. Benson's books. Though the latter looks wickedly picturesque "in a violet shirt and tie with white flannels," he chooses as the object of his adoration a woman his senior by three years.

"Jane (Champion) was now in her thirtieth year. She had once been described by one who saw below the surface as a perfectly beautiful woman in an absolutely plain shell; and no man had yet looked beneath the shell and seen the woman in her perfection.

She would have made earth heaven for a blind lover." (The italics are ours, and we anticipate the conclusion by stating that Garth Salmain obligingly accomplishes this ideal by being shot through the eyes.)

"She had a glorious voice, but her face not matching it, its existence was rarely suspected."

We suppose that the Honourable Jane, of independent means, having studied under first-class masters, must have been at considerable pains to hide her light under a bushel, so completely did she take by surprise her audience in the Duchess's concert room, when the prima donna, having failed through illness to appear, she consents to step into the breach and sing "The Rosary."

"The listening crowd held its breath. This was not a song. This was the throbbing of a heart. . . . The last four words were given with a sudden power and passion which electrified the assembly."

It is after this revelation that Garth realises that his old chum Jane is more than this to him.

"Jane looked steadily into his shining eyes, and a smile of pleasure illumined her own."

"So you liked my song?" she said.

"Liked liked your song?" repeated Garth, a shade of perplexity crossing his face. "I do not know whether I liked your song."

"Then why this flattering demonstration?" said Jane, very low.

"Because," said Garth, very low, "you fitted me, and I fitted within."

Jane weighted with the sense of her own plainness, however, reuses her happiness, and alone in her room she turned on all the lights over the dressing table, particularly two bright ones on either side of her mirror, and sitting down before it, faced herself honestly, and as the village clock struck one, she arrived at her decision. Slowly she arose, turned off the lights, fell upon her knees, and looked into a passion of desperate silent weeping.

After the accident that kept yes Garth of his

By FREDERICK M. BACHY and G. P. PATRICK'S  
SONS, New York and London.

sight, Jane remembers a convenient period of training in some institution, and a uniform stored away belonging to the same period, and as Nurse Rosemary she goes to undertake the post of what is described as a "nurse-companion person" to her lover.

This period is quite too silly and impossible, and even though she wears a bandage over her eyes to enable her better to sympathise with her patient, for forty-eight hours, it fails to evoke much response from us.

Still there is much in the book that will commend it to the average reader.

H. H.

## Verses.

### LIFE.

Much toil, a little leisure,  
Fond memories we treasure,  
Some moments of sweet pleasure.  
Commingled with tears—  
In effort weak, hope strong,  
Love's rapture tunes the song,  
And tateful glide along  
The years.

Through fire that purifies  
With faith that glorifies,  
Love's sweetest sacrifice  
Our living ends—  
So summer comes and goes  
With fragrant heath and rose  
Enhancing to the close  
Our years.

LEWIS DAYTON BURDICK.  
*Dietetic and Hygienic Gazette.*

### COMING EVENTS.

September 24th.—Meeting of the Inspectors of Midwives' Association, Midwives' Institute, 12, Buckingham Street, Strand, W.C. 2.30 p.m.

September 29th and 30th.—British Hospitals' Association Conference, University Buildings, Glasgow.

October 1st.—International Conference on Cancer Research at Paris (four days).

October 5th to 8th.—International Anti-Tuberculosis Conference, Brussels.

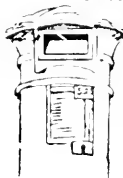
October 10th.—Territorial Force Nursing Service, City and County of London. Reception at the Mansion House by invitation of the Lady Mayoress and the Members of the Executive Committee. 8—10.30 p.m. Entertainment and music.

October 10th.—Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. Course of Lectures—Training for Women Health Visitors and School Nurses.

### WORD FOR THE WEEK.

"Avoid all introspection: Physically don't look at your tongue; I haven't seen mine for years; for it has been well said that whereas in childhood tongues should be seen and not heard, with adults they should be heard and not seen."—Dr. A. T. SCHOFIELD.

## 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 HULL SANATORIUM FROM THE INSIDE.

To the Editor of "The British Journal of Nursing."

DEAR MADAM.—Now that the Hull City Council are at last going to acquaint themselves with the condition of the Sanatorium it may be hoped a new system will be inaugurated. It might meanwhile interest the public to know a few of the impressions of one who has worked there in the past.

I think one may truthfully say that there is no skilled nursing for the patients in the Hull Sanatorium; that the place is very dirty, that the tone amongst the nurses is deplorable; that little discipline has been maintained, and no systematic training given. That is, at least, my experience.

(1) No skilled nursing. A ward containing twenty patients, some of them operations, may be left in charge of a quite new and inexperienced probationer; for instance, a bad case of tracheotomy needing a special nurse, another child with tracheotomy impending at any moment, and others needing skilled care and attention; the Sister and nurse out. Imagine the responsibility and anxiety of an ignorant probationer! The system of sterilisation was most primitive; for instance, the trachey tube when cleansed was removed by unsterilised fingers and not forceps, boiled in a common saucepan in which eggs and other things were cooked, and replaced in the throat by unsterilised fingers. No disinfectant was ever used personally by the nurses; hands were merely washed with warm water and soap. The nurses wore no overalls, and, as from every part of the hospital—the scarlet, enteric, diphtheria wards—the nurses took their meals together, cross infection was apparently invited. Blanket baths were largely given, and one pair of blankets was used for all patients—boys, girls, women—in rotation; it did not matter if the patients were tubercular, or suffering from skin diseases, for the latter diseases no patient was tested or treated specially. There was no effective cleansing of heads from pediculæ, the hair was just combed with a very weak solution of carbolic, and the heads remained infected for weeks. The wards were dusty and dirty, polished floors never washed, and dust swept up with dry brushes, and thus easily breathed in by the patients and nurses. These are just a few of the unscientific methods of nursing apparently satisfactory to the authorities.

(2) As to the tone in the Nurses' Home, it was deplorable. One of the first questions I was asked as a perfect stranger was "Have you a sweet heart?" and I was told many of the nurses had "best boys" with whom they went out. The "boys" I saw were of the working class. This intercourse may have been harmless, but it was the subject of vulgar joking.

The food was insufficient and very poor in quality, and many nurses supplied themselves with food, they were so hungry. The bathing arrangements were abominable, the one bath on each floor being used by nurses, maids, and laundry maids, so that those of us who were particular had to disinfect it with lysol before venturing to take a bath.

The truth is, that with a staff so generally uneducated it seems a hopeless thing to maintain a high standard of scientific nursing, such as is so necessary in an infectious hospital. The first reform required is, of course, a standard of nursing and proper expert inspection; the appointment of a Matron whose professional knowledge and power of administration has been tested; a test of general education for probationers; a curriculum of training, including sterilisation, which the Sisters should be capable of teaching; participation in the practical nursing by the Sisters—less time devoted by them to fancy work, flowers, and gossip—and a trained nurse always on duty in the Sisters' absence; daily supervision by the Matron of the nursing and domestic arrangements; and more thorough medical attention to the patients.

The Hull City Council is unfortunately mostly composed of business men who do not know what skilled nursing is; it is not their fault. Why are not all public hospitals inspected by medical and nursing experts? It is only fair on the poor patients that they should be kept up to the mark. I have no personal grievance beyond regret for time which I wasted at the Hull Sanatorium.

Yours truly

A TRAINED NURSE.

#### MIDWIVES ON THE MIDWIVES' BOARD.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I notice that in a recent interview a representative of the Midwives' Institute stated that there was not sufficient representation of the midwives provided for on the Central Midwives' Board, in the Bill now before Parliament, and that the Midwives' Institute claimed another representative. It is important, however, to differentiate between the Midwives' Institute and the certified midwives. The Institute, through societies lately affiliated, may possibly claim to represent 2,000 midwives, while the certified midwives on the roll number some 30,000. Presumably, therefore, the odd 28,000 do not desire to become members of the Midwives' Institute, but that is no reason why they should be misrepresented on their governing body, or be forced into becoming members of the Institute before they can obtain representation. It must be remembered that the Midwives' Institute never claimed that there should be one midwife on the Board, as constituted by the original Bill, and that members of that body publicly declared that if the Institute only had one representative allotted to them under the 1908 Bill they would demand that representative to be a medical man. They argued that there were two or three medical men on the Board already, and so they must have another to look after the interests of the midwives. On the ground, I suppose, that "like cures like" and that "a hair of the dog" is the best remedy for the prepo-

derating medical representation. Possibly this homoeopathic doctrine may commend itself to some; it does not to me, or to the large number of certified midwives who see in direct representation the only just and satisfactory method. If the Midwives' Institute really considers midwives are insufficiently represented on their governing body, why do they not claim that the second representative allotted to them shall be a midwife and not a person, or why do they not make a bid for the confidence of the midwives throughout the country by demanding direct representation?—I am, dear Madam, yours faithfully.

CERTIFIED MIDWIFE.

#### HOW MEN MANAGE WOMEN.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—The sentence of hard labour passed on an East-End Guardian for his insulting behaviour towards a nurse, referred to in your journal, was well deserved. But what of the tone and management of an institution where such lack of discipline was possible? I know the institution. It is a very great pity there are no lady Guardians on the Board. Wherever women are associated with men in the management of public institutions the moral tone is at once raised. A few women on the Local Government Board itself would set a useful example.

Yours truly,

A POOR LAW NURSE.

### Comments and Replies.

*Country Midwife.*—Write direct to the Member of Parliament for the constituency in which you live. Shall be pleased to receive the paper on the subject you mention.

*Mother in the Midlands.*—The prisons are under the Home Office. We look forward to the time when all prison Matrons will be trained general and psychological nurses. Very little can be done without the State authority. We have no educational standard for probationers at present.

#### NOTICES.

We regret that owing to a printer's error the definition of the word paralysis in Miss Sutton's article, published last week, the words "I relax" should have appeared "Trelax." No doubt readers realised the meaning of the misprint.

#### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

THE BRITISH JOURNAL OF NURSING may be obtained at 431, Oxford Street, London, W.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## History of Obstetrical Forceps.

Classical authors do not mention instruments used to deliver the head in difficult labours, but that such existed in some form or another is undoubted, since patterns have been discovered amongst ancient Egyptian surgical instruments. It was not till the beginning of the 17th century that one of a family named Chamberlen invented the forceps: they gained a marvellous reputation for skill in difficult deliveries, but the means which they employed were kept a profound secret. Aveling, in "The Chamberlens," gives some interesting details concerning the very selfish and mean-spirited physicians, who heaped up riches by keeping the invention to themselves for more than three generations. The head of the family was a Huguenot, who escaped to England in 1569, before the massacre of St. Bartholomew's. He had, curiously enough, two sons named Peter; both practised as doctors in London. The younger, a quarrelsome and egoistic individual, boasted before the College of Physicians, when called to account for his conduct, that he and his brother and none other excelled in difficult labours. The elder Peter was in all probability the inventor of the forceps.

The younger had a son, also named Peter, likewise an obstetrician, practising in London, wealthy, talented, a good linguist, but, like his forefathers, selfish and bombastic. He wrote his own epitaph:—

"To tell his learning and his life to men,  
Enough is said by 'Here lies Chamberlen.'"  
His son, Hugh, was a sad spendthrift; the idea occurred to him that he might raise funds by selling the secret, up till then jealously guarded. He entered into negotiations with Mauriceau in Paris, and demanded 10,000 dollars, an exorbitant sum; but having failed to deliver a dwarf with contracted pelvis, reason for him to demonstrate the efficiency of his instrument, his terms were not accepted. His debts drove him to leave England; he took refuge in Amsterdam. Then he had better luck; he sold the secret to the College of Physicians. But alack! the greed for gold was upon them also, and the construction and use of the forceps was only revealed to those of the profession who could pay highly for the knowledge. Thus the secret was still kept from the scientific world until two public-spirited citizens of Amsterdam, qualified men, published it abroad in the middle of the 18th century. In England it was already known,

the secret having leaked out. At first it was thought that the honour of the invention belonged to one Palfyn, a surgeon of Ghent, whose instrument consisted of spoon-shaped solid metal blades with wooden handles; but the discovery in 1815 of four pairs of obstetric forceps at Woodham, in Essex, where Peter Chamberlen, junior, had formerly lived, proved conclusively that the Chamberlens were the unworthy pioneers. It is difficult to conceive the possibility of such selfish conduct, when the lives of mothers and infants were being constantly sacrificed for want of such help as is afforded by their forceps. It consisted of two fenestrated blades with cephalic curves and scissor-like handles. In two of the patterns there was a socket joint; in the others the handles were kept together by winding tape round the point of crossing. Viewed in profile the forceps were straight, and therefore not well adapted to the curve of the pelvic canal.

Smellie, in England, and Levret, in France, added the pelvic curve; the former obstetrician also added the straight portion between the blade and handle known as the shank, and invented the double slot lock, known as the English lock. At first he covered the blades with leather, so as to prevent them slipping. A pair of such forceps are to be seen in the museum of the College of Surgeons.

A German, Busch by name, added the cross pieces, or shoulder, which give a firm grip to the operator.

No very marked changes have since been made in what are known as "the long forceps." These are used to-day in median and low forceps operations, but it was found that there was grave disadvantage in applying them to the head at the brim, since the direction of traction is not in the axis of the brim. It is to Tarnier, of Paris, that is owed the important modification of the instrument—the addition of what are known as axis traction rods; these are of curved metal attached to the fenestra by slots, a transverse bar, with ball and socket joint, is applied to the end of the rods, by which traction is made in the axis of the pelvis. The handles are screwed together so as to keep the head gripped. The Simpson, Cullingworth, Milne-Murray, and Porter Matthews' axis traction forceps are English patterns on the same principle. The modern forceps, wholly made of metal, has as few joints and angles as is practicable, and is much lighter than the older patterns.

## Blood Tumour in the Broad Ligament During Natural Labour.

Attention has recently been drawn in a German medical journal to this rare condition. A case is reported where a child was delivered by turning, the patient, aged 34, having a flat rachitic pelvis. Symptoms of internal hemorrhage set in two hours later, no rupture of the uterus could be detected, and as a big soft swelling was definable in the pelvis on the right of the uterus, hematoma of the right broad ligament was suspected. The patient died within a few hours. The uterus showed no laceration, but a rent was detected in the posterior layer of the right broad ligament. It led into a cavity full of clots, which lay entirely in the broad ligament. The writer also relates another case of a woman, aged 41, who had borne eight children. The labour was spontaneous and not lingering; the child was born alive; it weighed a little under 8 lb. and was nearly 20 in. in length. There was but little loss of blood. Shortly after the expulsion of the placenta the patient felt faint. A tender swelling of the size of a fist was detected on the right of the uterus, which was pushed against the left side of the pelvis, but was well contracted. Next day signs of internal hemorrhage became evident, and a little over 24 hours after delivery abdominal section was performed. The fundus uteri lay at the umbilical level, pushed to the left by a livid purple tumour, occupying and distending the right broad ligament. A rent, 2 in. long, was found in its posterior layer, and the peritoneal cavity contained a quantity of fluid and of recently clotted blood. The patient died during the operation. No trace of a rupture of the uterine walls could be discovered. It appears that a varicose vein had burst in the folds of the right broad ligament. It is needless to say that such an accident is extremely rare. The only successful treatment would be by early abdominal operation.

## Infantile Convulsions.

Some correspondence has recently been published in the *Lancet* on cold-bath treatment of infantile convulsions. An officer in the Indian medical service states that he has for many years regarded high fever as the cause of the convulsions in acute diseases in children, and acted accordingly. Time after time he has noted that rigidity, twitchings, and convulsions become established *pau passu* with the progressive rising of the temperature, and that

they subside *pau passu* with a lowering of the temperature. The rectal temperature is the best guide as to the child's condition. The younger the child the more readily does its temperature become hyperpyretic and the more readily are convulsions produced. The writer believes that the onset of convulsions when the brain and spinal cord are not themselves the seat of the disease can be anticipated and prevented by careful taking of the temperature in the rectum at frequent intervals, and the use of tepid sponging of the naked body, or the cold bath, as circumstances indicate. As the heat-regulating mechanism gets so easily out of joint in very young patients, the cold bath must be used with caution, as it is easy to produce over-cooling. In every case of fever in a young child the parents or attendant should be instructed to watch for the slightest signs of the hands, arms, legs, or eyeballs, and to sponge the child all over at once and keep it wet and naked when these symptoms appear.

## More Unprofessional Representation on the Central Midwives' Board.

The Executive Council of the Poor Law Unions' Association, at a recent meeting held at the Holborn Restaurant, London, received a report from the Parliamentary Committee that the Midwives' Bill (No. 2), which had been introduced by the Lord President of the Council, contained the same provisions as the Midwives' Bill introduced earlier in the Session, but dropped, with the addition of a provision enabling the Local Government Board to make regulations as regards the payment by Boards of Guardians of fees to medical practitioners called in on the advice of midwives, and also a provision that the payment of such fees was not to be considered parochial relief, nor was any person by reason thereof to be subjected to any disability or disqualification. The Committee recommended the Council to approve of such new provision. The Committee found, however, that there was no provision for representation of the Poor Law Unions' Association on the new Central Board, and they had caused another communication to be sent to the Lord President of the Council pressing for an amendment of the Bill in that respect.

The report was adopted.

The name of this Board would be more accurately described as the Midwifery, not Midwives' Board. These professional workers appear to be the last persons to obtain any representation on their own governing body!

## MONEY WELL SPENT.

Mrs. Proctor Baker has given £10,000 to provide a maternity ward for the Bristol General Hospital. The ward is to be dedicated to the memory of her late husband, Mr. W. Proctor Baker, who was for several years President of the institution.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,174.

SATURDAY, OCTOBER 1, 1910.

XLV.

## Editorial.

### NURSING AGENCIES COME UNDER THE LAW.

It has fallen once more to the lot of this Journal—as it has fallen on many occasions during the last twenty years—to be the first to call the attention of the nursing profession to a matter which may be, hereafter, of the utmost importance to the interests of nurses. On August 3rd, the Royal Assent was given to an Act of Parliament with the simple title of “The London County Council (General Powers) Act, 1910.” Amongst sections referring to various street works, purchase of lands, control of smoke nuisances, and special powers to the Camberwell Council, there are included clauses relating to Employment Agencies carried on in the County or City of London. Some five years ago, the County Council obtained powers to regulate certain agencies or registries in which it was believed “fraud or immorality” might be carried on. Those powers the present Act repeals, on the ground that they have proved to be insufficient for the purposes desired. The present Act provides, in short, that “from and after the first day of January, One thousand Nine hundred and Eleven, no person shall carry on an employment agency without a license from the Licensing Authorities authorising him so to do.” We propose to describe in detail, hereafter, the methods by which the new licenses will be carried on. For the moment, however, the principles of the new legislation demand the careful consideration of the nursing profession.

In the first place, every agency for employment of any kind or description, conducted within the County of London, is brought within the provisions of this Act. When the Bill was in Committee in the House of Commons, efforts were made by

the Central Hospital Council for London to exclude institutions connected with or engaged in charitable work, on the ground that hospitals might be included. The Committee would not listen to any suggestions for limiting the scope of the measure, and thus all charitable institutions, including hospitals, must be considered as coming within the scope of the Act. In other words, those hospitals which now combine business with philanthropy, by sending out nurses to the public, and therefore acting as agencies for nurses, will, from the end of this year, be compelled to carry on that business under the licence and regulations of the London County Council, or of the City Corporation, as the case may be. In like manner, every Nursing Home or Institution which supplies nurses to the public will require a similar licence. In the next place, the licensed agent will be compelled under the Act to conform to regulations drawn up by the Licensing Authority, to keep books or forms showing the manner in which the business is conducted, which are subject to inspection by officials appointed for that purpose. Moreover, very heavy penalties are provided in the Act for any infraction of the regulations, or for any attempt to carry on an employment business without the proper licence, which must be renewed at the commencement of every year. It is obvious, therefore, that Parliament has made a new departure with regard to nursing matters, which may be fraught with the most important consequences not only to nursing institutions but also to all private nurses. We foresee, indeed, some results which will be little less than revolutionary; but, on the whole, we believe that the consequences will be entirely for the benefit of trained nurses, and we, therefore, cordially welcome the new legislation.

## Medical Matters.

### PHLEBOTOMUS OR SANDFLY FEVER.

In the *British Medical Journal* of last week Lieutenant-Col. C. Birt, R.A.M.C., has a very interesting and instructive paper on Phlebotomus. He writes that this fever under various names has long been known to prevail in the tropics, and it was as long ago as 1804 that Pym, an army medical officer, gave the following account of cases which he had observed in the Mediterranean:—"The disease generally comes on like other fevers with slight headache, chilliness, shivering, sometimes sickness at the stomach. These symptoms are in a few hours followed by violent pain in the head, confined chiefly to the eyeballs and forehead, pain in the back, and in the calves of the legs. The face becomes flushed and the eyes have a shining, watery appearance, with a slight degree of inflammation, like those of a person half drunk. The skin is dry, the bowels in general bound, the tongue foul. The fever ends about the third day." Since sandfly fever is of short duration, and causes no mortality, its existence in Malta had been quite overshadowed by the graver infections caused by the typhoid bacillus and the *Micrococcus melitensis*. When Malta fever was extinguished among the troops by prohibiting the use of goats' milk in 1906, sandfly fever appeared in relief and called for investigation.

Towards the end of the year 1908 R. Doerr published the researches which he had made on a short febrile ailment which attacked a large proportion of the soldiers who had recently arrived at stations on the Dalmatian coast. It was prevalent only during the summer months. Doerr showed by experiment that this fever was caused by an invisible virus, present in the blood during the first day of the pyrexia, which was conveyed by the sandfly, *Phlebotomus papatasi*.

It was then suggested that a like study should be made of Pym's fever at Malta, and this was undertaken in 1909 by Lieutenant-Colonel Birt, who describes the symptoms as follows:—

#### THE SYMPTOMS.

The onset of phlebotomus fever is usually sudden, though sometimes the pyrexia may be preceded by lassitude, and discomfort for a few days. Chilliness may be complained of, and shivering is observed, but never the chattering of the teeth at the acute onset. He is attacked with shivering and a violent headache, chiefly confined to the brow and behind the eyes, exaggerated by the least movement of the head. He lies propped up back and in the calves of his

legs, and stiffness of all the muscles of his body, which render him restless, though at the same time unwilling to move in bed, since he finds that a change of position only aggravates his discomfort. He is drowsy, and resents being disturbed. Sleep is either much broken or absent. His face is deeply flushed and somewhat tumid. His eyelids are slightly swollen and are half open. His eyes are bloodshot, so that Pym's description of the half drunken look of these patients is characteristic. The eyeballs are sensitive to movement and gentle pressure. The temperature rises to 101-103 degs. Fahr. in a few hours, but the pulse remains slow, often not more than 80. It has been noted as low as 40. The patient may have vomited. This symptom occurs in about 25 per cent. of the cases. Diarrhoea with watery stools was marked in 20 per cent. Constipation is commonly observed.

The tongue becomes coated with a thin white fur, except at the tip and edges. It is inclined to be large and flabby. Taste is impaired. Loss of appetite is constant. Nausea is a frequent symptom. There is often congestion of the fauces and vesicles on the palate are frequent. Throat symptoms, however, are rarely noticed by the patient. There is no expectoration nor coryza. The skin is usually dry, though occasional perspirations may occur. But the profuse sweating, such as ends a fit of ague, does not take place. There is often much dilatation of the capillaries of the face, which causes puffiness of the eyelids and features, and gives a dissipated look to the sufferer. In the early sixties, indeed, alcoholic excess was supposed to be the cause of Pym's fever. Many of the unfortunate soldiers who were attacked were shown in the army returns under the heading "Ebriositas." The erythema may extend to the neck and upper part of the chest. Rashes are absent, except those caused by insects. The joints are not swollen.

Blood was obtained by venepuncture in 23 instances.

#### THE BLOOD EXAMINATIONS.

The negative results obtained in the blood examinations excluded malaria, relapsing, trypanosome, Malta, typhoid, streptococci, staphylococci, tetragenus, pneumococci, and influenzal infections, and also Rogers's seven-day fever, which he attributes to a typhoid-like organism.

It was first necessary to ascertain if this short fever of Malta was a specific disease. Here experiments on the lower animals gave no assistance, for they were all immune to 5 c.cm. of the blood of a patient in the first day of his illness. When the nature of the investigation

was explained to the gunners of No. 99 Company of the Royal Garrison Artillery, many of them came forward voluntarily and offered to submit to experiment. Had it not been for their intelligence and self-sacrificing courage, which paid no heed to their own sufferings, the inquiry into the origin and causation of Pynn's fever would have remained barren.

Experiments were made with infected sandflies, which showed that the *Phlebotomus papatasi* (the Malta species) can convey the virus, and that the bite of one fly only is sufficient for the purpose; also that the sandflies are infective seven to ten days after sucking virulent blood.

Sandfly fever is prevalent throughout the Mediterranean area, and it is now located in Egypt and India.

#### PREVENTION.

For the prevention of the disease isolation of the patient during the first forty-eight hours only of his illness in sandfly-proof nets is required. Doerr has shown that the blood is avirulent after the end of the second day.

Captain Marett's discovery of the pupæ and larvæ in the crannies of sun-parched walls, coupled with the fact that the sandfly months are the rainless months in every part of the world, suggests that moisture is inimical to them. It seems probable that their numbers might be lessened by spraying their haunts with sea water in the maritime areas where sandfly fever is epidemic.

### The Twentieth Century Matron.

The Lecture given by the late Miss Isla Stewart before the Matrons' Council in 1905 on "The Twentieth Century Matron" has been issued in pamphlet form, reprinted from this Journal. This inspiring paper has already been translated into several foreign languages, and has appeared in many nursing papers, but its matter is yet fresh and of sterling quality. It is full of the mellow thought of experience—it hankers after noble ideals—and it is a very human document. It is written "Let us begin with loyalty." Would that we could have loyalty all the way! "Nothing hurts a Matron so much deep down in her soul as to find that her nurses are not loyal to her." How all important therefore that a Matron should herself be true to the finest ethics of her profession. It would be well for every Matron to keep by her this little pamphlet. "It must be because it is right" is its keynote.

The pamphlet can be obtained, price 6d., from Miss Ethel C. Campbell, Matron, Parkwood, Swanley, Kent.

### Ninety-Nine, or Life in a Sanatorium.

By "ONE WHO HAS BEEN THERE." I.

"Say ninety-nine."

"Ninety-nine!"

"Again."

"Ninety-nine!"

"Now cough."

I coughed.

"Again."

Again I coughed. Anything to do with the Doctor's bidding I had said, ninety-nine dozens of times, and coughed till I was blue in the face. The examination had commenced with my pulse being felt, and my heart searched all over by the keen eye of an expert. It was continued by knocking at every part of my chest, and listening to all kinds of sounds, interesting no doubt to the physician—in heart and lungs; and had wound up by my being invited to say ninety-nine and cough *ad libitum*. This kind of thing was no novelty for me, as I had already obliged four other doctors by saying ninety-nine. However, the profession is an arduous and often gloomy time of it, so far be it from me to deny them any pleasure they may extract from hearing their patients say these magic words (though what virtue there can be in that particular number I cannot imagine). During these performances, often conducted by two or three medical luminaries, I generally experienced a feeling more or less like a pullet being tested for the pot. However, perhaps unlike a pullet, I used to feel a bit bored, and took rather an impersonal interest in what was going on.

"Well, that will do now. Put on your clothes."

"How do you think I am, Doctor?"

"Oh, you'll do all right—Nothing more wrong—If you like—Your system wants tuning up. A little rest will soon set you up again." And this said in the most genial and reassuring manner possible. So much so indeed, that I had not been well used to the *genus medicus* I might have thought that all this fuss of going to a celebrated London physician was a regular farce.

I left the consulting room, so that my father and the Doctor could have an uninterrupted *tête-à-tête*. After an hour, my father emerged looking rather solemn.

"Well?" I said.

"Oh—ah—"

"You may as well tell me the truth. Is it phthisical?" I asked.

"Oh, well. Everything seems to be all right for

less tubercular nowadays. Your lungs are slightly touched."

Then this was the awful truth which I had suspected myself for some time, but had abstained from finding out definitely by making inquiries. In some ways it is better to have doubts as to whether one is suffering from some tell-malady than to know it for certain. I felt like one doomed. That famous picture, "Sentence of Death," where a young man is represented sitting in a Doctor's consulting room, and staring into vacancy, having just been told he was suffering from some fatal disease, flashed across my mind. At any rate, there was no use being down in the mouth over it. One must die sometime, and better to do so like a gentleman than start whining about it. I determined to feign indifference.

"What's the programme now?" I inquired.

"Dr. Tretem says you must have absolute rest and plenty of good food. He advises that you should go *at once* to a small sanatorium in Blankshire, which he recommends. He thinks very favourably of your case."

"How long will I have to stay at this exciting place?"

"Oh, he thinks perhaps five months. It all depends on how quickly you get well."

There was no help for it. I must resign myself to Fate, and there was this merit about the step about to be taken, that nothing was undecided, and undoubtedly it was the best thing to do. But, to think of it—to spend the next five months of my existence in a *Consumptive Home* (to put it in plain English!) and perhaps to—but I must keep that idea out of my mind.

Accordingly on the following day, after a two hours' motor drive from London, I found myself feeling pretty cheap, and worn out, sitting in an easy chair in the study at *Mount Pleasant*—mighty pleasant!—Sanatorium. Presently, Dr. Williams came in. He was a genial soul, and had a fine breezy manner. Two little fox terriers accompanied him. More questions about my health and condition, and then conversation, in which owing to lassitude I ceased to interest myself, between my father and the Doctor, in which the words "open air," "good food," "quiet," "temperature," occurred very frequently.

Presently a pretty girl, looking very fresh and smart in her neat hospital uniform, looked on.

"Allow me to introduce the new patient Nurse Thompson," said the Doctor.

Already I began to feel more reconciled to my lot.

"Come along, and I'll show you your shelter," she said.

I had always thought of a shelter as a gruesome, mournful sort of place where consumptives passed their last hours. Instead of that I beheld a cheerful, sunny room with canvas sides which could be let down at will. There was a comfortable wicker-work chair in one corner, a big cupboard containing a washing-basin, etc., in another, a mahogany chair in another, and in the centre—last but not least—a most comfortable looking bed with a little table on each side of the head. On the top of the cupboard were two huge vases of sweet pea, which scented the little apartment with their pleasant odour. The floor was covered with a linoleum of a pretty pattern, and which harmonised very well with the light blue distemper of the framework of my bedroom. Altogether a most inviting *studio*!

I soon popped into bed, and when snugly ensconced between the snowy sheets, felt more comfortable than I had for days. This then was the dreaded "San!" Well, what with reading, playing patience, and chats with the Doctor and Nurse, I reckoned I would be able to pass the time quite comfortably.

There was a knock at the door, and the Nurse came in and let down two whole sides of the shelter. It was, very pleasant, the summer breezes came waiting in, and through the open sides I had an enchanting view of meadows, trees, hills and dales, and far away a picturesque old country church just showing over the surrounding foliage on a distant mound. To my consternation, I noticed Nurse Thompson calmly collecting all my clothes into a bundle.

"What are you going to do with those?" I asked.

"I'm going to take them away into the house."

"Why?"

"Oh, to keep *you* from rambling and to keep your clothes dry," she said with a smile.

"Drastic measures to keep your patients here! I thought this place was called *Mount Pleasant*?"

She laughed. "Oh, it's a merry place right enough, but we must not take any risks with our precious charges."

At any rate, I thought to myself, it would be difficult to be lugubrious with such a jolly lively little sprite ramming round.

I felt a bit of a shock when my father came out to say "good-bye," as I had reckoned on his staying in the neighbourhood for about a week. However, he said Dr. Williams had been very firm about his going away. Accordingly to the Doctor I was to have absolute quiet, and apparently, my father was supposed to exercise a disturbing influence over me.

"Good-bye, my boy! and I hope to find you

strong and fit when next I see you."

He wrung my hand and turned away. I felt a pang of grief and loneliness as I saw his well-known figure crossing the garden. When would I see him again? Who could tell?

However, I quickly cheered up at hearing a tinkle of cups, and the brisk rustling of the Nurse's dress. She entered bringing me my afternoon tea. While I was drinking it she chatted to me pleasantly, telling me about all the other patients. [Very unprofessional, Ed.]  
(To be concluded.)

## Homage to Miss Nightingale.

We are pleased to learn that there is a growing desire amongst nurses to have a memorial to Miss Nightingale all their own, and that it shall take the form of a beautiful statue, as strongly advocated in this Journal. Trafalgar Square awaits such adornment. There the nurses of the whole world would come and worship at the shrine of the Founder of their Profession. Let there be no hesitation on the point of cost, the money would just roll in for such a purpose.

In the national memorial to Miss Nightingale, St. Thomas's Hospital quite rightly has taken the initiative. We believe it is to take some form of charity for nurses. Frankly, we have little sympathy with any scheme of the kind. Florence Nightingale was first and foremost a great educationalist. She inspired the thirst for knowledge. She loved simplicity, self-reliance, self-control. We have now the opportunity of inviting the support of the public to a national scheme of nursing education which would qualify future generations of nurses to be self-supporting, and so be saved from the necessitous condition into which many now fall in their old age, owing to the quite inadequate standard of remuneration paid to them for work indispensable to the community at large.

We deplore a nurses' charity in connection with the illustrious name of Florence Nightingale. We owe her scientific genius recognition.

To worthily emphasise her life's work it is our duty to commemorate the fact that Florence Nightingale was a great teacher, and not primarily a philanthropist.

The Duke of Westminster will lend Grosvenor House for a drawing-room meeting for discussing and formulating a scheme to provide a memorial of Miss Florence Nightingale. It is eminently suitable that such a meeting should be held.

## Our Guinea Prize.

We have pleasure in announcing that M. J. M. Cooper, Western District Hospital, Hadling, N.B., has won the Guinea Prize for September.

### KEY TO PUZZLES

- No. 1. Cylline.  
Call-um.  
No. 2. Plashum.  
Plashmow-n.  
No. 3. Barley's Dressing.  
Bale-eyes dressing.  
No. 4. Garrold's clove.  
Garrow-LDS C-loves.

The following competitors have also solved the puzzles correctly:—E. M. Dickson, Gosport; F. A. Griffin, Hford; A. Summers, Grange; J. Williams, Puddington; A. G. Layton, London; J. Cook, Portland; G. Smart, Cork; E. A. Leeds, London; S. Arthur, Slough; W. Hairland, London; C. Lawson, Duntrass; E. L. Little, Belfast; E. Burnet, Pontypool; M. Dempster, Ealing; C. T. Carey, Guernsey; M. T. Baird, Aberdeen; F. Lowe, Sheffield; C. Moss, York; E. Spencer, London; E. Macne, Edinburgh; — Bidmead, Coventry; — Todd, Burton-on-Trent; C. Ballance, Glasgow; T. Moore, Plymouth; L. C. Cooper, Streatham; A. M. Smeeth, Durham; K. Polden, London; E. Dimm, Harrow; M. Drew, Dublin; E. Matthews, Ryhope; T. Brewster, Manchester; E. Harris, Sutton Coldfield; F. E. S. Roberts, Surlingham; L. Norman, West Liss; E. S. Sills, Oakham; M. Trueman, Wicklow; E. Douglas, Belfast; F. B. Machev's, London; — Hayes, Southwell; G. M. Thompson, London; C. Dunne, Dublin; — Cobb, New Cross; M. Varley, Birmingham; P. Davies, Cardiff; A. Martin, Southampton; F. Dowd, Dublin; A. B. Curtis, Redr; B. E. Poulter, S. Woodford; M. Molin, Brixton; M. Walker, Port S. Mary; J. Flower, Liverpool; C. Daly, Limerick; J. Benstead, Birmingham; V. Newham, Virginia, Water; J. Long, Nottingham; C. P. Smith, Temperley; F. Wilson, Lewisham; N. A. Fellows, Edgbaston; M. P. Hartley, London; F. Sheppard, Tisbury; Wells; B. Leigh, Lympston; B. S. Sheard, Chislehurst; M. Mackey, Perth; E. Macfarlane, London; B. Mackenzie, Edinburgh; V. Lane, Cromer; R. L. Wiseman, Parson's Green; M. K. Herbert, Bromley; F. Williams, Rawtenstall; R. Conway, Armon; C. O'Connor, Cork; A. E. Garver, Wundobon; H. Cobb, Arthorough; M. Lee, Bolton; S. S. Sherring, Liverpool; K. Terry, London; G. G. Tate, London; J. Nutt, W. Bromwich; C. May, Leicester; A. Petrit, London; F. McQueen, Gals-ton; L. Woodland, Galway; T. Barnes, Leeds; M. C. Ford, Edington; C. N. Hindley, Poole; G. Foster, Plymouth; M. N. Soley, Swansea; P. Arnold, Haffax; D. O'Callaghan, Liverpool.

The Rules for Prize Puzzles remain the same, and will be found on page xii. Competitors must sign initials with name, and write "Prize Puzzle Competition" on envelope. Several competitors have again omitted to comply with these simple regulations.

## New Members of the Matrons' Council.

### MISS MABEL THURSTON.

*Lady Superintendent, Christchurch Hospital, New Zealand.*

The International Council of Trained Nurses is bringing the nurses of the world into personal as well as professional touch with one another, and the Matrons' Council of Great Britain and Ireland, the Society which took the initiative in 1899 in forming it, welcomes most cordially to membership the Matrons of training schools for nurses in our splendid and progressive Dominions beyond the seas.

Miss Mabel Thurston, Lady Superintendent of Christchurch Hospital, was elected at the Birmingham meeting, and the accompanying picture gives us a nurse-like presentation of her in white uniform and the original "Bart's" cap.

Upon arriving in New Zealand from England in the year 1900, Miss Thurston was deeply interested in learning of the demand for nurses, and in the discussions which were then taking place on the State Registration question. (The Bill became law two years later).

She therefore entered the Wellington Hospital for training in 1901, and at the end of the third year obtained the hospital's certificate, and, having passed the State examination, was registered. Subsequently she was appointed Sister of the operating theatre, and

later of the women's surgical wards. In March, 1906, Miss Thurston became Matron of the Graymouth Hospital on the west coast, a gold and coal mining district, containing 60 beds, and in 1908 she was promoted to the important charge of the Christchurch Hospital, a position she still holds. This well-organised hospital contains 140 beds, and two new wards, each holding 30 beds, are to be opened early in the New Year. The nursing staff of 70 also

nurses a sanatorium for consumption. In the near future, according to the provisions of a new Hospitals Act recently passed in New Zealand, several other charitable institutions, which will come under the control of the Board of Management, will require to be staffed from nurses trained at the Christchurch Hospital.

Miss Thurston takes an active interest in the organisation of her profession, and is a member of the Council of the Christchurch Branch of the New Zealand Trained Nurses' Association, formed in 1908, and which has been such an unqualified success. Indeed, we hope it may be affiliated to the International Council of Nurses at Cologne in 1912.

From *Kai Tahu*, the official organ of the New Zealand nurses, we learn with interest of wonderful progress in every direction, and with State Registration in force, this is only to be expected, because in all other countries the recognition and government of nurses by the State has been followed by marked improvements.



MISS MABEL THURSTON.

*Lady Superintendent, Christchurch Hospital, New Zealand.*

## Progress of State Registration.

### THE STATUS OF FEVER NURSES.

Scotland has come into the Registration controversy, but none the less eager for that. All through the summer the question of Nurses' Registration has been debated off and on in the two leading national newspapers, the *Scotsman* and the *Glasgow Herald*, and the controversy on the status of the fever nurse is the chief item of interest of the hour.

Dr. A. Campbell Munro is in sympathy with the demands of the Convocation of Royal Burghs of Scotland (men of municipal influence), and certain bodies which control the large Scottish fever hospitals, in their demand for a Fever Nurses' Register, and thinks that unless this band of specialists is set up and recognised in the Nurses' Registration Bill now before Parliament local authorities will have to fall back on "the handy woman," and states "that to the care of such the children of the ratepayers will be committed." Dr. Campbell Munro states that because it is not provided in the Bill to set up a Fever Nurses' Register, they are "to be beyond the pale—pariahs," and advises local authorities to block the Bill "in order to secure that the interests of the institutions which are under them can be safeguarded."

Just that—"the interests of the institutions." Now let us regard the question from the nurses' and the patients' point of view, with due consideration for economies. We do not agree with Dr. Munro that nurses who work in hospitals which admit patients suffering from infectious diseases only are to be placed in the same category as male nurses or those who attend mental patients, and a midwife now registered is not necessarily a nurse at all. Men must remain specialists, in so far as they will never be called upon to nurse women and young children, which will necessitate a special curriculum of training and examination; a register of male nurses is therefore expedient. The curriculum of education for a mental nurse, based, of course, on the principles of general nursing, will always remain more or less of a speciality, and no hardship result to the mental nurses as there will always remain outside the asylum a wide and remunerative field of border cases in attending which, they can earn their living.

Beyond these two very distinct classes, specialism should be determinedly discouraged. Why? Because it is unjust to the patient and the nurse. To the patient, because effective specialism must be based on wide general knowledge of disease and treatment; to the nurse,

because she is so much more likely to be employed as a Fever Nurse than as a General Nurse, to practice would be to practise in a field not considered. She might be trained to do so fairly in competition with general hospital nurses, and the result would be that the most intelligent women would be doing the fever hospitals, and the very ones Dr. Munro anticipates would result. Fever hospitals would only get women to accept the disadvantages of a special training who were not up to the standard required by the general hospitals.

Reciprocal training between the general and infectious diseases hospitals is the only wise and scientific solution of the difficulty, and to define and provide such a complete training before registration would be the first duty of any Central Nursing Authority set up by law.

Miss E. A. Stevenson, in replying to Dr. Munro, puts this matter very clearly. She writes:

Before the Public Health Acts came into force most hospital training schools had attached what were called "fever houses." A probationer nurse served part of her time in the general hospital, and part of her time in the fever wards. Modern methods abolished the dangerous system of treating medical, surgical, and fever cases practically under one roof. But in many good movements there are disadvantages, and in this good movement who were the losers? Most assuredly the nurses. Instead of getting an all-round training, the nurse of to-day is swept into the general hospital on the one side, or the fever hospital on the other. She goes into the general hospital or the fever hospital; she may take both trainings if she likes, but as a double period of training is a severe physical strain, only a small proportion of women care to risk it.

It is clear that a fever register would be extremely prejudicial both to general and fever nurses. In Scotland there are already training schools which recognise the value of reciprocal training by having arrangements with fever hospitals to take probationers for part of the period of training. In England, the Metropolitan Asylum Board have had under consideration schemes for co-operation with general hospitals, and although there are difficulties, they are not insurmountable.

It is incorrect to say that fever nurses "are to be beyond the pale—pariahs," and it is not in accordance with fact that the Bill at present before Parliament provides no recognition for fever nurses. Under Section 15, Sub-section 630 sets forth: "Any nurse whose name is placed on the general register, and who holds a certificate of the Fever Nurses' Association, or its equivalent, granted under conditions approved by the Council, shall be entitled, on payment of a single registration fee of two shillings and sixpence, to have the words 'also trained in fever nursing' added to her record in the register."

If we are going to begin with a fever register, we may as well have an eye register, an ear and

throat register, a skin register, etc., etc. A fever register would be a great convenience to local authorities, but this convenience can easily be obtained without sacrificing the nurses, who deserve better consideration. Let me point out, also, that a fever register would be no benefit to the public. Outside the fever hospital, fever nursing is a very limited field, and even as such is under the control of the local authority.

The Bill at present before Parliament provides for the representation of fever interests, and once the machinery of State Registration is set in motion, progress will be made towards the establishment of a full curriculum, reciprocal training, or, in other words, co-operation between general and fever hospitals.

A full, medical, surgical, and fever training is what every nurse who looks after the interests of her profession will aim at and endeavour to secure.

Next week we shall discuss other suggestions advanced in Scotland for the solution of the difficulty, which is by no means insurmountable. We must remember the Nurses' Registration Bill is designed to bring order out of chaos, and not to make confusion worse confounded.

E. G. F.

## The Nurses' Missionary League.

The Valedictory Meetings in connection with the Nurses' Missionary League will be held at University Hall (Dr. Williams' Library), Gordon Square, London, W.C., on Wednesday, October 5th, to take leave of fifteen nurses proceeding to the foreign field.

### THE MORNING CONFERENCE. 9.45 a.m. to 12.30 p.m.

At the Morning Conference the chair will be taken by a nurse from the London Hospital. The subject under consideration will be "The Outlook and Purpose of the Nurses' Missionary League." (1) Short papers will be read by members of the League, and discussion will take place on (a) How the League helps the individual life (Guy's Hospital), (b) In preparation for work abroad (General Hospital, Nottingham), (c) In winning volunteers (Prince of Wales' Hospital, Tottenham). At the conclusion of these papers there will be an interval for tea and coffee. (2) A short address on "The Outlook of the Future" will be given by Miss J. Macfee, B.A. (3) The closing address on "The All-sufficiency of God" will be given by Mrs. H. T. Hodgkin (China).

### THE AFTERNOON CONVERSATIONS. 2.30-5 p.m.

In the afternoon Mrs. Hodgkin and Miss Fairhead (Chairman of the Executive Committee) will be at Home to meet the members of the League, who hope to sail this autumn for the Mission Field, and all members of the Nursing Profession will receive a hearty welcome. At 3.30 p.m. a short address will be given by Mrs. Scherlich, M.S., M.D. and at intervals there will be music and recitations.

### THE EVENING MEETING.

7-9 p.m.

At the evening meeting an address will be given by Miss H. Y. Richardson (Secretary of the N.M.L.), on "The Work of the League." The sailing members will also speak, and Miss J. Macfee, B.A., will speak on "The Claims of the Mission Field," and give messages from the Edinburgh Missionary Conference. The closing address will be given by J. Howard Cook, Esq., F.R.C.S., of Mengo Hospital, Uganda. Throughout the day tea and coffee will be served at intervals, with the hospitality which is a characteristic of the Nurses' Missionary League gatherings.

On the Tuesdays in November a course of five lectures on "A Nurse's Equipment for Service at Home and Abroad" will be given in connection with the League at University Hall, Gordon Square, W.C.

*November 1st.*—9.45 a.m., "Work in a Home and Foreign Hospital Contrasted," Miss C. F. Tippet, of Shansi, North China (trained at the General Infirmary, Gloucester).

*November 8th.*—7.15 p.m., "Difficulties and Possibilities in a Nurse's Life," Miss L. V. Haughton (Matron, Guy's Hospital).

*November 15th.*—3 p.m., "The Nurse in Relation to her Patients," Miss C. M. Ironside, M.B. Lond., of Isphahan.

*November 22nd.*—10.30 a.m., "What the Twentieth Century Nurse may Learn from the Nineteenth," Miss E. M. Fox, Matron, Prince of Wales' Hospital, Tottenham.

*November 29th.*—7.15 p.m., "The Decisive Hour of Christian Missions: Its Appeal to the Nursing Profession," G. Basil Price, Esq., M.D.

It should be noted that the hour of these lectures varies, though the place at which they are held is the same throughout the month.

University Hall is between Euston Square Station (formerly Gower Street Station) and Russell Square Tube.

### WOMEN'S IMPERIAL HEALTH ASSOCIATION.

Margal Viscountess Helmsley will dedicate at the Royal Botanic Gardens on Saturday, October 1st, a new van of the Women's Imperial Health Association to be used in the Eastern Counties and to be known as the "Florence Nightingale." The caravan will be in charge of women, and a medical woman will deliver the lectures. Another van will be used in the London parks, the County Council having given permission for health lectures illustrated by cinematograph pictures to be delivered in the daytime in Finsbury, Battersea, and Victoria Parks.

### FOR DISTRICT NURSING.

Her Highness Princess Marie-Louise of Schleswig-Holstein has given her patronage to a subscription ball to be held in the Gratten Galleries on the 16th of November, in aid of the Hammersmith and Fulham District Nursing Association (Queen's Nurses).

## Appointments.

### MATRONS.

**Cottage Hospital, Lewes.**—Miss N. Thorpe has been appointed Matron. She has held the positions of Night Superintendent and Sister at York Road Lying-in Hospital, Night Superintendent at the General Hospital, Wolverhampton, and Matron of the Lancing Cottage Sanatorium, Shoreham.

**Maternity Hospital, York.**—Miss I. C. Wishart has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and has been Assistant-in-Charge at the Royal Infirmary, Dundee, and Sister at the Royal Infirmary, Edinburgh.

### NURSE MATRONS

**Nantwich and District Hospital.**—Miss Katherine Gregg has been appointed Nurse-Matron. She was trained at the Denbighshire General Infirmary, and has held the positions of Staff Nurse at Chester Isolation Hospital, Holiday Sister at Denbighshire General Infirmary, and Nurse at Hammerwich Cottage Hospital. Miss Gregg has also had experience in private nursing.

**Littleborough, Milnrow, and Wardle Hospital, Hollingsworth.**—Miss O. M. Roche has been appointed Nurse-Matron. She was trained at the Monsall Fever Hospital, Manchester, and has been Night Superintendent at Moss Side Isolation Hospital, Lytham.

### ASSISTANT HOUSEKEEPER AND NURSE.

**Belfast Union Nurses' Home.**—Miss B. M. Gibb has been appointed Assistant Housekeeper and Nurse. She has been Sister in the Infirmary in Surgical and Ophthalmic Wards, and subsequently Staff Nurse for four years in "The Olives" Private Nursing Home at Belfast.

### SISTERS.

**Stanley Hospital, Liverpool.**—Miss Ina M. Docherty has been appointed Theatre Sister. She was trained at the Dumfries and Galloway Royal Infirmary, and has held the positions of Staff Nurse, Royal Infirmary, Edinburgh, and done Sister's holiday duty in the same institution.

### NIGHT SISTERS.

**Royal Victoria Hospital, Bournemouth.**—Miss Mary S. Tyers has been appointed Night Sister. She was trained at the Royal Free Hospital, London, and the New Hospital for Women. Miss Tyers is a certified midwife.

**Workhouse Infirmary, Newport, Mon.**—Miss M. J. Bowen has been appointed Night Sister. She was trained at the Paddington Infirmary, London, and has held the positions of Charge Nurse at the Devonport Infirmary, and at the Easthamstead Infirmary.

### SUPERINTENDENT NURSE

**Bakewell Union Infirmary.**—Miss E. E. Douglis has been appointed Superintendent Nurse. She was trained at Crumpsall Infirmary, Manchester, and has held the positions of Sister, House Sister, and Assistant Matron at the Stockport Union Hospital.

Both Miss J. Bell and Miss M. Emery have held their positions at the Royal Infirmary, Edinburgh, since 1907—not 1909 as reported last week.

### LADY RELIEF VISITOR.

**Reading Board of Guardians.**—Miss Beatrice E. Olphert has been appointed Lady Relief Visitor and Protection Visitor, under the Children Act, 1908. She was trained for three years at the Royal Devon and Exeter Hospital, in district nursing for six months at Walworth, S.E., in midwifery for three months at the East End Mothers' Home, London, E., and is a certified midwife. Miss Olphert has been Queen's Nurse at Norton, York-shire, and Bognor, Sussex, Superintendent, County Nursing Association, and Inspector of Midwives under the Gloucestershire County Council, and is at present Inspector of Midwives under the Berkshire County Council.

The Reading Board of Guardians have selected an excellently well qualified woman for the new appointment.

## Hull Sanatorium Scandal.

The Hull City Council discussed on Monday the administration at the Sanatorium. A motion appointing five more members on the committee investigating the affair was carried. Alderman Askew, Chairman of the Sanitary Committee, formulated three questions for consideration, and added "the business had been distasteful, disagreeable, and nasty," an expression of opinion with which the world at large will agree.

Mr. Pearlman said that the public demanded that all institutions kept at the public expense should at least be clean in the management. Proceeding, Mr. Pearlman said that if some of the statements in the correspondence of the press were correct, there were things which would be a disgrace to some of the dirtiest slum houses in the city. They had been told that children had come from the Sanatorium in a verminous condition, and they had been told publicly in the press that the Sanatorium had been kept in such a condition that water was dripping from the walls, and that the place was in an uncleanly condition.

The Town Clerk read a letter from Miss Abbott, a former Matron of the Sanatorium, stating that she was much annoyed to see her name dragged into these sordid proceedings, more especially as she was not allowed to confirm or deny the allegations made. The statement made with regard to five girls being in a state of pregnancy was absolutely false. During her nine years as Matron of the Sanatorium there were two of the maids, particulars of which she could give, who unfortunately got into trouble. She reported both cases to the Medical Officer and the Chairman of the Committee, and she also saw the parents of both girls, who eventually left the service. In justice to herself, she asked the Town Clerk to place this letter before the Council to clear her in the minds of the public.

The discussion lasted four hours, during which there was a heated scene between Dr. Robinson and Dr. Lilley, chairman of the Hospital Sub-Committee, who each accused the other of saying what was not true.

## Nursing Echoes.



At a meeting of the Court of Common Council, held on the 22nd inst., at the Guildhall, E.C., the Lord Mayor presiding, the following resolutions were passed unanimously:—

"That a scholarship be established at St. Thomas's Nursing Home in connection with the City of London Schools, to perpetuate the memory of the late Miss Florence Nightingale, and that it be referred to the City of London Schools Committee to consider and report as to the best means of establishing a scholarship, with power to confer with the Coal, Corn, and Finance Committee thereon."

"That it also be referred to the City Lands Committee to consider and report whether a bust, portrait, or other memorial of the late Miss Nightingale should be provided to be placed within the Guildhall."

A deputation waited on the Lord Mayor of Liverpool on the same date, and asked him to convene a public meeting in support of the movement to establish a memorial in the city to Miss Nightingale, to take the form of a new nursing home to bear her name in connection with the Queen Victoria Nursing Association. The Lord Mayor agreed to convene a meeting for October 13th.

Next month the headquarters of the Territorial Force Nursing Service will be located at the War Office, where Miss Sidney Browne, R.R.C., Matron-in-Chief, will for the future have her office.

We are informed that a Conference on the Feeding of Nurses in Hospitals and similar institutions will be held at Caxton Hall, Westminster, on Saturday afternoon, November 5th. The arrangements for the gathering, which will be held under the auspices of the National Food Reform Association, are in the hands of a representative Committee. Full particulars will be announced later.

The Swansea Guardians have decided to request the authorities of the University of Wales to take steps for holding an examination and issuing certificates in nursing.

The beautiful gardens of Saltram House, near Plymouth, were the scene of an interesting

ceremony last week, when Earl Fortescue presented certificates to fifteen ladies of the staff of the Fourth Southern General Hospital (Territorial Force), whose headquarters are at Plymouth. At the same time, medals were pinned on their breasts by Lady Mary Parker.

The nurses and their friends were entertained to tea, and the ceremony was performed on the lawn. The ladies who were recipients of the certificates and decoration, were Miss E. Smale (Principal Matron), Miss M. Hainselin and Miss E. Fortescue (Matrons), Sisters Hutchings, Wilson, Blackler, Jenkins, Stidston, Kirkpatrick, and Nimess, and Nurses Davies, Robins, Parker, Lilly, and Osborne.

The movement for providing a permanent home for the Worthing District Nurses, as a memorial to the late Sir Henry Aubrey-Fletcher, is making good progress. It has been decided that the home shall be named "The Aubrey-Fletcher Memorial Home for Queen's Nurses." The formal opening will take place during the first week in November.

A conference was recently held in the lecture room of the Young Women's Christian Association, Sheffield, called to consider the formation of a branch of the Nurses' Union. Invitations had been sent to many trained nurses and those who accepted were welcomed in the new bright rooms of the institute, which had been decorated for the occasion with plants and flowers. Mrs. Mozley, head of the North of England department of the Nurses' Union, came from Newark to explain its working. During the sessions of the conference refreshments were served and solos were sung by Miss S. A. Birch, L.R.A.M., Miss Cook, Miss Boothby, and the Misses Payne. As a result of the conference a sitting room in the institute is set apart for nurses where they may feel perfectly at home, and engage in work or recreation, or meet friends. Certain days in the month are set apart for "quiet times." Miss Harbord, resident secretary, will be glad to give further particulars to any nurse calling at 35, High Street, Sheffield.

On Wednesday, 21st September, Miss Shuter and Miss Reed were "At Home" to the members of the Irish Nurses Association, at Ivanhoe, Lansdowne Road, Dublin. A very large number of the members availed themselves of this kind invitation, and a delightful afternoon was spent. After tea the guests adjourned to the beautiful grounds of the Home, where spirited contests

it gold croquet were engaged in, the winners of the final heat being presented with boxes of chocolate by their kind hostesses. Every one left with regret. It was the last of the members' summer amusements. Next month winter work and lectures begin, and a very busy time is anticipated.

Her Excellency the Countess of Minto was the recipient of a pleasing tribute from the Indian Nursing Staff at Simla on August 26th, when Mrs. Davies, Chief Lady Superintendent, handed to her a beautiful silver inkstand accompanied by an appreciative address, artistically printed on vellum. The Central Committee of the Association was represented by Major-General Scallan, Surgeon-General Lukis, Sir W. Crooke-Lawless, and Mr. A. N. Ker. In the address the nurses expressed their deep regret at the departure of Lady Minto, the Founder of their Association from India, and how much they appreciated her constant and affectionate concern in all that was for their welfare and that of the Association at large.

In her reply Her Excellency said it was difficult for her to express adequately her thanks to the Lady Superintendent and the Sisters of the Nursing Staff for their very kind thought, and that she should treasure their farewell gift, which would always be on her writing table, and would daily remind her of the great work they were doing to relieve the sick and suffering in a country which, more than any other in the world, needed prompt and skilled attendance. Lady Minto said that, although she was obliged to sever her immediate connection with the Nursing Sisters of India, they might rest assured that her interest in their welfare would be as keen as ever. In bidding them farewell she promised her photograph to each of the Sisters which, she hoped, they would keep as a remembrance of an Association which would always be connected in her mind with many happy hours.

Like most nursing Journals, *The Nursing Journal of India* becomes more and more substantial as time goes on, and, of course, the Editor cannot find space for many interesting items of use to her readers. This month appears therein an admirable paper, "Three Years' Training," by Miss S. Grace Tindall, Lady Superintendent of the Cama and Alibless Hospitals, Bombay, which was read at the Agra Nursing Conference. "My views," she writes, "with regard to this most important subject (the necessity for a three years' term of training) are decided and unalterable," and she

claims that "it is the unshared opinion that nothing less than this term is sufficient to turn out a 'trained nurse.' Nurses all over the world will be grateful for this claim. As Miss Tindall tersely remarks, 'Nursing nowadays does not consist in pouring in wine and oil by the wayside,' and states that in her opinion the Nursing Superintendents in India have the making of the profession in India in their own hands," in so far as they are true to the highest standard of nursing principles, and the best professional methods."

A memorial is to be raised by nurses in India to the late Miss Thorpe, whose sudden and tragic death saddened many friends.

A Committee has been formed to establish, maintain, and extend, a high and uniform standard of district nursing throughout Northern Tasmania—as a memorial to the late King Edward VII. The members of this Nursing Order are to be known as "King's Nurses," and will work generally for the betterment of the physical, sanitary, and hygienic conditions of the people in Tasmania. It is intended to confer certificates and diplomas in District Nursing, and distinctive badges.

Writing on *The Social Side of a Nurses' Work*, Miss M. Loane, so well known for her understanding sympathy with the poor, says: "The question 'Is it worth while?' probably occurs from time to time to every woman in every profession; even mothers are not exempt from obstinate self-questioning; but from the nurse it does not often receive a despairing answer, especially if she has in any degree the power to be a teacher as well as a nurse, to prevent suffering, and not merely to supply a limited and doubtful alleviation. If the question is ever insistent, it is in the mind of the woman whose lot or choice takes her to the home of wealthy patients. I remember a stirring, capable person of twenty-seven, who found herself one of three trained nurses entirely occupied with a *malade imaginaire* of about her own age. She endured it as best she might until one day when the patient declared that her nose was cold, and ordered her to make a poultice for it. She said to herself, 'Have I seen and suffered and learnt for five years in a general hospital for no better end than *this*?' She left the institution at the earliest possible moment, and became a district nurse in a very poor neighbourhood, living a life of considerable hardship, but free from the burden of despising herself or her patients."

"It never seems to me more 'worth while' to be a nurse than when it is in my power to do anything, however small, to abate the class prejudice which checks and hinders the amelioration of the conditions of life among the poor. By class prejudice I do not mean feelings of jealousy, rancour, and hatred on one side, and oppression, grudging, and malice on the other. Except in the fiery imagination of demagogues, and the nervous obsessions of retired fossils, I do not believe that these conditions of mind can be found in any degree that need excite alarm or distress. I mean mutual ignorance, suspicion, and mistrust, more especially those forms of it which are so sadly familiar to the district nurse."

Miss Loane thinks that "Nothing but regular intercourse with more cultivated minds and the steady influence of an unhesitating, unself-conscious maintenance of a bolder, more independent standard can ever change such ingrained, instinctive habits for more reasoned social conduct. The District Nurse should be an ambassador from the poor to the rich, as well as from the rich to the poor." Miss Loane writes:—"There are few workers for whom less sympathy is felt than for young Council School teachers, and perhaps none who need it more, not only on account of the inevitable difficulties of their work, but because they begin it unaided by social knowledge, and often without adequate guidance in matters which lie partly outside school routine, and yet are inextricably connected with it."

Several good stories are recounted in this connection. For instance:—"Paying a morning visit to an poor mother, I found her simmering with wrath, only kept from boiling over by laying the flatteringunction to her soul that she 'had had the best of it.' While I was bandaging her foot, she suddenly broke out, 'What you souse that impudent young teacher want and done?' It was merely a rhetorical question, and I hazarded no answer."

"She sent a message as I was to send my boy to school clean!" I juss - out Milly to the corner "open for writin' paper," they'll let you have it "a card now, and I juss write to her, 'My boy can't read, Don't smell 'im, Teach 'im.' You know, o' course, 'tis only top-diet, so what call has she to say such things?" After full justice had been done to her *bon mot*, we discussed the subject at some length, and finally agreed that there was no great harm in occasionally washing boys' clothes."

Miss Loane evidently thinks it is "worth while" if one is a District Nurse.

## League News.

We are informed by Miss Cox-Davies, Matron of the Royal Free Hospital, London, that it is proposed to form a League of Nurses trained at that hospital, and that she will be very pleased to hear from those nurses whose addresses she has not got, and with whom she is therefore unable to communicate. A meeting will be held in the Nurses' Home of the Royal Free Hospital on Saturday, the 8th of October, and invitations will be sent to all those who are interested in the matter, and express a wish to be present. Experience proves that self-governing Leagues of nurses are a source of the greatest happiness to the members, producing as they do an increased sense of professional responsibility and personal sympathy, not only between nurses trained in the same hospital, but towards their colleagues far and wide. We wish the new League every success, and have no doubt that with the experienced guidance of the Matron nothing but success can result.

## Some Charities in the West Riding of Yorkshire.

By MACK ALL.

IV.

### INSTITUTION FOR CRIPPLED AND INVALID CHILDREN.

It has been said by a lady well qualified to give an opinion on such matters that there is no town in England where so many crippled, undersized, and deformed children are to be found as in Leeds.

When we come to deal with institutions for the prevention of illness, we may say something about the causes of this, but in this paper we shall only deal with the societies which are helping those already crippled or invalided.

The City Council have a school for crippled and invalid children in Leeds. It is situated in a pleasant garden, and has its class rooms all so arranged as to allow as much fresh air and sunshine as possible to the children during lessons.

On the morning that I visited the school there were about 80 pupils present, and these were in all stages of deformity from the frail girl, unable to keep pace with the average child in the Council Schools, to the little dwarfed mannikin in his teens, no taller than a three-year-old child, and with every limb deformed.

A nurse is attached to the school, and is kept very busy. In the morning she accompanies

the ambulance to the homes of the most helpless of the children, and in the afternoon she sees these same children safely home again.

During the forenoon those who have sores are dressed by the nurse in the school surgery. These comprise tubercular hips, knees, and other joints.

Massage is given at the school to a few cases of infantile paralysis, but there is not much time for this.

Instead of the children going home to dinner at mid-day, a substantial meal is provided in the school building.

It is painful to watch the little twisted bodies as they hobble off, many of them on crutches to their dinner. A few are too ill even to hobble, and these lie in special carriages out in the garden, most of them doing some work with their fingers.

In the dining-room are long tables, covered with white cloths and bright cutlery. All looks attractive, and most of the children's faces brighten when once they are seated in their places. After grace has been said, they are allowed to talk to one another. At one time silence was compulsory, but the nurse now in charge believes in letting the children have as much liberty as possible. It may be a little noisy for the workers, although too much noise is checked, but it certainly brightens the hour for the little ones.

Girls are served first, and all must use their knife and fork properly. These meals are a means of education to the children for very few of them come to school with good table manners. The dinners provided are always nourishing and plentiful, and the children are taught to eat everything set before them.

On one day of the week there is a roast joint with potatoes, followed by a milk pudding and stewed fruit. On another day the fare is meat stew and a suet pudding.

The children's parents are supposed to pay 2d. for each dinner. No child, however, is denied a dinner because he fails to produce the 2d.

The school hours are the same as for the infant department of the Council schools. The children are taught to make kindergarten toys, etc., and to become skilful with their fingers. Reading, writing, and arithmetic may not enter so much into their days as into that of healthy children, but to learn to occupy their time and make most of their handicapped lives is no small thing.

From an outsider's point of view it seemed a pity that children with open tuberculous wounds should occupy the same class-room as dwarfed children, or those crippled from rickets, but otherwise free from disease.

Now and then all the rooms are thoroughly ventilated, and the teachers took a very practical and affectionate interest in each of their little invalid scholars. There are Council schools for the education of the deaf and the blind. In the former lip language is taught. Children from outside Leeds are received as boarders.

On the morning that I visited this school, the scholars present numbered 138. There seems to be no special theory with regard to deafness, except that it is sometimes hereditary, and that the children of parents who are nearly related are more likely to be deaf than others. A few cases can be traced to abscesses or to injuries received during infancy.

The Blind School has accommodation for between 80 and 90 pupils. These children board at the school. They are taught to read Braille type, and to write.

Some of the older ones learn type-writing. And the little ones are taught to make baskets and toys, while those with an ear for music have lessons on the piano. About 90 per cent. of the cases of blindness are due to ophthalmia neonatorum. It would make this article too long to describe in detail the work of the Deaf and Blind Schools.

The Invalid Children's Aid Society have workrooms in Leeds, and it is the aim of this Society to pass the crippled children on from the schools into the workrooms. The boys learn to mend shoes and in some cases to make them. They are also taught to repair kettles and pots, and to do all kinds of soldering work. For their first three months in the I.C.A.S. workrooms they receive no pay, but at the end of that time they earn a small wage.

Most of them get very good situations as cobblers, and, as their teacher said, earn as much money "as straight lads." His branch of the work is self-supporting.

The girls are taught plain, sound and simple housemaking. I saw about twenty of them at work one morning, many of them very deformed, and some unable to move without crutches. They turn out very neat and useful articles, but unfortunately the girls' workroom does not nearly pay its way.

Besides the institutions mentioned in this paper, there are others for undertaking the lot of delicate children. It is still easier in the West Riding of Yorkshire to get assistance for invalids rather than for those who will in course of time become invalids if they are not helped. But a better deal, we hope, is dawning, when something practical would be done to stop the manufacture of cripples and cripples.

## Reflections.

## FROM A BOARD ROOM MIRROR.

It has been decided that the memorial of the Jews of London to the late King shall take the form of a hospital, where Jewish-speaking doctors and nurses shall attend the patients. A site has been secured in Stepney Green. The cost of the Hospital, including equipment, will be between £15,000 and £20,000. The site has been bought for £5,000. The hospital will be fitted with 50 beds.

The Jews are a very sensitive people, and we were incidentally informed quite recently by an East-End Jew that he would not let his wife go into the nearest hospital because if she was an interesting case he was afraid of her disease being discussed in the newspapers. He strongly deprecated the advertising of the hospital through such methods. "Elephant men" and "brittle men" and the publicity given to abnormal diseases, horrified the Jewish sense of decency. When they had a hospital of their own the patients' suffering should be kept private.

The King and Queen have granted their patronage to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

The Council of the Hospital Saturday Fund state that the income of the Fund to the 10th inst. had amounted to £15,082 15s. 10d., being an increase upon last year of £2,080 16s. 3d. A new Committee has been formed for Kensington. The arrangements are now practically completed for the Annual Special Collection, fixed for October 15th.

Forty-three men's and 131 women's detachments, representing 1,142 men and 3,944 women, have so far been registered by the War Office in connection with the Territorial Nursing scheme of the British Red Cross Society. There are between 400 and 500 detachments waiting to be registered.

Lady Mond has forwarded £479 to the Infants' Hospital, Vincent Square, Westminster, as part proceeds of the matinee at His Majesty's Theatre on July 15th last in aid of the hospital and the Royal Waterloo Hospital.

Last week saw the opening of the new Centenary Wing of the West of England Eye Infirmary at Exeter by the Lord Lieutenant of Devon, Earl Fortescue in the presence of a large number of supporters and friends of the institution. This completes the original scheme for providing an adequate and very beautiful hospital for the treatment of diseases of the eye, and in replying to a vote of thanks Lord Fortescue referred to the devoted work of those who had helped to build it—not omitting the name of the late Matron, Miss Kinniment, to whose wonderful energy and ability much of the success of the work is due.

## The British Hospitals Association.

The conference of the British Hospitals Association will be held in the University Buildings, Glasgow, on the last two days of September. The objects of the Association are to facilitate the consideration and discussion of matters connected with hospital management, and, where advisable, to take measures to further the decisions arrived at and to afford opportunities for the acquisition of a knowledge of hospital administration, both lay and medical. The Lord Provost will welcome the members to the city. Papers will be discussed in the first session on "The majority point of view on the Poor Law as regards general and special hospitals," by Mr. Charles Stewart Loch, B.A., Secretary to the Council of the London Charity Organisation Society, and on "The Abuse of the Hospital and its Cure," by Mr. A. Scott Finnie, Treasurer of the Aberdeen Royal Infirmary. On the second day Mrs. Sidney Webb will read a paper on "A Unified County Medical Service and how it will Affect the Voluntary Hospital," and Dr. Nathan Raw, Visiting Medical Superintendent of Mill Road Infirmary, Liverpool, will deal with "The Institutional Treatment of Tuberculosis." Three other subjects are suggested for discussion:— "What are the Best Ambulance Arrangements for Hospitals? Is the Motor Ambulance Quite Reliable?" "Should General Hospitals Admit Private Patients, and, if so, what Arrangements should be Made for Them?" and "Should Private Rooms be Provided in Fever Hospitals for Patients who are Prepared to Pay for Them? Can they be Attended by Their own Medical Man?" Mr. H. Cosmo Bonsor, Treasurer of Guy's Hospital, London, is President of the Association, and Dr. D. I. Mackintosh, of the Western Infirmary, is acting as Local Hon. Secretary. The programme is illustrated by views of the University, the City Chambers, the Royal, Western, and Victoria Infirmaries, the Cancer Hospital, and the Maternity Hospital.

## Milk Supply.

The National League for Physical Education and Improvement, the chief object of which is to stimulate public interest in the physical condition of the people, has done an excellent bit of practical work in forming a Milk Committee, which committee has issued three leaflets containing (a) instructions to farmers and other milk producers, (b) to distributors and retailers of milk, and (c) to housewives and all consumers of milk. We hope these leaflets will be issued in millions.

Many cowsheds are kept in a filthy and most insanitary condition—it is costly to keep them clean both in labour and bedding. Poor farmers are therefore great offenders in this connection, and the advice which it is recommended should be hung up in every cowshed

would, if followed, materially reduce infant mortality.

The following advice to housewives might be taken to heart by hospital housekeepers:—

#### THE MILK SUPPLIED.

The consumer should protect his family by obtaining pure and clean milk.

Pure milk should show no deposit whatever at the bottom of the vessels in which it is kept. If there is any deposit, complaint should be made at once to the dairyman, and if the deposit continues after complaint, the dairyman should be changed.

Milk from a clean farm will keep much better than milk from a dirty one.

#### CONTAMINATION IN THE HOME.

Diarrhoea, typhoid fever, scarlet fever, diphtheria, and other serious diseases may be brought about by contamination of milk within the consumer's house.

Such contamination occurs from:—

1. Improperly cleansed milk vessels.
2. The storage place being unsuitable.
3. The receptacles being uncovered.
4. Flies and dust.

#### CLEANSING MILK VESSELS.

Immediately after use milk vessels should be thoroughly rubbed and washed out with cold water, and then dipped into boiling water and left there for some time; or, if too large, thoroughly scalded with boiling water.

#### PLACE OF STORAGE.

The storage place should be in a well-ventilated clean or cool pantry or cellar, and *not* in a warm or dusty kitchen.

Souring is due to the rapid increase in the number of germs in the milk, and if milk is kept cool these germs do not multiply so rapidly, and souring is thereby delayed.

That is the reason why milk keeps much better in winter than in summer.

Warmth is equally favourable for the multiplication of many disease-producing germs in milk. The milk must, therefore, be kept at as low a temperature as possible.

The milk-jug should be placed in a basin of cold water in summer-time.

Even under the best conditions it is undesirable to keep fresh milk for any length of time.

#### COVERED VESSELS.

All milk should be kept in covered vessels to prevent the entrance of flies and dust.

It is a mistake to suppose that milk will not keep sweet if it is covered.

#### FLIES.

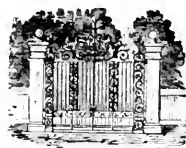
Flies carry on their legs an enormous number of germs, among which may be those that cause diarrhoea, typhoid fever, and other diseases.

Within the house, therefore, the greatest care should be taken to prevent flies from reaching the milk.

Flies breed on all kinds of manure and decaying matter. Such material should, therefore, be kept covered and be removed as soon as possible. Ash-pits and middens should be cleaned out at least once a week. The eggs of flies may hatch out in eight to ten days.

## Outside the Gates.

### WOMEN.



Lady Dorothy Nevill has given us a second instalment of her delightful reminiscences, "Under Five Reigns." Possessed of immense mental vitality, this spirited lady—she is old but ever young—

presents a delightful commentary on the social aspects of the reigns under which she has lived so cheerfully. Everyone will read this book, so we will resist the inclination to quote extensively from its most interesting pages; just one little bit will suffice:—

"Children at that time (seventy years ago) were kept in great order, and generally forbidden to do anything they particularly liked more, I think, or general principle than for any sufficient reason. The highly salutary precepts enjoined in books such as Mrs. Turner's 'Cautionary Stories,' were in great favour with parents. Some of the lines in this volume with regard to gluttony are highly characteristic of infantile education as it was understood in the past:—

"Manana, why mayn't I, when I dine,  
Eat ham and goose, and drink port wine?  
And why mayn't I, as well as you,  
Eat pudding, soup, and mutton, too?  
'Because, my dear, it is not right,  
To spoil the youthful appetite."

Miss E. Phillips, of Cardiff, has been elected the first Lady President of the National Federation of Assistant Teachers.

The Speaker of the House of Commons, in an address delivered recently at Peurith, on the formation of voluntary aid detachments under the British Red Cross, must have amused the women present. He announced with much condescension: "Ladies were allowed to help. They were anxious nowadays to take a part in public affairs. They had had some experience of that elsewhere. There was a grand opportunity for them. There was no necessity to parade the streets or hold meetings in Hyde Park. They could by learning home nursing become useful members of the State."

Ladies always are allowed "to help," especially with all the drudgery of every movement. But how the elements of home nursing are to satisfy the intelligent members of the sex who claim the status of citizenship—as they have to pay all its penalties—the Speaker did not explain. We seem to hear the echo of the mid-Victorian grandpa, shoeing his clamorous girl babies out of his study with a flutter of the *Times*: "There, there, little dears! run away and play with dummies—nicey, nicey!"

And a rebellious baby reply: "I've melted her, she wasn't real, divy me a penny!"

A very remarkable letter, instinct with righteousness, has been addressed by "Clara Smith," of Fort Hill, Athlone, the author of "Ireland's Great Future," to every Board of Guardians and to the Governors of every lunatic asylum in Ireland. The letter opens with a protest against the sentence of capital punishment passed on the beautiful and hapless Hannah Ahern, for the murder of her newly-born child at Newcastle West Workhouse in April last. The sentence has been committed to the no less awful one of penal servitude for life.

The letter continues:—"The sentence is unjust in that the man, who alone could generate life—is not penalised for his recklessness and cruelty in using the great power God entrusted to him without due regard to the welfare of his offspring. Man is responsible to God for the life he passes over to women, therefore, in God's sight he is the real murderer when he spurns and forsakes the mother and drives her to desperation. Cases of this kind are becoming painfully frequent, and if the gallows is to be used to as a remedy, soon the gallows will be erected for mothers in every county in Ireland. Lament statistics prove that the greatest percentage of cases are furnished by women mentally afflicted at child-birth. Women's nervous organisation cannot stand the strain of child-birth under the unnatural conditions which too often prevail in modern life. If this be so in lawful wedlock, how much harder it must be for girls in the person of Hannah Ahern to preserve their mental balance. With the gallows in operation, the mothers of man's unlawful issue, in lunatic asylums, hospitals, and workhouses crowded to shelter man's lawful issue, the mother of Ireland is assured on lines that must reach to the heart of Ireland's greatest foe."

"Clara Smith" proceeds with the note "who preside over Ireland's sorrow and Ireland's disgrace, her poverty, and her insanity." She discusses a side of life that is not only closed, but double-barred to ordinary discussion of pure breeding, she states: "If your sheep and cattle were in this grievous state you would deal with the trouble in a very different way to that adopted towards the human family," and then she speaks plainly of manhood and "school-boys." "A new standard of manhood must be raised in Ireland and all life purified and cleansed."

"There will never be peace on earth till there is peace between man and woman. Motherhood is the most sacred duty a woman can undertake; a nation is on the down grade when it is possible on account of man's lawlessness to hang a mother. The brute beast is nourished and cared for during pregnancy. A woman in such a condition should be a nation's pride and glory, and when this is not so the dishonour is man's."

The ardent writer would have men conserve their warmth till they can unite with woman in reverence and the fear of God, so that a healthy stock may enter the land, with God's blessing—a race

that will rule in righteousness. "As a young man, marryth a virgin, so thy sons shall marry them, and as a bridegroom rejoiceth over a bride, so shall thy God rejoice over them," then Ireland will enter on that upward road of progress that will make her great.

A veritable psalm to humanity and patriotism! Let it be taken to heart.

## Book of the Week.

### AN AFFAIR OF DISHONOUR.\*

"Five o'clock by the sundial on the lawn, and the man that had to fight the duel at seven was sound asleep and dreaming."

The duel was arranged between the father of the young girl, whose dishonour he had brought about, and who, at the time this story opens, is unashamedly living with him as his wife.

This prodigious young nobleman of the 17th century was a near neighbour of the upright squire he has so grievously wronged. In the encounter the older man is wounded to the death and Sir Oliver returns to the side of the beautiful girl, who is besotted with her love for him and totally unaware of the tragedy that has taken place.

"The partick he knew would be on his tongue, should he try to speak to his woman victim of her father's death. . . . Death in duels must come about . . . and as for the provocation he had given—what foul play had he been guilty of? The girl was eighteen and old enough to know better, as the phrase goes. How had his conduct been unlike that of any other man of fashion and spirit? Besides, who could say his suit would not have been *en tout honneur, tout honneur*, if it had not been for his wife—curse her? At least—do him, this but justice!—he had honourably promised this Lucinda to make her his wife, if he could rid himself of his other encumbrance."

Owing to the blindness of her passion for him this girl is his willing victim, but the difference between them is well summed up in the following extract:—

"Do not peer into the untidy caverns of his mind—dwell in the garden of hers, wild and disorderly perhaps, but still a garden."

The plot of the story hangs on the successful concealment from Lucinda of the fact of her father's death. For the better carrying out of this purpose they take a day's journey on horse to Kips Manor, another of his estates. "In the fifth week of this strange, lonely residence, in what was to all intents and purposes a wilderness, Lucinda resolved, even should she risk his anger, to speak of this uneasiness of hers to Sir Oliver. "Sweetheart Oliver," said she, "my father writes not." "Lovely sat ill upon him to-night, and his eyes never met Lucinda's, that were fixed on him, there in the moonlight, watching how white he grew."

"O Oliver, tell me the truth. Has a letter come

\* By William de Morgan (William Heinemann, London.)

from him that you are keeping back from me. If that be so, tell me of it, and let me read it, even if I win in the reading. Give it me, Oliver—give it me!" Then, always in fear that she might somehow ruffle Sir Oliver's temper, she kissed him tenderly, drawing his face to her lips as she readily might. For he was a man of no great stature, while she was of full height for a woman of twenty, but slender and in all things gracious and delicate."

That year 1665 was the beginning of the second war between England and Holland, and the naval battle which Sir Oliver and Lucinda witness from their sea-bound manor is vividly described.

"It was a four-square open gallery with a wooden rail topping a gable, that rose in the centre, well above the surrounding roofs, and giving a fine view seawards. There Sir Oliver stood when Lucinda found him, spying through his glass, which he held against a little flagstaff at the corner."

"Are they not easy to see, Oliver mine—the fisher-boats beyond the bay?"

"None so easy, Mistress Lucy! I see none, look as I may. Thine eyes are cleverer than mine to see fisher-boats on yonder sea. If there be any, better for them to be ashore as fast as may be." Now this made Lucinda look again, and then she saw what she had taken to be fisher-boats were, on nearer sight, great ships with canvas spread and hulls rising high above the sea, story by story."

"What are they wench? Why, I take it they be the Dutch fleet under Admiral de Ruyter."

The horrors of the battle terrify the sensitive girl, "she had time to think of the man she shot struck, and the wife, maybe, who thought him living still. . . . Could she but have known the thing she herself was ignorant of—the tale of the man slain by the arm she held just now."

Our space is too limited to follow the fortunes of Lucinda and Sir Oliver, or to speak of the girl's remorse when she learns that her sin and her lover's treachery have cost her father his life. Those who have read with appreciation "Alice for Short," will not be slow to obtain "An Affair of Dishonour," and they will vastly enjoy the latest work from the very individual pen of Mr. William de Morgan.

H. H.

#### COMING EVENTS.

October 1st and 3rd.—Opening of Medical Schools.

October 3rd.—Fourth International Congress for Care of Lunatics, Berlin.

October 5th.—Nurses' Missionary League, Valeriety Meeting, University Hall, Gordon Square, London, W.C.

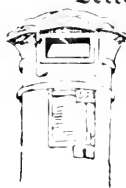
October 5th to 8th.—International Anti-Tuberculosis Conference, Brussels.

October 6th.—Central Midwives' Board, Monthly Meeting, Caxton House, S.W.

October 7th.—Central London Sick Asylum, Hendon, Nurses' Meeting, Mrs. Bedford Fenwick will speak on Nursing Organisation and State Registration, 5 p.m.

October 8th.—Royal Free Hospital, W.C., Nurses' Home. Meeting to consider the formation of a Nurses' League.

## 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.*

#### FINANCIAL ORGANISATION AT MIDDLESEX HOSPITAL.

*To the Editor of the "British Journal of Nursing."*

MADAM, I am happy to be able to inform you that I have now received the £20,000 I asked for to enable me to remove the debt from the Middlesex Hospital—a generous friend, who desires to remain anonymous, having just handed me a cheque for £231 in order to complete that sum.

I find some difficulty in suitably expressing the deep sense of gratitude I feel towards all those who have so loyally responded to my appeal on behalf of an institution in whose activities they have now shown, by their practical sympathy, the highest confidence and appreciation.

Rich and poor alike have contributed to the success of my effort, for the sums I have received range from one thousand guineas to threepence. It has afforded me the greatest gratification to observe the generosity of those who owe their present freedom from disease or relief from pain to the hospital's kindly influence, and I venture to say that no stronger proof could be found of the value of this ancient charity than that those who were once under its care should have come forward, cheerfully and often with much self-sacrifice, to share its burden in its hour of need.

To each and every contributor I once again offer my sincerest thanks, and I also take this opportunity gratefully to acknowledge my indebtedness to the Press for the valuable assistance they have afforded me by bringing the needs of the hospital prominently before their readers.

But my task is not yet finished. The debt of £20,000 has, it is true, been removed, but that liability represented the accumulated deficits between income and expenditure for three years, and from this it is obvious that, until a steady and permanent addition of £7,000 per annum is made to the hospital's income, its financial position is not secure, and every third year the Governors will find themselves face to face with a crisis similar to that which has now happily been averted.

It is my ambition to substitute, for such a hand-to-mouth administration as this, one which will provide the Governors with an income sufficient to meet the normal expenses of the year, so that they may apply themselves solely to seeing that it is expended to the best advantage in the interests of those whom the hospital serves, and, directly I am able to do so, it is my intention to devote my time and energy to building up an adequate annual subscription and donation list. I feel sure that

my confidence in the generosity of those to whom I apply will again be fully justified.—Yours truly,  
FRANCIS DE TECK.

Chairman of the Weekly Board of Governors.  
The Middlesex Hospital, W.

[We heartily congratulate His Serene Highness on the splendid response to his appeal.—ED.]

#### FROM THE INSIDE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—It is not only the Hull Sanatorium, it seen from the inside, would prove how insufficient is the teaching of nurses in provincial fever hospitals, and it is only within recent years that the large Metropolitan fever hospitals have improved in this respect. Little, however, will be done in the country "from the inside." I agree with a "Trained Nurse" that what is required is a definite curriculum, and expert inspection. The Hull City Council may sit for ever making inquiries and little good will result. The nursing profession requires an educational authority with the force of the law behind it, and until we get a Nursing Act in working order those scandals will recur and recur. It is time the nursing monopoly by a few skilful financiers was thoroughly exposed. For a quarter of a century they have stood between the sick public and safe nursing, and deprived the nurses of this country not only of an adequate professional education, but of just reward of their labour. Hospitals are no longer purely charitable institutions, they are widely advertised business concerns, with medical and nursing schools attached, and require organising as such. Because women work in institutions where sick people are admitted is no reason why they should be at the absolute mercy of the people who employ them, with no law of any kind on the Statute Book concerning them. Surely nurses are human beings! In my opinion no class of workers require outside protection more than nurses. The Matron at the Hull Sanatorium is the scapegoat of a thoroughly disorganised system of hospital management, and the anti-registration nursing monopolists who conduct many of our largest hospitals, with their official agents, are to blame. I have worked at Hull and I have been in worse places.

SUPPOSED TO BE TRAINED.

#### MIDWIFERY WORK AT THE CAMA HOSPITAL.

*To the Editor of the "British Journal of Nursing."*

MADAM.—I can only write the unwelcome things we all think of the treatment of Bart's Nurses by Bart's Governors. It seems as if the Crown ought to be approached to deliver the whole army of "three years' trained nurses from such an unjustifiable indignity, unjustifiable because of the many Bart's nurses capable of holding the post of Matron, possessing as they all do the now all the world over recognised minimum certificate of three-years' training. Even in India, where nursing has been at such a low ebb, we are not satisfied with a shorter period of training.

But, nevertheless, words this mail are not for Bart's sake, for words fail me, but simply, in case, it may interest you and my fellow readers, to tell what midwifery work out here is

like. On August 31st I had in the lying-in wards of Allbless Hospital, of 30 beds, three Caesarians, two very difficult forceps, one of which was an eclampsia, with fits both before and after, the child still-born and stinking, a placenta previa (breach), and the most dreadful harelip and cleft palate I have ever seen.

We have also had in August craniotomies, another breach, and a transverse presentation with spontaneous evolution, the patient being normally delivered without any help whatsoever. I think this constitutes something of a record.

Yours sincerely,

S. GRACE TINDALL,  
Matron of Cama and Allbless Hospitals, and  
Lady Superintendent of Nurses.

### Comments and Replies.

"Also a Trained Nurse," Hull, must send name (not necessarily for publication) if she wishes her letter to appear in this journal: no anonymous letters are inserted.

Miss J. D. Dalglish, West Kirby.—The Pamphlets you require are to be obtained from Miss L. L. Dock, Nurses' Settlement, 265, Henry Street, New York City, U.S.A.

C. F. M., Manchester.—We do not prescribe. Ask your doctor.

Private Nurse.—Washing a dog is not a nurse's duty within the strict letter of the law, but if your patient is so devoted to her little canine friend, and asks you to wash it, certainly do so. It is much easier than washing a baby. Plenty of warm soap and water—and lysol. Rub the "Pom's" coat with sulphur powder. "Love me love my dog!"

### Notices.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.  
The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

#### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Pruritus in Pregnancy.

A French physician has recently drawn attention to the frequency of pruritus among pregnant women, and that it is often so aggravated as to entail loss of rest and sleep, and to induce pronounced nervous irritability. In some cases the cause is without doubt the presence of more or less well marked discharge, but he has found sugar in the urine of all the pregnant women who have complained of discomfort and irritation of this kind. He therefore prohibits all sugars or sweets, and prescribes for them Vichy water as a drink. A local application of hot water, with 10 grams of chloral, is made four times a day, the parts being afterwards treated with an ointment of ichthyol 10 grams, and benzoïn. A few days later a powder made up of zinc oxide, bismuth, and talc is ordered, and if there is any leucorrhœa a morning and evening douche containing 20 grams of sodium borate is prescribed.

As a matter of fact, in this country carbolic acid ointment is generally used in these cases with much benefit.

## A Handy Sterilisation of Forceps.

Captain V. T. Carruthers, in a correspondence in the *Lancet* on Antisepsis in Midwifery Practice, gives the following account of his own experience of sterilising midwifery instruments:—

"I began," he writes, "by causing a local smith to make a small, light steriliser of thinnest tin. It was just large enough to hold my forceps. I carried it easily in my bag and used it frequently with satisfaction. It then occurred to me to try a plan which would enable me to use a smaller spirit lamp, carry less spirit, and at the same time save some of the 15 or 20 minutes necessary for my steriliser to reach boiling point. I accordingly tilted the steriliser so that one end was several inches lower than the other, poured two or three ounces of hot water into it, and placed a single small spirit lamp under the lower end. The water quickly boiled and filled the closed steriliser with boiling hot steam. Afterwards, I gave up the steriliser and used a thin tin douche can of the same dimensions as the steriliser, and having a lid but no spout. It was used in the same way—i.e., by having a few ounces

of water boiled in the bottom of the tin. Wire supports to hold the can erect, or sharply inclined, can be easily made and attached. This device, besides rapidly sterilising forceps and gloves, supplied the great desideratum of a sterile douche can in place of the septic household jug. Of course, the instruments have to be well cleansed from organic or greasy contamination before trusting them to steam disinfection. I have been told, but do not know if it is true, that the addition of a little formalin to the water increases the antiseptic power of the steam. I have also tried the expedient of connecting the spout of a douche can, by means of a few inches of rubber tube, to the spout of a small kettle on a spirit-lamp. In a glass douche reservoir a thermometer (well wrapped in lint) registered 210 degs. Fahr. in a few minutes after the kettle began to boil. The reservoir was kept closed by a folded handkerchief. This plan might prove useful to those who prefer to sterilise the forceps before going to their case. For the instrument, wrapped in cloth, can be sterilised without being wetted. Any dampness that may hang about the cloth can be dried off in front of the fire without unwrapping the forceps."

## The Inspectors of Midwives' Association.

The recently formed Inspectors of Midwives' Association held a meeting on Saturday last at the Midwives' Institute. The number of lady inspectors of midwives, appointed by county or borough councils, is steadily increasing, and their work is recognised as a powerful factor in the administration of the Act. The objects of the Association include the consideration and discussion of the best methods of bringing more uniformity into the administration of the Act, and of obtaining trustworthy and prompt information from the midwives themselves. One of the chief subjects of discussion at Saturday's meeting was the new Midwives' Bill which passed the House of Lords last session, and which will be before the House of Commons during the autumn session, the Association pledging itself to endeavour to obtain the amendment or omission of certain clauses which they deem prejudicial to the working of the Act. Dr. Macrory, senior inspector for London, was elected President.

## The New Midwives' Bill.

It is not only the midwives, but medical practitioners, who are agitated concerning the provisions of the new Midwives' Bill, to judge by a correspondence on the matter in the *British Medical Journal*.

Dr. James Hamilton wants the opinion of his confreres on the following point:—

"Is it to the advantage or is it just and right to the medical profession that medical men should for the sake of a small payment give their services as lecturers and teachers to nursing homes to train midwives, and thus enable them to compete with our profession? It is to my mind as wrong as it would be for a veterinary surgeon to train farriers how to treat animal diseases."

Dr. Fred W. James calls attention to the following advertisement from a certain London suburb:—

Nursing and Midwifery Institute —————.  
Patients supplied with midwife, monthly nurse, or visiting nurse. In-patients taken, both general and maternity. Attendance by doctor or midwife, *free arranged*, strictly moderate. Maternity club, Nurse ———, certified midwife.

He writes:—

"When the matter was brought to the notice of the Central Midwives' Board, their secretary replied that neither the advertisement nor the circular infringed the regulations of the Board."

"It is therefore open to these women to advertise as much as they please—a fact which demonstrates the need of drastic revision both of the 'regulations' and of the Board responsible for them."

"Under the limitations imposed by the Act it is impossible for a midwife to carry on a considerable practice without the assistance of medical men. It is difficult to believe that the men who habitually assist the midwife and live in her immediate neighbourhood are ignorant of the nature of her advertisement."

"In return for their complaisance the nurse's medical friends receive the benefit of her touting advertisement, in which she offers the services of a doctor. However one may deprecate their methods, it does not lay the men open to any action by the General Medical Council, as there is no direct evidence of a financial understanding between them and the advertising midwife. Apparently, therefore, under the present rules of the game, it is open to midwives to advertise themselves and their medical backers without laying either class open to any consequences whatever."

The item in the advertisement to which we take the most exception is the admittance to the institution of both general and maternity cases. The lying-in woman thus runs great risks, as there is neither inspection nor control of nursing homes at present, and we know that every sort of slipshod method is often employed unchecked.

Very few nurses know anything about sanitation, and are therefore at the mercy of the jerry-builder.

## Free Midwifery Training.

It is reported in *Kai Tiaki* that in order to make some effort to supply the great need of well trained midwives in the country districts in New Zealand, the Government has offered two free scholarships each term in the St. Helens State Maternity Hospitals, for country women who cannot afford to come to town and pay the fees for training.

It is found that, although a fairly large number of midwives are being turned out yearly in these training schools, yet the country districts are not much better off; the reason being that so much work offers in the towns that the pupil nurses are offered engagements months ahead, even before they complete their training, so that even those girls who come from the country prefer to remain in town.

The free scholarships are being given to remedy this. A candidate must be recommended by the Hospital Board of the district; she must agree with the Board to work where she is most required in the district for at least two years. If she has her home in that part so much the better; if not, at the end of two years, she is likely to be so established that she will remain there if she gets sufficient work to do. As in many parts midwifery work may be irregular, and cases not frequent enough to bring a sufficient income, the women who are best suited for these scholarships are the wives and daughters of farmers and other settlers, who will be able to attend the cases around them, but who are not entirely dependent on this work. The first pupil on this arrangement is shortly entering St. Helen's Hospital, Auckland.

The State Examination of pupils trained under the "Midwives' Act" is held in Wellington, Dunedin, Auckland, and Christchurch, and the training which consists of six months' work in the St. Helen's Maternity Hospitals in these cities is of a very practical nature.

## A MATERNITY HOSPITAL NEEDED AT NAIROBI.

An appeal is being made, supported by Princess Christian, President of the South African Colonisation Society, and of the Earl of Crewe, Secretary of State for the Colonies, to provide a maternity home at Nairobi in British East Africa. Owing to the increase of European settlement the want of such a home is being keenly felt, and a great effort is being made locally to provide one.

The home would also receive surgical cases from amongst the women of the white population who could not be treated at home, and would provide accommodation for a Matron and two nurses.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,175.

SATURDAY, OCTOBER 8, 1910.

XLV.

## Editorial.

### AN INIQUITOUS LAW.

A storm of protest has been aroused in New York State by the passing of an Act known as "the Page Bill," relating to the procedures of the Lower Courts of New York City, clause 79 of which provides for the medical examination, and compulsory detention during treatment, of convicted prostitutes—a term which is interpreted as applying to women only, while the men who consort with them are left free to convey infection.

Emphatic protest against the obnoxious clause was made to the Governor before its passage, but in vain, and an influential committee has therefore been formed to lay before the citizens of the State the reasons advanced against clause 79.

A most convincing protest has been drawn up by Dr. Jane D. Berry, formerly a nurse trained at Bellevue Hospital, showing that the women are not being imprisoned until reformed, or until sufficiently punished, but until presumably well when they are returned to the streets.

Prominent Women Suffragists in New York are fighting the law, and amongst the foremost, we may be sure, is Miss L. L. Dock.

Under the new law a Night Court, before which women can be brought, has been instituted, and serious trouble is anticipated unless the laws under which the Court sits are declared unconstitutional.

We have only to quote the evidence recently given by one woman at a public meeting of protest to show the need for the influence of women in public affairs. Miss Mary Donnelly, who three years ago was Matron of the Queen's County Jail, declared that she was discharged, and her name taken off the

civil service list, because she sought to protect the girls who were brought there from the outrages perpetrated upon them by the prison officials. She solemnly declared that reformation was impossible for any girl who had spent one night in the Queen's County Jail. "It wasn't a jail at all," she said: "it was a dive. Not only did officers of the prison degrade the women prisoners, who were absolutely in their power, but they put the poor creatures at the disposal of the male prisoners and the men of the town. One girl told me that she had been a bad girl when she was brought there, but she had never known there was so much wickedness in the world as she had seen there. And yet it is only the women who are punished under our laws. The real criminals go scot free."

At a recent election Miss L. L. Dock, Miss Winifred Leonard, and Miss Henderson watched in the polling booth in Ninth Avenue in the interests of Mr. Francis P. Coughlin, who fought Mr. J. F. Curry for Tammany leadership. The latter contended that their presence as watchers was illegal, and Inspector Jackson, Chairman of the Board of Inspectors, ordered the three watchers to move outside the rail in the polling booth. One of them complied, but Miss Dock and the other refused to budge, with the result that they were arrested and brought before Magistrate Kernochan, at the West Side Court, the first women subjected to this indignity. Miss Dock and her companion appeared in court wearing a broad yellow sash over their white gowns, inscribed "Votes for Women." The result was a triumph for the right, for the magistrate held that the defendants had a right to act as watchers, and therefore to be inside the guard-rail, and discharged them. Both ladies at once returned to the polling booth.

## Medical Matters.

### THE QUICKENING SPIRIT.

Dr. Leonard Williams M.R.C.P., in an address published in the *British Medical Journal* on "The Quickening Spirit," says in part:—

That mind exercises an influence over matter is a formula which most of us have hoped since the days of our childhood. The formula represents a belief, held strongly perhaps, but essentially vaguely, even by those who have had a scientific training, and it has not hitherto assumed anything which could be described as a definite outline. Such an outline I believe it to be now in process of assuming, and it is the part of those who take the profession of medicine seriously to contribute something out of the vast store of material which lies daily to their hands towards the elucidation of some of the difficult but fascinating problems which await solution.

In the human body every motive force is provided with a corresponding controlling force, and it is important to realise that the motive force itself is always developed in advance of the corresponding controlling force. When a child is born it has the power of contracting its muscles and thus moving its limbs, but it is a long time before it can so co-ordinate these muscles as to walk or otherwise accurately accomplish any purposive movement. . . . So much is recognised, but it is not so well recognised that the same laws obtain in the region of what is called the mind. Here the motive force is represented by the emotions—a child is all emotion and instinct—and the control force is provided by reason and experience—that is by the intellect and the will. Intellect and will are admittedly not identical, and they are associated here with the view of abbreviating the argument without, I hope, vitiating it. It is of course quite clear that the development of the intellect and the will, with its consequent control of the emotions, will exercise a progressively modifying influence upon character, but it is true to say that this same development of the will at the expense, so to speak, of the emotions can exercise any moderating influence upon the *motrices* of the human body, so as to render the tissues both less susceptible to disease and better equipped to combat disease when invasion has been successful. That it must be true is an opinion which is forced upon every thinking medical man by the experiences of his everyday work. They are commonplace of medical literature which tell of chorea being provoked by fright, of an attack of the gout being caused by a fit of anger, of exophthalmic goitre being brought

on by worry and anxiety, and works on psychology will furnish the curious with well authenticated instances of examples even more dramatic. When we come to enquire how such effects can be produced, our attention is immediately attracted by, and becomes focussed upon, the circulatory system. The physical manifestations of violent emotion are preponderantly vascular. The lividity of rage, the blush of shame, the deathly pallor of alarm, and the ashen hue of excitement, are expressions which have been dear to the pens of writers since time began; and they describe truly enough what all of us have frequently experienced even in our own persons. Now, it must not be supposed that such vascular changes as these manifestations represent are confined to the integument; for, as Leonard Hill has shown, the pressure of blood in the system at large is kept in a state of equipoise by the law which provides that a vaso-constriction in one part shall be immediately compensated for by a corresponding vaso-dilatation in another part; so that while the sudden cutaneous hyperemia of the "blush of shame" proclaims an ischemia elsewhere, so the cutaneous ischemia of "pallid fear" denotes a compensatory hyperemia in some possibly distant area.

If we now proceed to consider the effect of such vascular storms upon the economy generally, we have no difficulty in concluding that the customary working of the human machine must thereby be profoundly disturbed. So long as the circulation of the blood is smooth and orderly its purification is regularly accompanied by the excretory organs, and its renovation adequately effected by the continuous supply of material from the contributory glands. It, however, instead of being smooth and orderly, the circulation is fitful and spasmodic, the excretory organs and contributory glands will be alternately gorged with sudden repletion and starved into astonished bankruptcy, with the result that the circulatory fluid itself becomes so fundamentally altered in composition that it imposes on the tissues either an excess of what they do not require or an insufficiency of that which they demand. In view of such considerations it is surely not possible to doubt that violent emotions affect the physical health of their victims.

And if this be true of sudden and violent emotions overtaking people who are normally controlled, it must be equally true of those who, owing to defective education of the will, live a life of constant subordination to the caprices of their emotions. For it is not necessary that profound changes in blood distribu-

tion should be seen in order that they may be appreciated. Vascular perturbances may occur without either blushing or pallor; indeed, the emotional vascular seesaw, when it takes place between important internal organs, is even more likely to prove deleterious to the economy than when one of the parts affected happens to be the skin. Professor Osler, in his most illuminating London Lectures, says that "the profession is now riding on the top of a cardiac-vascular wave," and I suppose I may be considered to have been caught in the trough of that wave when I ask you to believe that the physical ills which beset emotional patients are due primarily to circulatory causes. Such, however, is the position, and if I have succeeded in making myself clear up to this point, I have said enough to show that uncontrolled and misdirected emotions may, and do, by their action on the blood vessels which supply the excretory organs, and the replenishing glands, so affect the composition of the blood itself that the nutrition of the tissues is impaired.

With the nutrition of the tissues impaired, the tissues themselves become bereft of their normal powers of resistance to bacterial invasion; in other words, the soil becomes unduly receptive, with the result that acute specifics of all kinds have a peculiar tendency to show themselves.

Surgical injuries apart, there is no type of disease which may not be provoked or encouraged by the action of the emotions when insufficiently curbed and guided by the development of the will.

Dr. Williams argues that it is important that this truth should be recognised by the medical profession, because unqualified competitors have blundered upon it and ignorantly exploited it to the detriment of the public when they fail, and to the discredit of the profession when they succeed. The mainspring of all these systems, nobly expressed, is the control which they impose on the emotions. It is doubtless true that they substitute one overpowering emotion, faith, for a host of minor ones; but so far as the health of the individual is concerned, the net result is all to the good, for his faith instils into him that all essential control over the multiplicity of emotions whose unrestrained play has hitherto exercised such a baneful effect upon him.

After saying that it is impossible to dismiss the whole question by casting doubts on results, Dr. Williams shows that martyrs have suffered with a degree of physical pain, which according to their own showing was practically negligible, on grounds which to ordinary people would have

been impossible to form. The strength of this position is their power of turning their attentions away from what is painful in order to concentrate it upon what is agreeable and hopeful. To accomplish this, however, there must be something better than the accidental acquiescence which so often does duty in this direction; it must be the overweening and omnipresent faith of the convert. Now in ordinary people this power does not come of itself; it must be educated.

It may be objected that the question of a rational education of the will with a view of subduing the emotions is one which concerns parents and teachers rather than medical men. In its widest sense this is no doubt true; but as medical men we are called upon to deal with the individual, whom it is our duty to help in every possible way. Now I make so bold as to say that if we fail to place before him the power which resides in him—and in him alone—or ameliorating his condition, then we are neglecting or evading an obvious and paramount duty. It is a good thing to engender in the patient a confidence that we and the methods we employ are able to guide him into the way of peace; but it is a much better thing to arouse him to a full sense of his own powers in the same direction. This is the factor which in modern therapeutics is being neglected.

I should indeed be inviting you to make bricks without straw if I were to call upon you to do this thing without appending some suggestions as to how it should be done. Such suggestions as I have to make are of the simplest possible description, for in a matter of this kind each individual must develop the details of the method along the lines which most befit his character and temperament. The essential point is that he should have a clear idea of what he wants to do, and that he should pursue that end with determination and perseverance. I have tried to show that his object is to awaken in his patient a sense of her own powers, her own dignity, and her own superiority to the littleness by which our lives are inevitably beset; that he should teach her so to educate and control and order her thoughts and sensations that she may learn to dominate them instead of allowing them to dominate her.

We can no longer afford to neglect the aid of the mind as a therapeutic agent. It refuses to be neglected. It is daily and hourly becoming more insistent for the recognition of its legitimate claims, and, if it does not obtain recognition at our hands, it will seek and obtain it elsewhere. It has been my endeavor to place these claims upon a scientific basis.

## Opportunities for Nursing in China.\*

By SARA C. TOMLINSON,  
Anking, China.

In the few minutes in which I may speak to you, I want to tell you of the great opportunity for, and the great need of, the trained nurse in the foreign mission field, to interest you, if I can, in missions. To do this, I must speak to you of the only portion of the foreign mission field of which I have any practical knowledge, which is China.

You've all doubtless heard a great deal of the awakening of China, heard her characterised as a monster, stretching herself and opening her eyes after sleeping a thousand years. You may know that her people call her "Djung Gueh," which means the middle kingdom, and in former times thought of her as enclosed in a huge circle, touching on all sides the extreme limit of a square, that world, leaving four small corners, "Mai Gueh" or outside kingdoms, inhabited by barbarians, and as long as China retains her present mode of writing and her ancient literature, just so long will she continue to consider all westerners as barbarians, from a literary standpoint, as possessing that only too utterly new to be of any real value.

But during the last ten years, the student class in China has been rapidly opening its eyes to the fact that there are other pursuits than the literary, worthy of their attention. China is calling in men from our great colleges and from England to teach the young men in her government schools—modern languages, chemistry, athletics—she is calling in foreigners to instruct her officers and drill her armies. These facts are due to many sources, but largely, though often indirectly, to the army of foreign workers within the empire, labouring unceasingly to broaden and give direction to her awakening energies. Travel among the upper classes is growing to be as much the vogue as it was the vogue fifty years ago not to know of anything outside the Chinese Empire.

Hand in hand with this progress has come the building of hospitals, more or less on the plan of hospitals of the country to-day. These hospitals are monuments to the tireless energy of a few physicians. They were built for the most part by money given in this country, by people who believed, as did the physicians, that if hospitals were places where the need is so true, there would be those willing and anxious

to go out and man them, making them the efficient weapons they should be against ignorance and disease—an educational and beneficent influence to all who come within their radius.

The question before the medical and nursing professions of China to-day, is—was their belief justifiable? There are a great many good people in China, on a far higher plane spiritually than we are (unless this assembly differs vastly from most assemblies of nurses), and these people are largely of the old and tried, who have been in China at least ten or fifteen years—they believe that their motto is "The greatest good to the greatest number"—by which I gather that they mean, we must do the most we can for the greatest possible number of patients, even to the detriment of the quality of our work, and if you try to find out how they *dare* to do less well than they know, they will reply, "But think how superior our poorest attempts are to anything they have ever had."

Quite true, for before the foreigners brought it, there was no such thing as surgery in China, and their doctors are the veriest of "medicine men," filling their patients with ground glass for indigestion, and thrusting red hot needles into the eyeballs for some trifling eye disease; but what of those people who are willing to give less than their best? The fact is, most of them are daily giving of the best, but they are willing, for the sake of what seems to them expediency, to have us of the medical profession give less than our best. Among people of this way of thinking are a few doctors who have been in China many years.

Is it that they see too many obstacles in the way? They are not the men to stop at obstacles. Have they forgotten the strides their profession makes yearly? Is it that that they themselves have fallen behind and grown careless, that they underestimate the value of—well, as you say for instance? Yet it is due to the superhuman efforts of these very men that we now are able to begin the work as it should be done. Please remember I did not say all the doctors who have been many years in China are of this sort; they are not, I am glad to say. We can only wonder how they keep abreast as they do, we know it means every vacation or furlough spent in Vienna, Berlin, England, or this country, not in rest but work.

We are not to-day the pioneers of the medical profession in China, though we may be the pioneers of the hospitals conducted on the American plan, and of the training of the student class in the profession of nursing.

But if these veteran workers are right, then

\* Presented at the Thirtieth Annual Convention of the Nurses' Associated Alumnae of the United States, 1910. Reprinted from the *American Journal of Nursing*.

the time has not come to train native nurses for China. I need scarcely present to you the result of turning out upon any country (least of all a country in a state of ferment that China is to-day) an army of slipshod, careless nurses, in their turn to instruct nurses certainly not less careless and slipshod.

But there is in China a small number of doctors and nurses who believe that the time has come to give nursing as a profession to the student class in China—the very magnitude of the work demands it—and if this is the case, the best we can send is not too good. This small company also believes that its motto is "The greatest good to the greatest number," ultimately. In several hospitals, more or less, I should say less, successful attempts have been made to train the lower classes as nurses. In St. James Hospital, Anking, on the Yangtse River (where I have been for the past two years) has been made the first attempt, so far as I know, in Central China, to establish a training school in connection with the hospital, thus giving nursing as a profession to the student class of mandarin-speaking men and women. I think I may say so far it has not been unsuccessful. In the next five years it should prove a success, and will doubtless be adopted by all the hospitals. If the profession is to claim and hold the best of the student class, it will be through the services of nurses, the best our hospitals can train—capable, attractive, adaptable women, who know what it is to fight, and love it—who are not afraid to meet difficulty and overcome it.

It now we can give nursing to the student class of China, we will give our profession in the Empire a forward impetus of a hundred years at least; for if now the profession is given to the lower class, the evolution by which it will come to its own will be painful and slow—how long will China have to look for a Nightingale?

The standard of good work has already been raised there. I know of one nurse from Blockley, Philadelphia. She is doing splendid work. She has been doing the work, nominally, of two women—it should be allotted to three. How long can she keep on if nobody goes out to help her? I don't know. What will she do? Will she be content to lower her standard of work and give less than her best because of the great pressure on her? I think not. Will she give up and come home rather than give less than her best? Maybe so. Will she drop at her work, or, worse, ruin her health? Will we let her? Will you and I miss such an opportunity? I know a nurse from my own school (Boston City), a Johns Hopkins nurse,

a Boston nurse, a Worcester woman in the Yeh mission—she is still out there with the foreigner. In a year she will open an American nurses' Dr. Hume's Hospital at Chang Shu, where the Yeh mission is located. How long before she'll be begging for an assistant? You can't teach in practice and theory, direct the training school, know about every patient and inspect every corner in the hospital, and be the operating room nurse, and do it all well!

People say, "There's so much to do here, why not do it first?" Just because in the attitude of China at present there is an opportunity that will not wait; it must be grasped now, or in a few years it will have gone on to the place of lost opportunity, another witness to selfishness and neglect.

A friend was asking me of my work, and I said, "Oh, it's really a big situation to be slung, and of course it's fun to sling it." She said, "But why can't you do the little thing so close, instead of going way out there?" Well, the thing I'm trying to do just now is to help the people who have said, "We will crush tuberculosis out of our land," and it isn't in any sense little, but, this country once thoroughly aroused to its danger, how long will it take? Some people say—years. How many are there prepared to fight, compared with those equipped to intelligently fight in China?

In the United States are 900 million; in China 400 million.

In the United States are 152,000 physicians and surgeons; in China, 207 men and 93 women doctors.

Many people here are superintendents of great training schools—you can't go out there—I'd be the last to want you to; some of you are an inspiration daily to every nurse who works under you, but you might find ways to let your nurses *know*—you want them to be broad, you might have people let them know—what their profession is doing in foreign lands.

"But these people have their religions." There are Confucianists, and Buddhists, and Mohammedans—yes, they have—and Buddhism and Mohammedanism and that splendid moral code of Confucius are, I believe, that salt that has saved China.

But are they affecting the life of China today? No, they are not. They've done their work, and they are dead. Have we nothing to give China more vital to take their place?

People will say, "Oh, it is all right to give them medical aid—but Christianity, I don't believe in it." Oh, don't you? Go out there, and look at the women and the little children in China, and maybe you'll feel that you'd like to give them something. Have you something

better than Christianity. The people who say these things are products of Christianity—owe everything they are, every humane instinct they have, to Christianity.

I heard a preacher in St. Paul not long ago say that there was only one sin—I hadn't been listening to a word he had been saying, but that sentence caught my attention—I knew before he spoke the word—it was "selfishness." I'd never thought of it—everything is traceable to it.

Many of you can't go, I know it. Some of you maybe can. Do you think it would be interesting? Don't you think it would be worth while? If you do, look into it. Come over into Macedonia and help us.

### Ninety-Nine, or Life in a Sanatorium.

By "ONE WHO HAS BEEN THROUGH IT."

(Concluded from page 265.)

Dr. Williams looked in after I had despatched a heavy dinner. Of course, good food being a great item in fighting tuberculosis one makes a great point of the meals at these sanatoria. The Doctor had a long talk with me, in which he made extensive inquiries into my past antecedents and my family. In fact, he was gathering materials for the "history" of my case. He gave me particulars about the régime to be followed at his establishment, in which the amusement of the patient was not neglected. He suggested that I should get a daily paper, and told me some of the other patients would come and see me the following day. He hoped to make a complete cure of my case.

In spite of being in the open air, and the strangeness of the surroundings, I slept very comfortably. I had a complete feeling of rest and freedom from all care and anxiety. This was partly induced by the fact that I was ordered not to bother about anything.

Well, there is nothing special to chronicle in the daily routine of a small sanatorium. The time passed wonderfully quickly, and, strange to say, quite pleasantly and free from ennui. One lives the simple life with a vengeance. I was kept in bed for two months and a half. During that period my day passed as follows: Wakened at 7.15. A glass of milk. Bath and toilet. Breakfast at 8.30 a.m. Daily paper. Glass of milk at 11 a.m. Lunch at 1 p.m. Sleep from 2 p.m. to 3 p.m. Glass of milk at 3 p.m. Afternoon tea at 4.30 p.m. Dinner at 7 p.m. Glass of milk at 9.30 p.m. Lights out at 10 p.m.

A monotonous day one would say, but it is

extraordinary how one gets used to a life of routine, and although there is hardly any active enjoyment about such an existence, yet it is quite pleasant. Again, there are different little occupations and distractions that help to pass the time. One reads the newspaper, writes letters, plays chess, draughts, piquet, bridge, etc., or chats with the other patients. Then one can play patience, or indulge in a little mild betting on horses by the aid of one's daily paper, a sporting paper, and the services of an obliging "booky." This latter occupation adds a little excitement to an otherwise colourless existence, and gives a new zest to the reading of the newspaper.

There was one sportsman at the "San," who amused himself by joining a Correspondence Club which was advertised in some journal. He was assigned some lady with whom to exchange sweet nothings on paper. He had great fun out of it, until the fair correspondent became too curious, and wished to know his means and see his photo. He then thought it advisable to cease his literary effusions.

I was weighed and examined once a week, and steady progress both in weight and lungs made me feel cheerful. One is always looking forward, and takes more of an interest in life as one gets better and better. There was quite a keen rivalry between the different patients as to the amount of food consumed, the amount of weight put on, and in fact with regard to the general improvement made. There used to be the keenest excitement after the weights were out on one's "Examination Day," which occurred once a week when the Doctor came on his visit armed with his stethoscope. Three pounds was my performance for the first week, and this was considered very creditable, but I have known of one case where a patient put on 12 lbs.—this was the record. Of course, it all depended on how run down the individual was before he was admitted, and the old staggers found great difficulty in increasing their weight. After a certain period at the "San," which varied in different cases, one arrived at one's maximum weight on which it was impossible to improve. At one period we used to have sweepstakes for the greatest gain per week, and great efforts would be made during the week in the food line in order to pull off the important event.

After my two and a half months of bed I was allowed to get up. At first, for only a few minutes, then this daily period was gradually lengthened till I spent quite a normal day, rising after breakfast, and not going to bed until 10 p.m. The "up-patients" used to go for long walks, and took their meals with the Doctor. One would never imagine if one hap-

opened to turn it for one. This means that the healthy bronzed-looking people sitting round the table were the much-breded consumptives. At one time we had quite a "distinguished" company, consisting of a naval lieutenant, an army officer, and two doctors. No coughing was the order of the day, and it is certainly extraordinary what one can do in this line if one really tries.

Talking of consumptives, there was one thing I noticed about the Rest Cure. Just as in Lunatic Asylums one tries always to disguise the place as much as possible, by endeavouring to make it look like a big park, by not printing the word "asylum" on the asylum note-paper, and generally, by making the place as cheerful as possible, so at Mount Pleasant one never called the place a sanatorium, and the word "consumption" was never mentioned. We were always called "Phthisis" or kept "T.B.'s," Tubercle Bacilli. Disagreeable facts were kept from one's notice, and very bad cases—hopeless—were sent home. Thus we were quite a jolly family. Mount Pleasant was only a small place, and people went there for nerves and rest cures, apart from being addicted to "T.B." This fact also helped one to imagine that one was also merely enjoying a rest cure, pure and simple.

After I had been under treatment for about three months and a half, I was allowed greater freedom, such as joining longer expeditions, and running up to London occasionally for the day.

At the end of five months I had lost the tired feeling and felt fit and strong and full of life. Moreover, I had gained two stone in weight. Dr. Williams then told me that I had been very bad when I arrived—a fact which I had not realised myself—such optimism is, I believe, a feature of the disease, but that I was now well on the road to complete recovery. He told me, however, I must not, by any means, imagine that I was quite well, and that it might take another two years before I was entirely rid of those pertinacious "T.B.'s." He recommended me to sojourn for some time in a high altitude in Switzerland in order to further complete the cure. Accordingly I left Mount Pleasant and it was with real feelings of regret that I saw the place disappearing from view from my seat in the dog-cart as I drove to the station. I have now been over a year in Switzerland, and am almost quite well. In another year I hope to be absolutely cured, and, to use a slang expression, to have completely "given the push to those persistent 'T.B.'s" which have caused me so much trouble."

## Progress of State Registration.

### THE STATUS OF FEVER NURSES.

Last week we published some opinions placed by registrationists on the position of Scotland, touching on the status of fever nurses. In another column will be found an admirable letter from Miss E. A. Stevenson, whose wide professional experience and keen pen constitute her an admirable protagonist in support of the nurse's political view, and who is entirely in sympathy with our arguments.

In Scotland, certainly, Medical Officers of Health, who now largely control fever hospitals, are agitating for a Special Register of Fever Nurses. We had we argued why such a register would be injurious to the status of nurses working in hospitals for infectious diseases, although it would no doubt be a convenience to the authorities of Fever Hospitals. In the correspondence in the Scottish local press Dr. P. H. Robertson, M.B., a member of the Scottish Nurses' Association, and generously inclined towards the improvement of education and status for trained nurses as a whole, proposes an alternative policy in reference to the registration of fever nurses. We understood from the first letter that he would enforce a four years' course of training, three of which should be passed in fever hospitals, which training should be accepted as *full medical training*, and with one year's surgical training, should qualify for registration. This apparently was not his suggestion in its entirety. We will, therefore, quote a letter contributed by Dr. Robertson to the *Glasgow Herald* on September 29th.

"Dr. Munro has apparently misunderstood my proposal to give fever nurses certificates instead of establishing a separate register. Such certificates would be granted with the authority of the Council to be constituted under the Bill, and would therefore be 'statutory' certificates. Fever nurses either go on to get general training, in which case they would be put on the general register, or they remain in fever hospitals, in which case statutory certificates would be sufficient to enable them to move about. Were fever nurses to get employment to any appreciable extent in private, I would support a separate register, in spite of its minor drawbacks, but as they do not, I disapprove of such a register. It is unnecessary, and the fewer registers the better, beyond what is required. The difference between the two proposals is more on the surface than in the essence. With both the training and examination of fever nurses would be under the supervision of the Central Council, with both a list of those who had satisfied the examiners would be kept. The only difference is that in the one case the list would be published annually at considerable expense, while in the other it would be published, but certificates would be issued once."

We may say at once that no such scheme could succeed. Once State Registration is in force, no sufficient number of intelligent women will place themselves in the ambiguous position of working for "statutory certificates" which are not registrable, and no Statutory Nursing Council would make itself responsible for this ambiguous class.

The issues are plain enough. *The Fever Hospitals must be nursed*, but thousands of women must not be sacrificed in the nursing of them. The nursing of infectious diseases is a very important section of medical nursing. Every general nurse cannot be compulsorily trained in the care of infectious diseases, because it is not practicable, but every nurse who undertakes the arduous and unselfish care of infectious diseases should be privileged to train in medical and surgical nursing in their entirety, and thus be protected from isolation and unfair discrimination in practice. The nurses possessing knowledge and trained skill in medical, surgical, and infectious nursing would in time become the most highly qualified section in the nursing profession. Their skill would speedily become recognised as worthy of higher financial remuneration, and the very best women would thus be available as training material in Fever Hospitals (let us hope a decreasing quantity as time goes on).

These professional questions have been debated and carefully considered by the vanguard of registration these twenty years. They are new to the awakening supporters of legal status for nurses over the Border. We put nothing down hastily in this connection, but we advise without hesitation that the trained nurses of the United Kingdom, strenuously oppose any proposition or scheme breaking up the nursing profession into little squads of specialists—that is, sections of workers only partially trained in the general underlying principles of nursing. No such schemes can ultimately benefit trained nurses or the public, and are merely makeshifts to meet the immediate requirements of special hospitals, the simple duty of the Managers of which institutions is to co-operate with the general hospitals and infirmaries in providing the nursing staff they require with a good, sound, general knowledge of nursing, following the educational demands of medicine in its widest sense.

An Act of Parliament for the Registration of Nurses should merely incorporate principles, and in establishing a representative Educational Authority for Nurses, leave to that authority the power to define standards of nursing from time to time as the evolution of

trained nursing may demand. The first and last duty of such an authority would be the nursing of the sick, in all its phases, in the best possible manner irrespective of the interests of potentates and powers.

E. G. F.

### The Florence Nightingale Caravan.

The "Aurora," the caravan started on its mission of teaching the laws of health in the Home Counties on August 20th, by the Women's Imperial Health Association, has more than justified the hopes of its promoters, and on Saturday last a second caravan was despatched to East Anglia, after the inaugural ceremony in the Botanical Gardens, Regent's Park. The caravan, spick and span in fresh green paint, bearing the name and address of the Association in gold letters, and wreathed with garlands of flowers, was much admired. Inside all was compact and orderly as a ship's cabin. The living room and kitchen contains a tiny range, a window seat, which can be utilised as a bed, a hanging cupboard, store cupboards, a wide shelf, and a folding table; the walls are a restful shade of green in colour, and the windows have curtains of white casement cloth. The bedroom, which opens out of the living room, is furnished with a double bed, under which are cupboards and drawers, and shelves, rods, racks, and hooks are fitted in convenient corners. A small door near the washstand opens on to an enclosure in which a bath can be taken, and the caravan is also provided with a lavatory. Underneath the van pails and cans are hung, and behind is a rack which lets down for luggage and other packages.

Two ladies, Miss D. G. Lawson (Assistant Secretary) and Miss Crundall (Cambridge University), are travelling with the caravan, and Miss Richards acts as advance representative, and stirs up local interest before its arrival.

The first part of Saturday's function took place in a tent, when the Chairman, Dr. H. J. F. Simson, explained the work and objects of the Association. Its motto is: "The power of the King is in the health of his people," and its endeavour has been to find a new way of impressing this truth. In addition to simple lectures and first aid classes, therefore, cinematograph pictures are shown, illustrating such subjects as how to dust a room, how to wash and dress a baby, the right and the wrong girl to marry, and so forth. Both caravans are fully equipped with cinematograph apparatus, and the demonstration given in the course of Dr. Simson's address was a practical illustra-

tion of the interest of the audience aroused by this method. Medical women, who will lecture in connection with the caravan are Dr. Lydia Levey, Dr. Mary Dowse, Dr. Flora Murray, Dr. Prudence Gadlikin, Dr. Annie Gowdy, Dr. Christine Morell, Dr. Grace Mackinnon, Dr. Coghill Hawkes, and Dr. May Thorne.

The principal ceremony took place outside the caravan, when Mrs. Muriel, Viscountess Eglar, christened it in pure milk, giving it the name of the "Florence Nightingale." She enlarged upon the good work already done by the "Aurora," and said that the London County Council had given permission for a caravan to visit Epsbury, Battersea, and Victoria, Parks, and it was hoped shortly to send a third van to do this work. The cinematograph display given would be the first sanctioned in the London parks.

### The Pudding Lady.

"The Pudding Lady," published for the St. Pancras School for Mothers, 37, Chalfont Street, Euston Road, N.W., price 6d., is an interesting account of a new departure in social work by Miss Bibby (Sanitary Inspector), Miss Colles (late Lady Superintendent of the School), Miss E. Petty, and Dr. Sykes, Medical Officer of Health for the Borough. Experience of the best teacher, and in the work of the School for Mothers it was found that though the cookery lessons were carefully given, and the attentances and interest of the women satisfactory, yet few were putting into actual practice the lessons received, and that they were regarded merely as a form of recreation. Miss Petty therefore made the experiment of going into the homes of the pupils and giving practical lessons to the mothers of making puddings and other simple dishes in the surroundings and with appliances which the housewife has at her command in her own home. The name "pudding lady" was bestowed upon Miss Petty by the children of her pupils. The results of the work have so far been most gratifying. "dominant intelligence has been awakened and atrophied powers called into use; a new interest has been given to the everyday affairs of life and a new importance to household duties."

The London Medical Exhibition at the Royal Horticultural Hall, Vincent Square, S.W., which is in progress this week, remaining open until Friday evening, October 7th, is always an interesting event. Although intended primarily for the medical profession, nurses also will find much that is instructive to them in their work.

### The Colonial Nursing Association

The Fourteenth Annual Report of the Colonial Nursing Association shows that this Society, founded in 1896 because a woman (Mrs., now Lady, Piggott) found the dire necessity for nurses in connection with the British Community in Mauritius, is doing excellent work in all parts of the world, and that during the past year that work has been still further developed. This development has included the selection of a Nurse-Matron for the Tai Koo Hospital, Hong Kong, recently built and equipped by one of the leading firms in the East for the benefit of their employees. Additional nurses have also been supplied for private employment in Ceylon, Shanghai, and with the Madrid Nursing Association. On the Government side new appointments have been occasioned by the opening of the Lady Ridgway Block attached to the Lady Havelock Hospital, Colombia, and by the building of the new hospital at Warri, in Southern Nigeria. A Matron has been appointed to the Government Hospital at Nairobi, East Africa; and additions to the Nursing Staff have been made in the Nikosia Hospital, Cyprus; the Colonial Hospital, Sierra Leone; and the General Hospital, Nassau, Bahamas. The Association has also recently, at the request of the Foreign Office, supplied a nurse for work in the Protectorate of Zanzibar.

The total number of nurses at work during the last eleven months (the period covered by the report) has been 220, of whom 69 have been employed as private nurses and 151 by Government. This is an increase of 11 on last year.

The reports received by the Association concerning the nurses' work are very gratifying. With hardly an exception the record is one of good and efficient service, devotion to duty, and a commendable adaptability to local conditions.

An interesting function took place during the year at the General Hospital, Kandy, Ceylon, when two beds and six cots were formally presented on behalf of the Planters' Association, and Kandyan Ladies, to the maternity ward. Five of the latter, with two chiefs, attended the ceremony.

At the Colonial Hospital, Sierra Leone, eight native women are being trained, and in St. Vincent six nurses receive their midwifery training in the course of the year, a very satisfactory piece of work, as midwives are much needed in the remote districts and outlying islands.

Lord Amphil, whose interest in nursing is well known, is President of the Association.

## The Education of Poor Law Nurses.

The Guardians of the Poor of the parish of Fulham are circularising the Guardians of other Metropolitan unions and parishes, inviting their consideration and approval of the subjoined scheme for the training and examination of probationer nurses prior to its being submitted to the Local Government Board for sanction.

### PROPOSED RULES AND REGULATIONS FOR THE TRAINING AND EXAMINATION OF PROBATIONER NURSES IN METROPOLITAN INFIRMARIES.

(1) Candidates for the post of probationer must be at least 21 years of age and must produce certificates that they are of good character and health and have received a fair general education. They should be selected and recommended for appointment by the Medical Superintendent and Matron of the Training School (if possible, after a personal interview with the Matron), and should serve for a trial period of at least two or three months before being permanently appointed.

(2) The training shall extend over a period of at least three years during which the probationer will be required to attend courses of lectures on elementary anatomy, physiology, medical and surgical nursing and cookery for the sick, such lectures being arranged by the Boards of Guardians at their respective training schools. All lectures shall be given by the Infirmary staff (except cookery) without any additional expense being incurred by the Guardians.

(3) Probationers will be required to pass the examination held by the Examining Board. This examination may be taken at any time after the end of the probationer's second year, and will consist of a paper and a *visu et* examination on the subjects mentioned in paragraph 2, except cookery for the sick. Candidates for the examination must produce certificates signed by the Medical Superintendent and Matron of their Training School, that their conduct and ward work have been satisfactory, and that they have attended courses of instruction in the subjects mentioned in paragraph 2.

(4) The Examining Board shall consist of three Infirmary Medical Superintendents, three Infirmary Matrons, and four other persons (two of whom shall be medical men and two of whom may be women). The Medical Superintendents and Matrons shall have had at least five years' experience as such at a London Poor Law Infirmary, and shall hold office for two years. The Examining Board shall be appointed by a Committee to be constituted by one member from each Board of Guardians co-operating in the scheme.

(5) The examinations shall be held at convenient times during the year, such times to be arranged by the examining authorities. The written examination will be held at the individual training school, the authorities of which will be responsible for the supervision of candidates. The oral and practical examinations will be held at convenient centres.

(6) The papers and subject matter of the *visu et* and practical examinations shall be set by the Board of Examiners. The papers shall be marked by the medical members of the Board. The practical and oral examination shall be marked by the medical members and matrons in consultation.

(7) Successful candidates shall be arranged in two classes. The Board of Examiners shall fix the percentage of marks qualifying for a pass of each class.

(8) Successful candidates who have completed three years' training shall be awarded certificates. Each certificate shall state:

(i.) That the candidate has received three years' training, with theoretical and practical instruction, at some specified London Poor Law Infirmary.

(ii.) That her work during those three years has been "Excellent," "Very Good," "Good," or "Satisfactory."

(iii.) That her conduct during those three years has been "Excellent," "Very Good," "Good," or "Satisfactory."

(iv.) That she has passed an examination in the principles and practice of nursing in the first or second class.

This certificate will be signed by:—

The Chairman of the Examining Board.  
The Authorities of the training school in which she received her training.

(9) Each Board of Guardians shall pay a fee of 10s. 6d. for each probationer sent up for examination or re-examination from its training school.

In relation to this scheme we may point out that while it affords satisfactory evidence of the widespread desire for greater uniformity of training and teaching for nurses, the curriculum of theoretical instruction is scarcely sufficiently comprehensive, as no curriculum for nurses can be adequate which does not include instruction in such essential subjects as hygiene and materia medica. Presumably bacteriology is included in the lectures on surgical nursing.

Further, we are of opinion that the interests of the Poor Law Infirmary Training Schools (and of the nurses) will be best served by claiming for them the position which is rightfully theirs of general training schools. There is already a tendency to differentiate between hospital and infirmary training schools for nurses, and anything which tends to emphasise this is to be deprecated. In our view, the best method of obliterating the line of demarcation between the two would be by establishing one examination for both under State Authority.

There is every indication that nursing education must be put on a satisfactory basis, a standard be defined, and the knowledge of nurses tested by a central examination if efficiency is to be secured. The public safety demands this guarantee.

## The Nurses' Missionary League.

As we go to press the Nurses' Missionary League is holding its Voluntary Meetings at University Hall, Gordon Square, W.C., to which all friends of the League have been invited. The following is the list of sailing members.

### SAILING MEMBERS.

Miss O. Lacey (C.M.S.), trained at Guy's Hospital, proceeding to Peshawar.

Miss C. Goodacre (C.J.S.), trained at Stuyning Infirmary, proceeding to Jerusalem.

Miss R. Jackson (Wesleyan Society), trained at London Temperance Hospital, proceeding to Bombay.

Miss G. Atkin, trained at Royal Infirmary, Derby, proceeding to Sierra Leone.

Miss N. Britten (C.M.), trained at Royal Devon and Exeter Hospital, proceeding to China.

Miss Webb (Wesleyan Society), trained at Chester General Infirmary, proceeding to Ceylon.

Miss M. Downing (C.M.), trained at Great Yarmouth, proceeding to China.

Miss A. E. Manwaring (C.M.S.), trained at Prince of Wales' General Hospital, Tottenham, proceeding to India.

Miss E. Wilson (C.E.Z.M.S.), trained at Norfolk and Norwich Hospital, proceeding to Peshawar.

Miss E. G. Williams (C.M.S.), trained at Midway Mission Hospital, proceeding to Gaza.

Miss E. F. Pitt (C.M.S.), trained at Mildmay Mission Hospital, proceeding to China.

Miss P. L. Hockin, trained at Margate, proceeding to Bannu.

Miss C. McCracken (North Africa Mission), trained at Prince of Wales' General Hospital, Tottenham, proceeding to Tangiers.

Miss J. Smyth, trained at Union Hospital, Sunderland, proceeding to China.

Mrs. Gurling (B.M.S.), trained at Great Northern Central Hospital, proceeding to the Congo.

## Presentations.

### ST. BARTHOLOMEW'S HOSPITAL.

The following presentations have recently been made at St. Bartholomew's Hospital, to Sisters who have resigned their appointments:—

To Miss *Nicholson*, appointed Matron of the Manchester Children's Hospital, Pendlebury, a silver tea service from Miss Cutler, the Assistant Matron, and the Nursing Staff, and a brass kettle and spirit lamp, and vases from the maids.

To Sister *Paint* (Miss Shrivels), a silver purse containing gold, from Miss Cutler and the Sisters, and a gold curb bracelet from the nurses.

To Sister *Lucas* (Miss M. Sleight), an ivory toilet set and cheque, from Miss Cutler and the Sisters.

To Sister *Thorndyke* (Miss K. M. Jackson), a leather travelling bag, from Miss Cutler and the Sisters, and a silver travelling clock from the nurses.

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

Nursing Sister Ethel Violet Harold has been permitted to retire, with effect from July 25th, 1910.

## Appointments.

### MATRONS.

**Newport Borough Asylum Caerleon, Monmouthshire.** Miss Ethel Howard has been appointed Matron. She was trained at Cheddleton Asylum, Leek, where she subsequently became Sister. She has since been Night Superintendent at The Retreat, York and later returned to Cheddleton Asylum as Assistant Matron.

**District Cottage Hospital, Blaenau.** Miss F. A. Chatham has been appointed Matron. She was trained at the Cardiff Infirmary, where she has held the position of Ward and Theatre Sister. She has also done Matron's holiday duty at the Bridgend Cottage Hospital.

### NURSE MATRONS.

**Accidents Hospital (Derwent Valley Water Board), Birchenlee, Bamford, via Sheffield.**—Miss A. Daubeney has been appointed Nurse Matron. She was trained for three years at the Royal Hospital, Sheffield, and has held the position of Staff Nurse at the Hospital, Port Sunlight, Cheshire, and of Sister at the Royal County Hospital, Ryde. She has also had experience of district nursing.

### ASSISTANT MATRON.

**High Wood School, Feeble-Minded Girls' Colony.**—Miss Flora Harris has been appointed Second Assistant Matron-in-Charge of the Colony under the Metropolitan Asylums' Board. She was trained at the London Hospital, where she worked for six and a-half years. She has also been Sister at Ley's School, Cambridge, and Home Sister at the Farmfield Home for Women.

### SISTERS.

**Oldham Infirmary.**—Miss Taylor and Miss Harrison have been appointed respectively Sisters of Women's and Men's Wards, and Miss Webber has been appointed Night Sister. Miss Taylor was trained and has been Staff Nurse at Oldham Infirmary. Miss Harrison has also had the same experience. Miss Webber was trained at the Royal Portsmouth Hospital, and has been Sister at the Royal Victoria Hospital, Bournemouth.

### CHARGE NURSE.

**Leeds Union Infirmary.** Miss P. M. Cox has been appointed Charge Nurse. She was trained at the Leeds Union Infirmary, and has also been probationer at Leicester Union Infirmary one year, and at Solihull Union Infirmary one year. Miss Cox has also been nurse at the Leeds Corporation Fever Hospital.

### SCHOOL NURSE.

**Batley Education Committee.**—Miss Alice Musto has been appointed School Nurse. She was trained at the St. Olave's Infirmary, Rotherhithe, and has been Charge Nurse at Boxley Heath Asylum, and District Nurse at Longford for four years. Miss Musto is an Associate of the Royal Sanitary Institute, and a certified midwife.

### SUPERINTENDENT OF NURSES' HOME.

**St. Bartholomew's Hospital, London.**—Miss G. R. Hale has been appointed to succeed Miss Nicholson as Superintendent of the Nurses' Home at St. Bartholomew's Hospital, E.C. She was trained and certificated in the institution, and has recently held the position of Sister at the Queen's Hospital for Children, Hackney Road, N.E.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Ada Wright, to Sheerness, as Senior Nurse; Miss Alice Horrocks, to Gildersome; Miss Minnie Shepherd, to Gairford; Miss Hannah Owen, to Towyne; Miss Edith L. P. Clarke, to Barnard; Miss Ethel F. Wood, to Woodlands; Miss Ethel A. Coates, to Torquay; Miss Sarah Tull, to Carlisle; Miss Annie Budd, to Portsmouth, as Assistant Superintendent; Miss Catherine Williams, to Stockport, as Senior Nurse; Miss Alice Watson, to Exeter, as Senior Nurse; Miss Ann Barnett and Miss Amy Baughurst, to Exeter; Miss Gertrude Page, to Croxley Green; Miss Annie G. Barnes, to Brixton; Miss Lillian Leathley, to Eltham; Miss Lily Parker, to St. Helen's; Miss Mary Ford, to Wednesbury; Miss Sarah A. G. Lett, to Exning; Miss Edith Townsend, to Porthcawl.

### Nursing Echoes.



We learn that the Sister Superior elect of St. John's House received her professional training at St. Thomas's Hospital, and has also worked in connection with the Queen Victoria's Jubilee Institute for Nurses.

We are glad to notice that in his speech at the annual dinner of the men in the Great Hall on Monday, Mr. C. B. Lockwood, F.R.C.S., who presided, called attention to the urgent necessity for a new Nurses' Home. This necessity has been chronic for a quarter of a century. The tenements in which the nurses are housed are evidence of a callous disregard for their health and safety.

### A Judicial Inquiry.

At the Cornwall Asylum, Bodmin, last week, Mr. H. D. Foster held an inquiry ordered by the Lunacy Commissioners concerning the death of a woman patient as a result of scalds, which recently formed the subject of a coroner's inquiry. The Chairman read the Coroner's depositions, and also the bathing regulations in force in the Asylum, which provide that when not in use the bath taps are to be kept locked, as well as the bath-room doors. Dr. Rivers, the medical officer in charge of the case, then made a statement, and in reply to the Chairman said that assuming two patients went down to the lavatory they ought not to have had access to the bath-room, but the bath-room door was open on the occasion under consideration. Further, that it was an irregularity for one patient to be taken to the bath-room by another. The full extent of the injury to the patient Pengelly was known at about 5.30 p.m. on the day when it occurred, and she received continuous treatment up to the time of her death.

Chief Nurse Wilkinson stated that it was the duty of the nurses to accompany patients going to the lavatories to and from the wards. The nurse in charge should have done so in the case of Pengelly. About 2.30 p.m. on the day the injury occurred she was told by a nurse that Pengelly had a scald on her foot—nothing serious. She heard no more of it until six o'clock in the evening.

Dr. Layton stated that one of the nurses told him a different tale to that which she told the Coroner as to the circumstances of the accident. When he questioned her as to why she had made such a statement she replied that another nurse and others had put her up to it.

Several nurses, one of whom said she was willing to take all the blame on herself, were called before the inquiry and questioned, and as a result it was unanimously decided to discharge two nurses and to reprimand two others.

Carelessness in observing regulations, and untruthfulness, are faults which are quite inexcusable in any nurse in charge of insane patients, and may lead to grave results.

Mr. Alfred Willett, F.R.C.S., Consulting Surgeon to St. Bartholomew's Hospital, contributes some interesting reminiscences to its *Journal* in an article on "The Surgical Side of the Hospital Fifty Years Ago." Referring to the nursing staff, he writes:—

"The Sisters of Abernethy or Lucas Wards, according to the sex of the patient, attended in the theatre at all the operations, one of the ward nurses accompanying the patient, taking back, after the completion of the operation, any instructions for the Ward Sister. Sister Abernethy of the time was a really splendid character, immensely respected by all. She was a Sister of the Head Beadle Ausell. Another noted surgical Sister was 'Colston,' to whom the nickname 'Queen of Hell' was most unjustly given. A white-haired, fresh-coloured old lady, who, although she ruled her ward by fear, was in truth kind-hearted. The fact was she looked upon complaints by a patient as base ingratitude. Yet to see her every morning in the square, outside her ward, surrounded by a flock of city pigeons, which she regularly fed, settling on her head, shoulders, or arms, while she caressed them, showed she had at least one soft spot in her heart.

The Sisters belonged to what I suppose would in those days be called the 'gentle' class. They came without previous hospital experience, yet, being intelligent, and fairly well educated, they quickly learnt their duties, nursing as well as official, and were devoted to their work and to the well-doing of their patients. Nurses were seldom promoted to be Sisters, for they were of the domestic servant class, mostly middle aged, and I fancy took up nursing when other occupations failed; not a few were widows. Their life was a hard one. There were three nurses to a ward, and each was on night duty one night in three; they lived, or rather herded, in the two dark, ill-ventilated rooms

opening from the wards and placed in the lobby between the doors, leading into the front and back wards respectively. They did their best, but from lack of training could not be very reliable. The Sisters' uniform was a dark blue stuff material, the nurses a brown."

We congratulate the Chelsea Infirmary nurses on the inauguration during the past year of their swimming club, of which an interesting account is given in the *League Journal*. There is a managing Committee, with the Matron as Chairman, Mrs. Moore as Vice-Chairman, and Sister Grace and Sister Hayes as Captains. Almost every evening some of the staff have been at the Chelsea Baths, and have learnt to swim, and Sister Grace and Nurse Nankivel have obtained certificates for swimming a mile. Amongst the rules is one "that no distinctions in nursing rank shall be recognised by the members while in the water." It was feared that a "pro" who might be a skilful swimmer might be considered presumptuous if she came to the assistance of a Sister, while the Matron felt she would probably be left to drown. Every woman should learn how to swim if this accomplishment has been neglected during childhood.

A circular has been sent by Sir Everard Hambro to the nurses of the Royal National Pension Fund, of which he is Chairman, in which he says that when he addressed the nurses at their last general meeting he suggested that the best way for them to honour the memory of their late patron, King Edward, was to try and aid those of their profession who, from age or infirmity, wanted assistance. He now thinks that the best way to do that would be to raise funds by general subscription for a King Edward VII. Home for Aged Nurses, which could be managed from the offices of the Royal National Pension Fund for Nurses, of which Queen Alexandra is President, who looked with favour on the scheme and had promised to assist it.

We hope in the future the time may come when trained nursing will be estimated at its true value as a national asset, and remunerated accordingly, and thus nurses in their old age be saved from pauperisation. Let us hope but few will require to avail themselves of such alms. As the nurses are going to provide all the funds, we hope they will also administer them, and thus let there be as little advertisement and publicity in carrying out the scheme as possible.

The Belfast Board of Guardians, according to the statement of the Chairman, is endeavouring to reduce the scale of diet very considerably, and by this means to save the ratepayers at least £1,000 a year. They have, therefore, just to see how it works, deprived the nurses of their lunch and lunch hour. The nurses, writing from the Belfast Union Hospital, object to this arrangement, and have sent the following letter of protest to the Board. They complain:—

"Regarding the question of the discontinuation of our lunch, we have given this new scheme a very fair trial since the 16th inst., and find that it proves most unsatisfactory. The fact of us having dinner a quarter of an hour earlier does not mend matters in any way. We still have a very long fast, and no interval during which to tidy ourselves. We do not wish to lower the dignity of our profession by having to start and, for instance, change our aprons in presence of patients and cleaners in the wards or ward kitchen, and this must necessarily be done if we wish to appear anyway nurse-like throughout the day. No nurse can keep herself scrupulously clean and at the same time perform the dusting, tidying, etc., which of necessity she must do in the early part of the morning in the hospital and infirmary wards. Therefore we ask you to kindly give this matter your further consideration, and let us have the lunch and time as heretofore."

Under the old regulations the nurses had breakfast at 7 a.m., and came on duty at 8. At 9 a.m. they had a lunch hour, in which they washed and dressed after the performance of the morning's ward work. Dinner was served at 12; but the new arrangement provides that the nurses will have half an hour longer in bed in the morning, and instead of having the lunch hour come to dinner at 11.30.

This appears a thoroughly bad system. The morning's work should be done early, and 8 a.m. is quite late enough to begin. The principal meal in the day should not be taken before 12.30, otherwise the division of the two substantial meals is ill-regulated in the twenty-four hours. Breakfast 7.30, hard ward work from 8 to 9.30, lunch of hot milk, cocoa, bread and butter 9.30 to 10, midday meal 12.30 or 1.30, tea 4 or 4.30, supper (a good, hot meal) 8 p.m. This divides the day conveniently. To sit down after the morning's rush of work and eat the principal meat meal of the day at 11.30 a.m. is not conducive to appetite or digestion.

*La Garde Malade Hospitalière* for September is practically devoted to the late Miss Florence Nightingale, and is most intelligently sympathetic. This journal now enters its fifth year of life and usefulness, and is carrying on

the French language to many lands the principles of the Florence Nightingale system of nursing.

### The Isla Stewart Scholar.

It will please members of the "Bart's" League to learn that Miss M. S. Rundle has safely arrived at New York City, after a good passage and having proved herself a good sailor. Miss Rundle writes:—"I received a letter by the pilot boat from Miss Laynia Dock welcoming me to the 'little old city,' and to say she would be at the wharf to meet me, and would be waving a 'Stars and Stripes' so that I should find her. But it was with difficulty I got ashore at all, for the officials were so inquisitive as to my intentions in going to Columbia University (I think they thought I was going to blow it up) that they withheld my pass until they had dealt with the American citizens. Possibly they might have sent me back to England had not the situation been saved by the appearance of a lady with the *BRITISH JOURNAL OF NURSING* containing my portrait under her arm! This was Miss Stewart, Miss Nutting's assistant. Under her protection I was allowed to leave the ship. And on the wharf was Miss Dock with her flag. She gave me such a welcome. My heart warmed to her at once for such loyalty to the memory of our Matron, to be there at 7 a.m. on a Sunday morning to meet the Isla Stewart Scholar. My application for residence at Whittier Hall was too late, so I am at Shelburne Hall, in the next avenue, and I have access to Whittier Hall, and every privilege except sleeping accommodation. I took tea with Miss Nutting on Sunday afternoon, and she is charming. I shall soon be at work, and my next letter will tell you something of it."

Just one word to the fellow members of our Scholar. Home sickness in such a vital environment is not to be anticipated for a moment, but news of all sorts from home is very sweet to everyone with sea between. Letters and papers will find Miss Rundle at Shelburne Hall, 90, Morningside Avenue, W., New York City, U.S.A.

### MISTAKEN FOR MALARIA

Sir Robert Boyce, addressing the Liverpool Chamber of Commerce on the question of yellow fever in West Africa, from which country he has just returned, states as a result of his observations that yellow fever is endemic in West Africa, and has been mistaken for malaria. There is no doubt that a clerical error in diagnosis has been committed. He looks forward to the death rate going down with a run, now that this is known.

### Reflections.

#### FROM A BOARD ROOM MIRROR.

Mr. Otto Beit has promised a gift of £5,000 to complete the amount needed for the erection of the Children's Sanatorium for Consumption at Holt, Norfolk. Heartily congratulations to Sister Marian Rumball, the founder of this excellent and useful charity.

The Manchester Corporation propose to erect a new convalescent ward pavilion at the Monsall Hospital.

It is certain that all the friends of the Royal Portsmouth Hospital will be glad to be assured that the designation "Royal" was the gracious gift of our late Queen Victoria, and that it can be established now and for ever on indisputable evidence.

The question was recently raised by the Home Secretary, and thanks to Dr. Ward Cousins, whose memory carries him back for many years, and who has been connected with the hospital for the whole of his professional career, the following paragraph, under date February 23rd, 1850, was discovered in old files of the *Hampshire Telegraph*:

"We rejoice to say that her most gracious Majesty the Queen has spontaneously presented our local hospital, through Lord George Lennox, with the sum of £50, as a joint donation of her Majesty and H.R.H. the Prince Albert, towards the permanent funds of that charity. Her Majesty further graciously expressed her commands that henceforward the institution shall be designated the Royal Portsmouth, Portsea and Gosport Hospital."

But where are the minute books of the hospital? Are they not forthcoming? A pity if they are not, as nothing is more interesting than to dive into these old records, and thus come into touch with the work and difficulties of those who have founded good works and passed away.

The Swansea Hospital Board of Management have had under consideration a letter from the local education authority, asking that an additional eye specialist be appointed at the institution, and that the eye department be opened every afternoon. The Board came to the conclusion that they were not justified in asking subscribers and staff to undertake the additional duty.

This is important national work, which should be undertaken by a Municipal Health Department. The more the voluntary hospitals pick and choose their work, the sooner the State must step in and meet the needs of the population.

The foundation stone of the new Maryborough Infirmary Sanatorium was laid last week by Lady Coote, who has been the principal mover in its establishment. Such a building is a very necessary adjunct to a hospital or infirmary, and of much benefit to patients.

## The British Hospitals Association.

The British Hospitals Association, which was in session at Glasgow last week, discussed many interesting and important subjects under the presidency of Mr. J. D. Helderwick, Chairman of the Royal Infirmary, Glasgow, and senior member of the Council of the Association, in the absence of the President, Mr. H. Cosmo Bonser. An official welcome was extended to the members by Lord Provost M'Innes Shaw.

### THE SOCIAL POLICY OF VOLUNTARY HOSPITALS.

Mr. C. S. Loch, Secretary of the Charity Organisation Society, first discussed "The Social Policy of Voluntary Hospitals" and said that no people were more grateful than members of the Charity Organisation Society to hospitals and their staffs for their constant help and advice in cases of illness and distress. The questions he submitted were whether consistently with present indications some more definite social policy should not now be developed, and accepted by hospitals generally, a policy consistent with the principles of charity and our social and economic knowledge. Mr. Loch defined a hospital broadly as a place for the free, or part pay medical and surgical treatment of poor people, and discussed it (1) in relation to the medical profession and education, (2) in relation to the Poor Law and medical charities, and (3) in relation to the individual case and its proper assistance. He advocated the abolition of the letter system, payments for hospital patients according to their ability, payment of medical practitioners for contract work in accordance with standards accepted locally by the profession; that patients, and more especially out-patients, should be sent as a rule to the hospitals through provident dispensaries or general practitioners; and that medical practitioners taking part in the work of a hospital should be remunerated for that work. The contrasting policy, that free medical aid should be provided by the State, Mr. Loch believed would tend, if put into practice, to a deterioration in the social virtue of foresight, and would be socially wrong. Discussing the hospital in relation to Poor Law and medical charities, the speaker thought there was but one way of proceeding—viz., to follow the recommendation of the Royal Commission "that representative Medical Assistance Committees should be established to co-ordinate, and when necessary supplement, the medical institutions of the county or county borough, and to support methods of co-operation with the sanitary authorities and the authorities in charge of voluntary hospitals, to organise an outdoor and provident medical service." In relation to the assistance of individual cases he emphasised the value of the work of hospital almoners.

In the discussion which followed, Mr. James Cunningham, of the Glasgow Parish Council, expressed the opinion that the tendency to make State provision of everything for everybody was encouraging thriftlessness and sapping the whole independence of the Scottish people.

Professor Henry Jones, Glasgow University, said

that hospitals or infirmaries were to a considerable extent the centres for the greatest medical skill a great city could command. If that were so, they should be open to rich as well as to poor.

Mr. C. W. Thies, London, said that the only people who were tackling the hospital question in a scientific manner were the Germans and the Swiss, and described the German method by which the municipality and the State maintain the hospital to which all members of the community have entry and pay according to their means.

### THE ABUSE OF HOSPITALS AND ITS CURE.

Mr. A. Scott Finnie contributed a paper on the above subject, and said that on the whole it was believed that such abuse resulted from sheer lack of any alternative place of treatment rather than from intentional misuse of charity. A first step in any real reform seemed to be conference between representatives of all the interests involved. It should then be possible to devise a system under which all legitimate interests would be conserved.

Dr. Dewar, Mr. W. B. Blackie (Edinburgh), and Mr. J. A. Roxburgh (Glasgow), also took part in the discussion, and Mr. Kershaw, Secretary of the Central Throat Hospital, London, maintained that the whole hospital system was drifting not only in the direction of State control of the hospitals, but in the nationalisation of the whole medical service.

### A UNIFIED COUNTY MEDICAL SERVICE.

The first paper on Friday, September 30th, the second day of the Conference, was contributed by Mrs. Sidney Webb, and read by Dr. D. J. Mackintosh, M.V.O., on "The Coming of a Unified County Medical Service, and how it will affect the Voluntary Hospital." The writer pointed out that (1) the United Kingdom was this year spending out of rates and taxes close on £20,000,000, of which at least one-third was dealing with the destitution of people stricken with preventable sickness, which was not prevented; (2) that in our public arrangements for dealing with sickness we were in a greater muddle than was realised of duplicated service and confusion of principles. On the one hand, Poor Law doctors were forbidden to treat sickness unless and until it was complicated with destitution, and an equally rate-supported Public Health Service was dealing largely with the same diseases as the Poor Law medical service from the standpoint not of relief but prevention. She did not think it needed much gift of prophesy to see that the policy which would finally prevail was that of breaking up the Poor Law into its constituent services, but whatever was done by the Poor Law there would be scope for the voluntary hospitals.

Mr. James R. Mot in hoped that the Minority Report of the Royal Commission on the Poor Laws would never be adopted in Scotland.

### TREATMENT OF TUBERCULOSIS.

Dr. Nathan Raw, of Liverpool, read an interesting paper on the above subject.

### OFFICE BEARERS.

Office-bearers were re-elected as follows: *President*, Mr. H. Cosmo Bonser, President, Guy's Hospital, London; *Hon. Treasurer*, Mr. Conrad W. Thies, Royal Free Hospital, London; *Hon. Secretaries*, Mr. A. William West, London, and Dr. D. J. Mackintosh, Western Infirmary, Glasgow.

## Outside the Gates.

## WOMEN.

The Conference programme of the National Union of Women Workers, to meet at Lincoln on the 10th inst., is one of wide human interest. At these gatherings an enormous amount of expert information is annually exchanged, and this year child life and educational ideals will receive prominent consideration.

The reasons why the vote should be given to women are enumerated by the Countess of Selborne, the President of the Conservative and Unionist Women's Suffrage Society, as follows in *Votes for Women*:—"They should have it because in a democratic form of government unrepresented interests are perforce neglected. They should have it because trade unions, anxious to keep up their own wages, do not stop to consider the hardship they are inflicting on the women whom they are ready to deprive of their only means of livelihood. They should have it because it will educate them and make them think. They should have it because they pay taxes, and therefore should be consulted about the spending of the national income. They should have it because there are many laws which apply mainly or only to them, and they are the proper people to say whether laws are satisfactory or not. They should have it because they are the guardians of family life, the mothers of children."

The urgency of this matter is increased by the imminence of State payment of members. That women who are denied the right of electing members of Parliament shall be compelled to pay for their maintenance will create an impossible situation, from which the enactment of the Conciliation Bill will provide an escape.

A meeting of the United Kingdom Branch of the Association of Medical Women in India was held recently, at which Mrs. Scharlieb, M.D., presided. The meeting was arranged to meet Miss Benson, M.D., First Physician of the Cama Hospital, Bombay, in order to hear from her some proposals as to the formation of an organised female medical service for India, and to receive information on the present working conditions of the Dufferin Fund. The meeting was unanimously of the opinion that the Secretary of the Countess of Dufferin's Fund should be a qualified medical woman; that at least one qualified medical woman should have a seat on the Central Committee of the Fund (at present, excepting the President, Lady Minto, no woman is on the Committee); and that an efficient service of medical women for India should be organised. For the furtherance of these objects it was resolved that the Secretary of State for India and Lady Hardinge should be asked to receive some members of the Association in order that a brief explanation of the urgency of the need in India for an efficiently organised service of medical women may be set before them.

## Book of the Week.

## THE LANTERN BEARERS.\*

This story is of very unequal merit; though it cannot lay claim to much originality, it just escapes the commonplace, but we cannot say it gives it a very wide berth. It tells of a family of fallen fortunes, living in Surbiton, on a hundred and fifty a year. True, they are but three in number—Mr. and Mrs. Byrne and their daughter Helga—but one can well imagine that life pressed somewhat hardly upon them. Too much stress is laid upon this aspect of the book, and the reader gets wearied of the details of petty economies, and depressed by their persistent misfortune. Pretty Helga has, of course, none of the advantages of her class, but her mother, who, by the way, is a perfect marvel of thrift and philosophy, "taught her child what she herself had learned as a child, so at nineteen Helga knew German well, French imperfectly, knew some history and geography, and could even play the piano passably."

By superhuman effort and contrivance, Helga is able to accept an invitation to a dance at the house of an old friend of her father's.

"She was content to look on for a time, and see how others danced and what was their demeanour. Certainly her hair was not right. No other girl in the room wore plaits at all. Their gowns were unlike hers, too. . . . Her mother had always told her it did not matter what you looked like, provided you behaved well and had pleasant manners. Possibly her mother was right, but how can you have pleasant manners when you sit by yourself on a long bench in a crowded ball-room?" Of course it is here she meets her fate, in a certain Clive Ashley, who decidedly loses no time in his wooing. As a perverse Fate ordained, he is the son of her father's enemy. Their true love, in consequence, runs anything but smoothly, and he persuades her to a secret marriage.

Matters are complicated by the attentions to Helga of a young German boarder, a boy of good family, whom the Byrnes have taken to help eke out their slender income, and who has quite made up his mind that, with his father's consent, he has only to ask and have.

"I was right about Conrad," said Mrs. Byrne to her husband. "He does wish to marry Helga."

"Has he told you so?"

"Yes, but not officially. He hopes to get his father's consent when he goes home at Christmas."

"We shall probably never see him again, once he goes home. His father will tell him not to be a young fool, and keep him in Hamburg."

Conrad in wishing Helga good-bye, and, referring to the English mince-pie, etc., he is taking to Hamburg with him, remarks:

"My mother will be delighted to find that you can cook so well."

Though Helga made no reply at the time, she came back to this remark after he had gone.

"Why should his mother be pleased because I can cook?" she asked.

\* By Mrs. Alfred Sidgwick. (Methuen and Co., London.)

"Because of his attachment to you?"

"That's moonshine," said Helga with decision.

"I hope not," said Mrs. Byrne.

The mother and daughter turned from each other, troubled, silent, afraid of the next word.

"The marriage Helga had made, without being greatly stirred, took its place at last as the paramount adventure of her life. . . . Torments of anxiety and desire consumed the silly child, who had played with love, not knowing that love was a mine."

The fortunes of the family, going from bad to worse, compel Helga, who is afraid to own her marriage, to find some way of earning her own living. She obtains the place of a parlour maid to some intimate friends of her husband's, and after the obvious awkwardness that such a proceeding would bring about, she at last confesses her deception to her parents, and, by a stroke of the wheel, everything is as it should be, including a remunerative billet for Mr. Byrne.

But we were perhaps wrong in saying that "The Lantern Bearer's" escaped the commonplace.

H. H.

#### COMING EVENTS.

*October 7th.*—Central London Sick Asylum, Hendon. Nurses' Meeting. Mrs. Bedford Fenwick will speak on Nursing Organisation and State Registration. 5 p.m.

*October 8th.*—Royal Free Hospital, W.C. Nurses' Home. Meeting to consider the formation of a Nurses' League.

*October 10th.*—Territorial Force Nursing Service, City and County of London. Reception at the Mansion House by invitation of the Lady Mayoress and the Members of the Executive Committee. 8—10.30 p.m. Entertainment and music.

*October 10th.*—Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. Course of Lectures—Training for Women Health Visitors and School Nurses.

*October 10th to 14th.*—The National Union of Women Workers. Annual Conference, Central Hall, Lincoln. Annual Meeting, National Council of Women, 12th and 13th inst., 10.30 a.m.

*October 14th.*—Royal Infirmary, Edinburgh. Course of Lectures to Trained Nurses. Opening Lecture on "The Nursing of Cases of Cardiac Disease," by Dr. G. A. Gibson, 4.30 p.m.

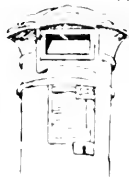
*October 14th.*—The National Pure Food Association. Lecture, "Infant Mortality and the Food and Drugs Act," by Mr. John Foot, Chief Inspector for the Borough of Bethnal Green, 38, Russell Square, W.C., 8 p.m.

*October 15th.*—Central London Sick Asylum, Cleveland Street, W. Nurses Meeting. Mrs. Bedford Fenwick will speak on Nursing Organisation and State Registration. 5 p.m.

*October 18th.*—Royal Institute of Public Health, 37, Russell Square, W.C. First lecture of special course for women desirous of qualifying as Health Visitors and School Nurses. 7 p.m.

*October 20th.*—Society for State Registration of Trained Nurses. Meeting, Executive Committee, 211, Oxford Street, London, W., 4 p.m. Tea.

#### Letters to the Editor.



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

#### STATE REGISTRATION OF FEVER NURSES.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM, The *Standard* and *Glasgow Herald* have again given a prominent place to the above subject. The point of the recent correspondence has been the registration of fever nurses. Dr. Campbell Munro advocates a separate or supplementary register, other writers condemn this method of recognition.

As the question of State Registration of Nurses is primarily a nurses' question, I shall, with your kind permission make a few remarks through the columns of the *British Journal of Nursing*.

A register of fever nurses would tend to isolate fever nurses even more than they are isolated at present in connection with their education and training. It would cramp and fix their work and position in the future; it would render it more difficult for general trained nurses to obtain fever training; it would be little or no use to the public. On the other hand, it would be a convenience to local authorities, but such a convenience could be attained without sacrificing the best interests of the nurses. One writer says that a fever register would cause confusion in the public mind, but a supplementary fever register could no more cause confusion than the mental nurses' register or the male nurses' register; there are much more weighty and reasonable objections to it than this. A full medical, surgical, and fever training has always appeared to me to be the ideal training. I agree with Dr. Robertson, who writes as a member of the Scottish Nurses' Association that a separate register would not do justice to fever nurses. Dr. Robertson goes on to say, however, that the training "in our large fever hospitals" is "quite sufficient for the nursing of medical cases," and he proceeds to advocate the abolition of general medical training for nurses who have gone through three years' training in fever hospitals. Medical nursing and fever nursing differ in many respects, as those nurses who have gone through both trainings know. In my opinion, Dr. Robertson's proposed to keep nurses for three years in a fever hospital, give them one year's surgical training, and send them out registered as general trained nurses *after four or undignified a four years' training in which medical nursing is not included* would be a very grave injustice. A year of medical training, a year of surgical training, and a year of fever training would be more like justice to nurses. I merely mention these periods of time as an illustration because there will be much to do in the adjustment of a full curriculum. It has always, however, been my belief

that fever training should not be compulsory, but this is fully guarded against in the Bill at present before Parliament.

It is with reluctance that I feel obliged to take exception to Dr. Robertson's statement that considerable prejudice exists on the part of general trained nurses against fever nurses. During all the years I have been a nurse I have never known a general trained nurse who had a "prejudice" against fever nurses. I am sorry for those whose unfortunate experience it may have been to come in contact with general trained nurses whose minds are prejudiced.

I have been a fever nurse, I have nursed a dying fever nurse, I have been more than once nursed by fever nurses, and I have superintended fever nurses. The impressions left upon me by these experiences are that fever nurses deserve better things than to be fixed under a fever register, or sent out as general registered nurses after having undergone a *four years' but only partial* training.

I am, yours faithfully,

E. A. STEVENSON,  
Vice-President Scottish Nurses'  
Association.

The Valley, Trinity, Brechin.

#### PESTERED BY PUBLICITY.

To the Editor of the "British Journal of Nursing."

MADAM.—Your critical notes on the *Nurses' Year Book and Register* which my firm is producing, in your issue of the 17th ult., which I have only now seen, are based upon two wrong assumptions. (1) That you have seen "advance proof sheets" of the work; (2) that the book is "compiled by lay people."

The sheets you have seen are only *specimen pages put up for Advertising purposes*, to indicate the style the biographical information will take. The biographical notes in these sheets were taken from printed sources, and make no pretence to being authoritative.

The book is not compiled by lay people. On the contrary, the Editor is a trained nurse of many years' experience, and the biographical data will be in every case supplied by the nurse whose career is set forth. The printed forms duly filled up, are being returned to us in batches by every post, from which we conclude that our *Nurses' Year Book and Register* is commending itself to the Nursing profession.

Finally, let me say that I have not taken up this work lightly, and without appreciation of the organisation and expense it involves. I hope I am not presumptuous in believing that my firm will prove equal to it.

I presume you will give this letter a place in the same columns where your criticism appeared, and apologise for troubling you.

I am, yours faithfully,

ANDREW MILLROSE.

3, York Street, Covent Garden, W.C.

We beg to differ from our correspondent that we laid our criticism on the forthcoming publication to which he alludes on wrong assumptions. Whether the "proofs" sent to us were issued for "ad-

vertising purposes" or not is a matter of no importance. The information they contained is incorrect, and this is not denied by the publisher. The excuse is that "The biographical notes in these sheets were taken from printed sources, and make no pretence of being authoritative," and yet in a covering letter sent with "these sheets" we are informed that "This valuable work will not only register the Hospital Nurse, but every Private Nurse who is certificated, and who has obtained her diploma. . . . On this account Hospital Authorities, Local Government Boards, Doctors, and all Members of the Profession will find the *Nursing Year Book* absolutely indispensable." Our contention is that no firm of lay publishers should assume the right or the knowledge to "register" professional women, and that in doing so, if they print the inevitable inaccuracies to which we have drawn attention, they may give cause for professional damage. The work as advertised is "compiled by Helen Davidson," and we are informed Mrs. Davidson is not a trained nurse. Whether she is or not does not alter the fact that a firm of lay publishers have assumed the responsibility of professing to "register" trained nurses.

We regret that in good faith in quoting from "these sheets" sent out, as we are informed, "for advertising purposes," we announced that the Introduction to the First Issue "will be by Lady Helen Munro-Ferguson." This statement, we are now informed, was entirely unauthorised, and an apology has been offered by the publishers to Lady Helen with the undertaking that the advertisement will be withdrawn. Finally, we are informed that "this work has not been taken up lightly, and without appreciation of the organisation and expense it involves." Our comment on this statement is "Wait and see!"

We reaffirm our opinion that a social "Who's Who" could do little harm, although whether the fact that a nurse's father was "a butcher, baker, or candlestick-maker," or even a peer of the realm, does not appear to be of stupendous importance to the stability of our social fabric. Such details may gratify a passing curiosity, and nothing more. A Register of professional persons can only be usefully compiled by a legally constituted professional authority, and until Parliament finds time to set up such an authority it would be a blessed relief to us to be no further exploited by publishers for commercial purposes. Competition amongst them is now getting fast and furious. Would that they would turn their attention to the legions of "shopkeepers," or clerks, or typists! Why are nurses the only class of honest women workers to be pestered by publicity? Ed.]

#### Notices.

##### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Midwife of To-day.

The Midwives' Act of 1902 has now been an established fact for some years, and practical people are beginning to ask what the results are. On the whole, we understand they are considered satisfactory, although naturally there are some few litches to the smooth working of the Act just at first; and one of the greatest of these, perhaps, is the difficulty that is experienced in receiving an adequate supply of the right people to act as midwives. Certainly it is not that there are not enough qualified to do the work, for we see a list, four or five times every year, of several hundred candidates passed by the Central Midwives' Board, and it would seem that there must be something either in the work itself, or in the conditions under which it is done, which prevents these hundreds of presumably capable people taking it up enthusiastically after having gone through an arduous and expensive training. This being so, it might be well to find out as soon as possible to what their reluctance is due, and I think there can be very little doubt that it is the financial aspect of the case which lies at the root of the matter.

Certainly if the midwifery in this country is to become a serious profession, and is to be conducted in an efficient and dignified manner, it must be firmly established on a sound economic basis, and must not be dependent on philanthropy or casual help, nor be regarded as the last resource of those incompetents whose labour has little market value. There are doubtless many women of sufficient means and superfluous energy who are ready and willing to take up this work for a time, as a novelty, or a charitable hobby, but they are not to be relied upon as steady earnest workers; nor is it right that work so responsible and serious should be allowed to sink almost to the level of a sweated trade.

In the old days the midwife was one of the people themselves, and if she on her side was not required to be very skilful or particularly intelligent, neither did she in return demand much in the way of remuneration. Her needs were few, her way of living humble, and the few shillings that she might earn at a case were, with the addition of various gifts in kind, ample payment for the neighbourly and unobtrusive services she rendered. Now, however, all this is altered, and the law demands

that, willy nilly, the patient must be attended by an educated person, and not only must she be subjected to all the hitherto midwifery tests and bother contingent on modern surgical asepsis and sound midwifery, but must also pay this tiresome person a sum wholly incompatible with her station and mode of life.

In order to meet this somewhat impossible position, charitable ladies have combined in many districts for the benefit of the poor people, forming societies which are partially self-supporting, and which engage a midwife at a fixed salary to attend a large district. I have sometimes been consulted about the little difficulties which arise in the administration of these societies, and I find that the organisers are usually surprised and disappointed that the posts thus created are not more eagerly and gratefully sought after, or are held for so short a time.

The reasons are not far to seek, and although we may regret that this essentially womanly work is not passing more freely into the capable hands of those so well suited to carry it on, we cannot honestly be surprised. How can we expect that after spending three or four of the best years of their lives, as well as a large sum of money on their training, highly educated women should be content to live a life of unremitting toil and self-denial, constant strain and anxiety, and be grateful for a bare subsistence wage, which allows of no mental or physical recreation, no little comforts or luxuries, no holidays, and offers no prospect of rest in later years?

Those of us who have practical experience of present-day midwifery realise what are the hardships, what the difficulties of the midwife's lot. Her patients often troublesome and obstinate, she must always be cheerful and convincing; working nearly every night, she must be fresh and energetic by day; always on duty, she must never be tired or unfit; fighting against dirt, ignorance, poverty, and disease, she must still be successful; and if, after years of blameless record, and hundreds of satisfactory cases, one should do badly, she must never look for help or sympathy.

And her reward? The knowledge that she is doing useful work, the love and gratitude of her patients, and only too often, broken health, over-strained nerves, and a premature and dependent old age. Is it, then, surprising that good practical midwives are difficult to find?

M. F.

## Queen's Nurses Preferred.

We are glad to see that the Burgess Hill District Nursing and Midwifery Association appreciates its "two excellent Queen's Nurses," and that Miss Blakesley's proposition to insert the word "preferably" in a clause in Rule 1, so as to read: "And the District Nurse maintained by the Association shall be preferably a Queen's Nurse," was carried. Warm praise was given at the annual meeting of the Association to the present Queen's Nurses for their admirable work.

## Bart's Maternity Wards.

We learn that it is proposed to organise courses of instruction for nurses at St. Bartholomew's Hospital now that "Elizabeth" is to be a maternity ward, by which they can be prepared for the examination of the Central Midwives' Board. This means, we presume, that some of their cases will be taken in the district surrounding the hospital, a field of experience denied to the late Matron for training purposes.

## Back to Back Houses.

The necessity of fresh air in infancy and childhood is demonstrated by a report published by the Local Government Board, drawn up by Dr. Darra Mair, one of its medical inspectors. The report deals with the average death-rate from all causes in back-to-back houses in thirteen industrial towns in the West Riding of Yorkshire as compared with that in through houses. In the back-to-back houses the mortality was 15 per cent. greater than in the through houses, and when they were built in continuous rows it was over 20 per cent. greater. The causes of this excess are stated to be diseases of the chest and other diseases associated with the defective growth and development of children.

## The Central Midwives' Board.

A special meeting of the Central Midwives' Board was held at the Board Room, Caxton House, S.W., on Sept. 30, to receive and deal with the report of the Standing Committee held on the same afternoon, so far as it related to applications under Rule B2. This was necessary because the extension by the Privy Council of the time during which the names of midwives who have not passed the examination of the Board could be placed on the Midwives' Roll at the discretion of the Board terminated on the last day of September. It will be remembered that through no fault of their own some midwives failed to secure admission to the Roll before the expiration of the term of grace originally fixed, and in the case of others it was felt that hardship had sometimes been inflicted. The Privy Council therefore empowered the Central Midwives' Board to add further names for a limited period.

At Friday's meeting, on the recommendation of the Standing Committee, over 300 names were

added to the Roll. Henceforth, presumably, only midwives who have fulfilled the conditions laid down by the Central Midwives' Board, and who have passed its examination, will be eligible for admission.

## Leeds Maternity Hospital.

The Committee of the Leeds Maternity Hospital the motto of which is "The Union of those who Love in the Service of those who Need," are able to give a most encouraging report of the work achieved. The hospital was first opened in December, 1905, and the present hospital in May last, when the opening ceremony was performed by Mrs. Kendal, who afterwards presented two pictures of Queen Mary and the Queen Mother to the institution, and the building was dedicated by the Bishop of Ripon.

The residence and grounds were presented to the Committee by Mr. J. Ellershaw Pepper, and the former has been mainly adapted for the administrative work. The new part consists of an extension of four storeys 100 feet long and 30 feet wide, and the hospital now contains 33 beds for patients and 27 for the nursing and domestic staffs. The Matron of the new hospital is Miss Edwards, from the Maternity Hospital, Liverpool, and the Assistant Matron, Miss Moore, from the Rotunda Hospital, Dublin.

The following figures show conclusively the rapid growth of the work of the institution. The deliveries for the last three years, ending in June, have been as follows:—*In the hospital*: 1908, 144; 1909, 230; 1910, 356. *On the district*: 1908, 35; 1909, 110; 1910, 239. There has only been one maternal death, that of a patient suffering from eclampsia, who was practically moribund on admission. The death rate is thus less than 0.2 per cent. Of the babies ten have died, most of this number only surviving their birth by a few hours. Many of the cases sent in by medical practitioners required operative measures, and in one instance Caesarian section was performed, both mother and child doing well.

With regard to the training school for midwives, always an important department of the work of a maternity hospital, seventeen pupils were trained during the past year. Of these sixteen presented themselves for the examination of the Central Midwives' Board, and fifteen were successful in obtaining its certificate. Ten pupils trained as maternity nurses and received the certificate of the hospital. Students from Leeds and other medical schools have also attended the hospital for clinical instruction under the medical officers.

Everything points to still further progress in the future. Each month the number of applications for admission to the hospital, or for attendance on the district increase, medical practitioners are increasingly using the hospital for abnormal cases, and larger numbers of pupils are applying for training. The interest of the working classes in the hospital is shown by the support given by the Workpeople's Hospital Committee, which during the past year gave £250 to the Building Fund, and £125 to the upkeep of the hospital.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,176.

SATURDAY, OCTOBER 15, 1910.

XLV.

## Editorial.

### THE SPIRIT OF THE VOLUNTEER NURSE.

No one who was the guest of the Lady Mayoress and the Executive Committee of the Territorial Force Nursing Service of the City and County of London at the reception at the Mansion House on Monday last could fail to recognise the strong appeal made by the Territorial movement to the nursing profession or the popularity of the Territorial Nursing Service.

What is the reason for the hold which this movement has gained upon the affections of nurses? It is simple. Nurses, as a class, are a most patriotic section of the community, their loyalty to King and country is unbounded. A well-disciplined and invaluable body of workers, they go where they are bidden to go, work as they are bidden to work.

But the Territorial Service presents itself to them, for the first time, as a channel through which they can make a free-will offering of the gifts which they possess. Conscription has always been unpopular in this country, and in raising the necessary force for home defence the War Office has relied upon the individual patriotism of its sons and daughters, rather than on the method of compulsion.

Nurses are grateful that the principle which has been applied to the fighting force has been applied also to the Nursing Service, which is an integral and indispensable part of the Territorial organisation, and that the opportunity and joy of placing at their country's service, by their own voluntary act, a gift of value—nay more, of supreme importance—is thus offered to them. Is it any wonder, therefore, that the Territorial Force Nursing Service is probably the most popular Service in the country with nurses

at the present time, or that the full staffs required for the hospitals throughout Great Britain have been quickly enrolled? The country showed its confidence in the patriotism of its trained nurses by appealing for volunteers, and they eagerly pressed forward to prove that this confidence was well founded, and that they were no whit less anxious than their male relations to place the best they had to give at its disposal; so that there are now enrolled and in touch with the responsible authorities—for every Territorial nurse reports to the Principal Matron of the hospital to which she is attached at least once a year—a body of nurses sufficient to meet the estimated needs of the sick and wounded should an invading force ever land upon our shores—nurses, moreover, whose professional and personal credentials have been carefully investigated in time of peace, and whose efficiency and patriotism are undoubted.

Had the War Office relied on hospital authorities—as was strongly urged in some quarters—to select and supply the nurses when the need arose, as goods are supplied by firms which provision and furnish hospitals, it is possible the need might have been met, though it is more than probable that the supply would have given out; but the spirit which now animates the Service, and which is its most valuable possession, would have been wanting—the spirit which impels each member, not because she is bidden, but because she is desirous, to serve her country; because the appeal for service has been made to her as a sentient human being, rather than as an efficient machine.

The spirit animating the volunteer nurse is the desire to give the best that is in her, "good measure, pressed down, and shaken together, and running over," to the Mighty Mother who has bred her.

## Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B. (Cantab).

### DYSPEPSIA.

In the last paper we considered the two common types of dyspepsia, and we took as illustrations the case of a man and a woman suffering from their representative symptoms. It must not be thought, however, that the robust type of dyspeptic is always a man or *vice versa*, but merely that it is more commonly so. As a matter of fact, indigestion due to excess of hydrochloric acid is often found in plethoric, over-fed women, who, curiously enough, attribute their ailments to insufficiency of food rather than to excess. In "Sketches by Boz," Dickens gives us in Mrs. Bloss an inimitable example of the robust type of female dyspeptic. She was "waited through life by the grateful prayers of the purveyors of animal food throughout the district." Similarly anæmic, underfed men may suffer from deficiency of acid.

This brings us to the question of the dietetic treatment of dyspepsia, which will obviously have to be regulated to suit the environment of the patient and will differ in the two types of the disease. There can be no greater error than to imagine that we can successfully treat either type by medicine alone; and it is certain that the sufferers cannot be adequately relieved by attendance at a busy out-patient department, where it is practically impossible to diet each patient according to his means and occupation.

Let us take the robust type first. The real reason why he has digestive trouble at all—and we must remember that at school and college he enjoyed robust health—is that he has omitted to cut down his nitrogenous intake to suit his new way of living, and one almost always finds that he is eating as much animal food as he did when he was rowing or playing cricket three days in the week. Probably the best thing we can do for such a man is to put him on a "bun lunch," with coffee instead of alcohol in the middle of the day. For him, too, afternoon tea is very useful, as it serves to take the edge off his otherwise voracious appetite for a late dinner. At the latter meal one course of meat is quite sufficient; fish is better than soup (which contains nearly all the harmful extractives of meat), and the adoption of the French custom of serving a well-cooked vegetable as a course by itself will make an entrée of meat unnecessary. It is really better that he should become a teetotaler, at all events until his

digestion has accommodated itself to doing without habitual violent exercise, but, if he cannot manage this, weak whisky well diluted with an alkaline mineral water that does not contain salts of chloride of sodium—plain potash water is as good as any—is better for him than an acid wine. A Turkish bath once or twice a week will help him to eliminate his superfluous nitrogen, and will thus to a certain extent replace his previous football.

But with the woman of our tale the conditions are altogether different; she has too little food, and what she has contains too little meat. For her both the bun shop and the vegetarian restaurant are unsuitable; she runs in no danger of suffering from high arterial tension, and she should certainly always have hot fresh meat in the middle of the day, and the meal should not be either accompanied or followed by the inevitable cup of tea, nor should afternoon tea be for her the most enjoyable, if not the principal meal. Unfortunately for many of the sufferers from this type of dyspepsia an adequate diet is inconsistent with the length of their purse (because they are often grossly underpaid for the extremely conscientious way in which they usually do their work), but a little meat, even if it comes out of a tin, is better than concoctions of starch and sugar, and it might be taken more often than is usually the case in the evening when work is over and the patient has had a brief rest. Nor, incidentally, is the daily performance of "Sandow's exercises" in front of an open window quite so absurd or impossible as it might sound. A daily aperient on rising both regulates the bowels and supplies the sodium chloride which, as we have explained, is often deficient in the dietary of such patients.

It is also manifestly necessary that sufferers from any type of dyspepsia should avoid foods which, though they may be ultimately nutritious, yet require a prolonged stay in the stomach before they are ready for pancreatic and intestinal digestion. If we compare, for instance, peas and milk, the former, weight for weight, contain far more nitrogenous nutrient than the latter, but owing to the fact that the useful part is contained in an envelope of insoluble vegetable woody matter, which has to be penetrated by the gastric juice before it can be made available, a pint of milk may be ultimately far more nutritious than a pound of peas. Similarly, fish is more "digestible" than fowl, and fowl than butcher's meat, and so on; the comparative digestibility of the various foods can be found by reference to a text book of physiology, and need not detain us now. Perhaps the most indigestible among

common articles of diet are cheese, pastry, potatoes, bacon, and seeds or nuts of any kind, and they should be avoided by all dyspeptics. Tea and coffee are bad for the "weakly" type, because they diminish the secretion of gastric juice.

It must not be forgotten that in all cases of dyspepsia it is necessary to make sure that some organic disease is not at the bottom of the trouble. In middle-aged men we have to think of cancer of the stomach, and of ulcer, not in the stomach, but just beyond, in the duodenum, and in young women—or indeed in women of all ages—we should remember that gastric ulcer is more common than is usually supposed. Of the former conditions I do not intend to speak here; the diagnosis is often very difficult, and the correct treatment belongs rather to the realm of expert gastric surgery. The pathology and symptoms of gastric ulcer have been discussed in a previous paper, but it remains to add a few words on one of the consequences of ulceration, which is apt to be confounded with simple dyspepsia—namely, dilatation of the stomach.

In men who have lived well, this may occur from weakness of the muscular part of the stomach, apart from any ulceration, but in undervalued women it is almost always due to obstruction at the intestinal end of the organ from contraction of a previously ulcerated patch, the natural consequence of which is that the stomach never empties itself properly, and so becomes stretched to many times its normal capacity.

The chief symptom of this condition is flatulence, owing to the distension of the stomach with gases produced by fermentation and decomposition of the retained food. In addition to the discomfort arising from this, the patient suffers from pain and often from vomiting of the contents of the stomach; the pain of the distended stomach is not felt in the abdomen as a rule, though there may be a sense of heaviness there, but is referred to the region of the heart, and it is often difficult to persuade the patient that she is not suffering from disease of that organ. Together with the pain there will often be palpitation from pressure of the distended stomach on the diaphragm, which also produces a sense of tightness, and, incidentally, from the ease with which a dose of alcohol relieves the symptoms not inappropriately forms the starting point of an alcoholic habit.

The size of the stomach can be determined by distending it with gas given in an effervescent mixture and then percussing out the

gas with the hollow note given at the infant's organ.

For the relief of the condition, two methods are available. We can either prevent the occurrence of distension by frequent emptying of the stomach by the passage of a soft tube down the gullet, and this can be followed by washing out of the organ with a weak alkaline solution, or we can deal directly with the cause of the obstruction itself.

For the latter purpose the abdomen is opened and the stomach exposed. A coil of small intestine, as near to the stomach as possible, is taken, and an opening is made both into the stomach at its lowest part and into the chosen part of the intestine. The stomach and bowel are then united round the incisions with two rows of stitches and a permanent opening results through which the food can pass into the intestine without going through the narrow pylorus. This operation is known as gastro-enterostomy, and a very large number of patients have remained permanently relieved of their trouble through its performance. Though, like every other useful measure, it may have been sometimes abused, it yet remains as one of the most brilliant achievements with which abdominal surgery can be credited.

### Some Notes on the Infant.

So much has been written on the care and special treatment of the infant by such men as Dr. John Thompson, Dr. Holt, and many more eminent authorities that it may seem that the last word has already been said.

Yet there are one or two small matters of interest regarding childhood which every nurse gathers as she goes.

How often the lay people write to the somewhat distracted nurse for information about their babes, how often they are dissatisfied at its brevity—the wit passes them over like the proverbial oily duck!

Perhaps weight is one of the most important signs in the steady progress of an infant, and with the exception of abnormal excess such as obesity, the chart is one of singular regularity.

The average-sized baby weighs about 7 lbs. at birth; during the first two days of life there is a loss of from 8 to 10 oz. from various causes, primarily from having no nourishment, and also owing to passage of urine and meconium. After the third day there ought to be a steady rise of an ounce daily.

If a child rapidly or slowly loses weight it is an important morbid symptom, and can only point to ill-health.

The bottle-fed baby gains weight at a slower rate than the breast-fed baby.

Following very closely in importance to weight is temperature.

At birth an infant's temperature is above that of its mother, and during infancy and childhood is always a little higher than in adult life.

*Pyrexia* in an infant may be caused by trivial causes such as change of scene, constipation, and emotional causes. Sudden rise of temperature may have many causes. Disorder of stomach, influenza, pneumonia, erysipelas, meningitis, surgical lesion, and osteomyelitis being the most common. Holt gives for an important cause inanition fever, when the temperature rises from 102 degs. to 104 degs., and the child is not obtaining sufficient nourishment. The temperature will disappear on feeding.

Comby thinks that rise of temperature is often due to concentrated urine.

It is a well-known fact that a child's temperature up to about 10 years will be at its greatest height between 12 noon and 4 in the afternoon, with a marked fall in the evening hours.

As everyone who has had to nurse children knows, the best place for taking the temperature is in the rectum.

Development in the infant is a process of great interest, and a few notes may prove of use to both the mother and the nurse in charge.

As to length, at the end of its fifth year the child is supposed to have doubled its original length.

Probably there is not a single house in England which does not boast of its measurements on the nursery door of the various children who have grown from childhood to adult size.

Which of us have not suffered from heart-burn when our younger brother or sister has out-stripped us in length, and left us to creep slowly behind unaided by high heels and big bows on the top of our heads!

Tears come with age: no baby sheds them until the second or even fourth month is passed. We know from experience that when tears reappear in illness the sign is good and may even be considered a really favourable sign.

Taste, smell, and pain are well developed in the early days of life, and soon after birth an infant is able to distinguish light from darkness.

For the first few days all infants are deaf, but very early in life become conscious of all sorts and conditions of noise. It may come as a blow to mothers, but is a well-known fact that although a child may show great interest at

feeding time, it does not recognise its mother's voice for at least several months after birth.

The walls of the intestine are very feeble in early life, which accounts for the distension and flatulence so many young babies suffer from.

As to clothing, the world, fortunately for the coming generation, has undergone great changes in opinion.

Young children are no longer hampered by closely fitting winding sheets; the little limbs are encouraged to go free, and nothing can be warmer or more comfortable than the short woolly vest and jacket and knitted trousers which one almost universally meets with in the modern nursery.

Soap and water, sunshine, and fresh air—three kindly sisters—watch over and help to develop the baby of to-day, both in health and illness. One wonders what the future will hold for so fortunate a person.

M. K. S.

## Progress of State Registration.

The consideration of business will necessitate a meeting of the Central Registration Committee towards the end of the year, and it has been proposed that a Registration Reunion should be held on the evening of the same day. This is a happy idea, and, if agreeable to the members of the various Societies affiliated in support of the Registration Bill, a very representative gathering will result, and a spacious place will be required for the purpose.

## The National Council of Nurses.

The annual meeting of the National Council of Nurses will be held in London on Friday, November 11th, at 4 p.m. The agenda will be sent out to the Hon. Secretaries of the affiliated societies which form the Council, and will be duly notified in this Journal, which is the official organ of the National Council. The members of the following societies are eligible to attend:—The Matrons' Council, the Society for the State Registration of Trained Nurses, Registered Nurses' Society, St. Bartholomew's Hospital Nurses' League, Leicester Infirmary Nurses' League, General Hospital, Birmingham, Nurses' League, St. John's House Nurses' League, Chelsea Infirmary Nurses' League, Kingston Infirmary Nurses' League, Victoria and Bournemouth Nurses' League, Royal South Hants Nurses' League, School Nurses' League, St. George's Hospital, Dublin, Nurses' League, and the Irish Nurses' Association.

## Shades of Elizabeth Fry.

Some fifty years ago an English child lived in a buoyant environment as fresh and free as air, then she was suddenly whisked away to study music in Paris. One fair summer's day she returned to England, and came pale and silent into a rose-garden. Without word of warning she cast away her Parisian *chapeau*, flung herself on the verdant ground, and was seen rolling from terrace to terrace, her fluffy petticoats well above her knees, and her high-heeled bronze boots kicking in the air. Over and over she turned with cries of delight until she bumped on to the lower gravel path. In a twinkling she was up again, with *frisé* hair flying, only to repeat with unrestrained mirth her abandoned evolutions, until, with flaming cheeks and grass-stained garments she was ultimately seized by an outraged mother.

Slaps—threats—at once to bed—no dinner!

A not too maternal treatment.

Then the Man of Mercy with the glistering whiskers snatched up the "dishevelled dervish," and made away with her.

A rusty-tutty headed girl stood sentinel, cold as stone. In such mood she was denied the relief of tears—*her heart was weeping*, thup-tlop, thup-tlop, drip-drip-drip. You will perceive her notions of anatomy to have been sensational in those far-off days. She listened to grown-ups.

The mother of the culprit, whom old and young, including her children, called by her dowerly Christian name (and indeed she exhaled the perfume of pink roses), spat out little venomous words of anger, the childless woman, well beloved of babes ripped excuses, but upon his return the Man of Mercy with whiskers hissing spoke rough mysterious truths. "That child has been in prison, and, mark my words, her mother will mizzle for it. I have burned those caustic boots."

The rusty-tutty headed girl weighed the words with wonder.

"Poor 'Lizzet! What a cruel world!" But she was a practical little thing. And, later in the day, her distracted mother, instructed from the ladies' various toilet secrets, she crept with them up to her room, stairs to the room in which the Sun-Bird was doing time, hidden behind the curtains of an eighteenth century four poster, so when but a punny stickiness remained, she set to tarts and trifles, she pressed to know of that prison in Paris. And a tragic tale she heard which cannot be written here.

Oh! that tale of woe! Of days, and weeks, and months of misery, high up in a house of business, not life with an old mad maker of music, of scales and scores, and strumming, of sharp raps on tired fingers, and thumps on music stools, of terrific crashes on poor pianos, of sighs and sobs and tears. And the terrible longing for green—*real English green*—and to dance in puddles and make mud pies, and kick up dead leaves, to hear the sound of sea, and smell salt winds, and taste sirloins of beef, *real English beef*. Oh! to have none of these things is prison.

And here Nurse entered and exclaimed, "Oh! you naughty story—a pack of fiddle-de-dee. Prisons is summat different to that. I'll assure you. You just go and see them murderers' graves!"

Castle. Keep to Lincoln. There's prison for you. Up you go them mossy old brick steps, and you find a door in the wall. 'Ear the rusty old key a'screech in the lock. Step through, look hup, 'igh walls to the very sky, and at yer best *blue* grass as 'igh as yer knees, and down, down among the dead men, graves and graves, where lie the bones of them as has been 'anged as 'igh as 'Aman—as well they deserved it—a gruesome sight I'll assure you—but now't to do wi' sirlings so juicy as never was. Its a'nin nature that them grassed beasts should thrive to Paris what wi' mugs and snails and slich like. And now y' two little gels is forgiven, for all your misdeeds, and you're to takedessert in the room. And of your kind make, so here goes."



ELIZABETH FRY.

The preparation for such distinction entailed what nurse described as "a regular 'urican," vigorous rubbing, and scrubbing with yellow soap, and terrible tussles with recalcitrant ears—tugs, and hugs, and kisses—over which was cast a veil of white muslin frocks and open work-socks, and perky silken sashes. Thus attired they were admonished "to mind yer nammertolds and play the agreeables," and hand in hand down the broad staircase they trip as pleasing a pair of peapets as eye could light upon.

On either side of the Man of Mercy they sit as prim as posies, and partake of his bounty, as he plies them with fruits and fizzie water. They dabble their fingers in his ruby bowl, and later cling like limpets to his stalwart arms, as he paces purple pathways in the nightward hours.

Reverting to prisons, it is then in commending the quality of mercy that he tells them of Elizabeth Fry.

It was not until forty-five years had passed, and with them two of that happy trio, that the "ruity-tuity" headed girl stood beside the grave of Elizabeth Fry, the "dove-like Betsy," of whom it was prophesied that she should be "a light

to the blind, speech to the dumb, and feet to the lame," whose name is still as ointment and good bath.

Those who work must wander, and it was in such humour that I felt like worshipping at the shrine of someone great.

"Let us go to Barking and touch the grave Elizabeth Fry," I suggested.

Dear "Matron" said yes, so we went.

A pale beautiful January day.

As we crept through East London our hearts seemed to fly.

"It's as full of goodness as a open pod," we said, and so it is.

When we came to Barking we would be directed to the resting place of Elizabeth Fry. "We do not know the lady," one and all replied.

Alas! alas! And how ignorant were we.

So we wandered amidst lordly tombs, and found it not. We enquired of drowsy vergers, polite policemen, and other persons of worth, but no one had heard of the great evangelist who carried the beautiful light of sympathy into the prison dungeons of England a hundred years ago. By and bye someone said, "Try the Friends' Burying Ground at the end of the town." To this we wended our way, and here enclosed by an old brick wall we found a peaceful acre.

Accompanied by the caretaker of the Meeting House opposite, we were guided to the spot where for 65 years has rested all that was mortal of this beatific being—in one grave with her husband, and close by the little child she wept such bitter tears to lose.

All the stones in this quiet place are uniformly simple, after the custom of Friends. That of Elizabeth Fry stands back to the wall, and growing from her grave was a beautiful white holly bush, full of waxen berries.

We begged two sprays, which were given to us.

"Think of it. This tree has in its sap of her great heart's blood."

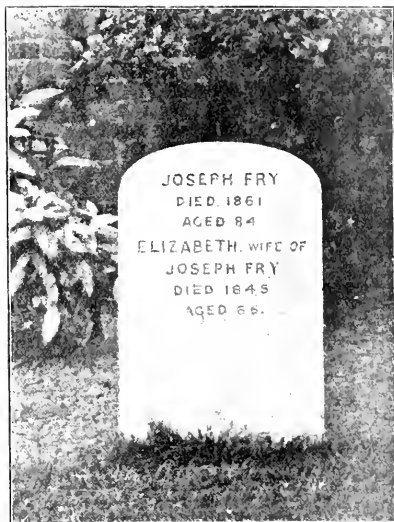
"Earth to earth. Dust to dust."

Yes verily. Yet for ever and for ever Life to Life.

E. G. F.

#### THE ELIZABETH FRY LEAGUE.

We do earnestly wish some ardent person would devote time to the organisation of a League to improve nursing in prisons, and to obtain for prison workers educational advantages to fit them for their very special and self-denying task.



GRAVE IN FRIENDS' BURYING GROUND, BARKING.

## The Nurses' Missionary League.

The valedictory meetings of the Nurses' Missionary League were held throughout the day on Wednesday, October 5th, at University Hall, Gordon Square, W.C. The interest was well sustained throughout the day, the evening meeting being far the largest.

### THE MORNING CONFERENCE.

The morning conference was devoted to the two following questions.

### THE OUTLOOK AND PURPOSE OF THE NURSES' MISSIONARY LEAGUE.

The chair was taken by Miss Hope Bell (London Hospital), who conducted the Conference with much ability, and gave an earnest address on David in the Wilderness as Uncrowned King, drawing the parallel of the Christ as an uncrowned king in so many individual lives. She pointed out that David's kingdom was not lifted up on high because of those who were with him at his coronation, but by those who joined him in the wilderness, whose first characteristic was personal devotion to their king. So the Nurses' Missionary League must accomplish its work through the personal devotion of individual members to the King of Kings. She also described the ritual by which the devotees of the god Siva dedicate themselves to his service. After the morning bath they go to the temple to renew their caste marks. Touching the head, they say: "O divine spirit, this head is thine"; then the muscles of the arms, saying: "O divine spirit, this strength is thine"; and lastly the chest, over the heart, saying: "O divine spirit, these feelings are thine." That should be the attitude of Christians to their Master—their intellect, their strength, their affections dedicated to His service.

### HOW THE LEAGUE HELPS IN THE INDIVIDUAL LIFE.

The first paper was contributed by Miss Blenkarn (Guy's Hospital), and was read by Miss Learner, of the London Hospital. Amongst the helps enumerated were that the League creates a bond of union between members in the same hospital, it stirs up a keen interest in missionary work at home and abroad, and makes the members feel their individual responsibility for that work. Lastly, it gives members something definite to work for, something definite to study.

A general discussion then took place, in which members from Guy's Hospital, the London Hospital, the London Temperance Hospital, the Milbny Mission Hospital, the Great Northern Central Hospital, the Prince of Wales' Hospital, Tottenham, and others took part.

### PREPARATION FOR WORK ABROAD.

Miss H. Y. Richardson then enumerated the principal points in a paper contributed by Miss Bussby, of the General Hospital, Nottingham, on the help of the League in preparation for work abroad. The usefulness of the meetings for Bible study was emphasised, and the fact that the courage required for speaking at the small meetings of the League in hospital would count for a good deal when the active work of a missionary was begun.

### WINNING VOLUNTEERS.

The next paper on the help of the League in Winning Volunteers was by Miss Manwaring, of the Prince of Wales' Hospital, Tottenham, and read by Miss McCracken, of the same hospital, both sailing members. Miss Manwaring pointed out that the aim of the members of the League was to dedicate their lives to Christ and to the extension of His kingdom. Could anyone having this aim withstand the appeal for volunteers for missionary work abroad, when the services of nurses were so sorely needed and the sufferings of women and children so great?

### THE OUTLOOK OF THE FUTURE.

After an interval, Miss Overton took the chair, and Miss J. Macree, B.A., Editor of *Nurses Near and Far*, spoke on the outlook of the future, the vision of what the League ought to be, and might do. The reason, she thought, that more was not done was that so many led such normal lives, there was so little difference between them and non-professing Christians. People should be startled by the goodness of the lives of members of the League, which should be a reflection of the life of Jesus Christ. Speaking of the need for self-sacrifice in nursing work, Miss Macree said that in the precincts of a large London hospital she not long ago heard one nurse ask another what kind of work she was doing. She answered, "I'm on the district." The reply was: "Oh, you poor thing, how perfectly beastly. I hope you'll soon get out of it."

Looking away across the seas to the distant mission field, Miss Macree said that in the East nurses were called upon to reproduce and build up the nursing profession and to train Christian natives. Further missionary work could only go forward in proportion as the women were won.

Again, there was another call to nurses from the Mission Field—the call of the medical profession. Had nurses any right to allow medical practitioners to go back to their work without a single nurse to help them? Yet that was being done. At the Edinburgh Missionary Conference the cry was: "Send us the very best nurses you can get, but, whatever you do,

send us nurses, for we cannot get on without them."

#### THE ALL-SUFFICIENCY OF GOD.

The closing address in the morning was given by Miss W. Sedgwick, Travelling Secretary of the Student Christian Movement, and was a devotional one on the above subject. We do not, said the speaker, realise our own insufficiency because we do not venture on big enough things, but keep along the line of least resistance. If we realised that

"His Grace and Power are such

None can ever ask too much."

we should make bigger ventures of faith.

#### THE AFTERNOON CONVERSATION.

In the afternoon the guests were received by Miss Davies-Colley, Matron of the Mildmay Memorial Hospital, and the Secretary, Miss Richardson.

Tea and coffee, music and recitations, passed the time very pleasantly, and many members recorded their choice in regard to the specimens for a Badge for the League, which were submitted for their approval.

The speaker of the afternoon was Mrs. Scharlieb, M.D., who said that she had seen a great deal of missionary work in India, and once, when no Matron was obtainable nearer than England, had done Matron's duties for six weeks. It was an experience she never regretted, as it had given her a practical insight into the work and needs of nurses, without which she would never have known their wants and feelings so well.

Those whom she was addressing had heard the call of the Mission Field, but it might be they had an inward call to work for which there was no outward call. She herself would like to return to the Mission Field, but the outward call was not there. Could not nurses in a similar position pass on the call to someone else? Nurses had more influence than most people. To the nurse patients and their friends turned for inspiration. Perhaps one of these might doubt capacity and vocation, and the nurse might help to smooth the way.

Mrs. Scharlieb concluded a most inspiring address by wishing God speed to the members of the Nurses' Missionary League, and success to evangelists and nurses.

#### THE EVENING MEETING.

Miss Margaret Outram presided at the evening meeting, and spoke of the encouraging outlook. The first time the League met to bid farewell to its sailing members they numbered two. That night 17 were about to sail or had already sailed, and before the year closed it was expected they would number 28 or 29.

Of those going out, five were going to India, four to China, and the others would be sent

tered singly, but what of the many places to which no nurses were going? For instance, Dr. Emmeline Stuart reported that when she first went to Persia the doors were practically closed; there was no hospital, no appliances; now the doors were open wide and hospitals ready, but there was no nurse, and she was alone. The Chairman said that she personally knew thirty lady doctors in the Mission Field, and all wanted more helpers.

Miss Richardson then gave an interesting account of the year's work, after which each of the sailing members spoke a few words.

Miss *Mancaring* (Prince of Wales' Hospital, Tottenham), proceeding to the Punjab, who said that the suffering in hospitals at home, where there was every attention, was sometimes almost more than one could bear. "Was not the appeal of the thousands abroad without any one to relieve them irresistible?"

Miss *Lacey* (Guy's), proceeding to Peshawar, an important frontier station, where her work will, she explained, lie mostly among the Pathans.

Miss *G. Tupper* (Lambeth Infirmary), proceeding to Bengal, who urged her hearers not to shrink from offering for service abroad.

Miss *E. G. Williams* (Mildmay Mission Hospital), proceeding to Gaza, who said that a missionary had written home, "sorrow and trouble are here, as they are in England, but here they are unrelieved."

"Go to those who need you,

Go first to those who need you most."

Miss *E. F. Pitt* (Mildmay Mission Hospital), proceeding to China, who said that words failed to express her feelings when she recently paid a visit to Dublin, and a member of the Dublin University Mission exclaimed: "Here's the nurse we have been waiting for for three years."

Miss *McCracken* (Prince of Wales' Hospital, Tottenham), proceeding to Tangiers, who asked the prayers of the League not only for herself but for those she was leaving behind.

Miss *Scars* (General Hospital, Rugby), proceeding to Turkey in Asia, who said that the day was one of the happiest in her life. Her destination had only been decided that morning, and she sailed on the 20th.

Miss *Frodsham* (St. Bartholomew's Hospital), a returned member from Peri Gaza Khan, who bore the marks of active service, spoke of the great need of nurses. The nearest nurse to her was 45 miles away, and another large centre 210 miles distant had no nurse at all.

#### THE CLAIMS OF THE MISSION FIELD.

Miss Macfee then gave a graphic account of

the Edinburgh Missionary Conference, which she attended as the delegate of the League, and which, she said, had given her a new vision of what the Mission Field means. China was awakening after centuries of sleep; all countries in the East were looking to Japan as a leader; India was seething with new problems. There were 19,800 foreign missionaries, but there were twelve hundred millions non-Christians for them to work amongst.

Dr. Howard Cook, of Uganda, who gave the closing address, greeted his audience as "fellow-members of the healing profession." He said it was a great privilege to address those nurses who were going out to the Mission Field. He wished they were all going to Uganda. He gave them as their watchword the words "Consider Him," and spoke of the revelation which European nursing is to heathen patients. The Lord was calling for volunteers, and it almost seemed sometimes as if He was calling in vain. On the staff of the Church Missionary Society there were 57 nurses and 87 doctors. In a hospital at home, which he had recently visited, there was one nurse to every two beds. In Uganda the proportion was five nurses to 125 beds, and they were told it was too many. Nurses with the capital of skill and knowledge, which they possessed, could do untold good in the Mission Field.

The day's meetings then concluded, but many last words were said over the tea-cups before the present finally dispersed.

### The Matrons' Council.

The next meeting of the Matrons' Council will be held at 431, Oxford Street, London, W., on Wednesday, October 26th, at 3.30. Members are asked to note the date, and keep it free, as besides the ordinary business meeting there will be a debate upon "The Supply of Probationers." 1. Whether the women who offer themselves for training at the present time are less suitable for the nursing profession than those who applied ten or fifteen years ago. (2) If so, what is the cause and the remedy? The debate, which will be private, will be opened by Miss Mollett.

M. André Mesnour, *Chef de Service* and *Administrateur de l'Ecole des Infirmières* of the *Administration Générale de l'Assistance Publique*, Paris, has intimated the intention of that body to make a contribution to the memorial fund for the late Miss Isla Stewart. This recognition of Miss Stewart's work by a French public authority will be gratefully remembered by British nurses.

### The New League of the Royal Free Hospital Nurses.

On Saturday, October 8th, a meeting to consider the formation of the League of the Royal Free Hospital Nurses was held at the Hospital, by kind permission of the authorities.

The meeting was in every way a most successful one, thanks to the efforts of all those engaged in arranging preliminary details.

About fifty nurses, all holding the certificate of the Royal Free Hospital, were present. Some had completed their training about twenty years ago. Others had come from long distances on purpose to be present at the meeting, and many had not visited the hospital for very many years, but all were full of enthusiasm for their old training school, and added greatly to the success of the meeting by their interest and cordiality.

The suggestion for the formation of a League was unanimously carried.

Miss Cox-Davies, Matron of the Royal Free Hospital, was then invited to become its first President, and, we are glad to say, she cordially accepted the invitation.

Thanks to our newly-elected President, a great deal of business was carried through. A provisional Committee was formed, honorary officers elected, and the subscription to the League arranged.

A general business meeting will be held, we trust, early in the coming year, followed by a social gathering.

On the conclusion of the business all present partook of tea on the nurses' roof, which had been most tastefully decorated by those Sisters of the Royal Free Hospital who had received their training at other London hospitals.

A resolution was passed that all such Sisters should be asked to join the League of the Royal Free Hospital Nurses in grateful recognition of their valuable services in this hospital.

Much interest was shown in the new theatres and the many other improvements in the hospital carried through during recent years.

A WARD SISTER.

THE BRITISH JOURNAL OF NURSING offers its hearty congratulations.

### Health and Morality Conference.

The Editor begs to acknowledge a number of applications for tickets for the private Conference on Health and Morality to be held in London on November 23rd. These are being forwarded to the organiser of the Conference, who will send out tickets in due course.

## The Treatment of Tuberculosis.

An interesting pamphlet on "The Efficient Treatment of Pulmonary Tuberculosis Among the Poor, with Special Reference to the Class Method," by Dr. Joseph H. Pratt, of Boston, is published by the Women's National Health Association of Ireland, to which it was in part delivered as an address.

Dr. Pratt states that "the essential features in the modern treatment of tuberculosis are so simple that the wonder is they are neglected so often. 'Rest in the open air is the medicine that cures consumption.' This sentence is printed on the record book of each of our patients. It gives the sum substance of the successful treatment of consumption. All other things are subsidiary to rest in the open air. Too much insistence cannot be laid on the importance of absolute rest. I believe that a case of pulmonary tuberculosis during the active stage should be given the same form of rest treatment that is employed in typhoid fever."

Dr. Pratt believes that the high mortality in tuberculosis is due in no small measure to the fact that the patient feels able to be up and about when the temperature is high. In most diseases with a corresponding temperature there is such bodily discomfort that the patient voluntarily takes to his bed. He points out that the importance of rest in this disease is not appreciated in England and America, as it is in Germany and France, where the *Liege-Hallen* form so important a part of the equipment of the sanatoria. The views of many English and American physicians are, he believes, expressed in the statement of Dr. H. Weber, "Physical

exercise forms one of the most powerful and most important therapeutic measures, and I would not willingly treat a phthisical patient without the help of bodily movement." The views of the opposite school of thought are voiced by Penzoldt, who believes such a method to be dangerous, and says: "I would not willingly treat a patient without rest, and would allow exercise only in exceptional cases." Dr. Pratt goes on to say: "The majority of incipient cases will recover in spite of exercise, but its good results are to be obtained in the moderately advanced cases in persistence upon rest is necessary."

The writer proceeds to describe the day camp treatment which, used with considerable success in Germany, has spread to America. At Springfield, in Massachusetts, a day camp was started in 1907, with the result that the patients were so comfortable, and so strongly objected to returning to their stuffy homes at night, that in a few months the night camp was also arranged, thus converting the day camp into a camp sanatorium. Dr. Pratt considers that patients with active disease should be kept in the camp

night and day, but when convalescent, and moderate exercise is no longer harmful, they might spend their days in the camp and their nights on sleeping balconies at home.

The illustration which we publish on this page is of a covered balcony, the cost of which is £3 15s. It is thrown out from a bedroom, and used in America in the home treatment of consumption very effectively. The patient may use it both day and night, only going into the house to wash and dress.

Tents in yards, on porches, and on roofs



COVERED BALCONY USED IN AMERICA FOR THE HOME TREATMENT OF CONSUMPTION.

have been largely used on account of their cheapness, but balconies are better. The advantages of the balcony are summed up by Dr. J. J. Clarke as follows:—"It is roomy, secure, and sightly. It opens directly out of the home—a warm room, if you like—where the patient can take his cold sponge bath, dress or undress if desired. It can be made large enough to contain articles of furniture that give it a home-like appearance. The patient can be waited upon and cared for much easier. It is a better protection from hard rains and snow. It gives women better protection from intrusion. It is more cheerful, and enables patients to receive callers under home-like conditions. It gives better ventilation than some tents."

Dr. Pratt says that the statement is often made that tuberculosis cannot be successfully treated at home, but those who hold this view are forgetful of the fact that sanatorium treatment must be followed by home treatment if definite cure is to be effected. If an adequate system of home treatment had been organised in Germany, he thinks that the good results of the sanatorium treatment would have been much more favourable. The reason for the failure of the home treatment in the past is, he believes, lack of supervision and control in the details of the patient's life. To supply the elements lacking in the ordinary home treatment, the first tuberculosis class was organised in connection with Emmanuel Church, Boston. Dr. Pratt saw in his hospital practice men and women dying whose lives might be saved by a little care and money. It seemed to him that here was work for the churches. Dr. Worcester the Rector of this rich parish, a man of original and independent mind, eager to do all in his power for the sick poor, was willing to make the experiment, and within three months the success of the plan was evident.

In the class method supervision is maintained (1) by the record book, which all patients are required to keep, in which are recorded every detail of their daily life, including temperature and pulse; (2) by the home visitations of the nurse; (3) by the weekly meeting of the class, and the spirit of hope and cheer instilled into the members at the weekly gathering is an important factor. Membership of the class is kept below 25, because one visitor and one physician cannot properly attend to more than 25 patients.

When the signs of active disease have diminished, graduated exercise is given. Except for attending the weekly meeting, taking their daily bath, and going to the table for meals, advanced cases are sometimes allowed no exercise for a year or more.

## Prize Giving by Lord Amptill.

### ROYAL INFIRMARY, EDINBURGH

On Friday, the 7th October, a charming ceremony took place in the Recreation Room of the Nurses' Home, Edinburgh Royal Infirmary, when 21 prizes were distributed by Lord Amptill, G.C.S.I., G.C.L.E., in connection with the nurses' course of instruction. Lord Provost Brown, who presided, was supported, amongst others, by the Lady Susan Gilmour, Mrs. Brown, Miss Brown, Miss Haldane, Mrs. Kerr, Miss Gill (Lady Superintendent), Mr. W. B. Blackie, and Colonel Warburton. In welcoming Lord Amptill the Lord Provost said they were greatly indebted to him for his good offices in the House of Lords for the generous manner in which he had championed the cause of the Registration of Nurses.

### PRIZE LIST, 1900-10.

#### SURGICAL NURSING.

1909.—1st prize, Nurse Duncan; 2nd, Nurse Hamilton; 3rd (equal), Nurses McRae and McMurtree.

1910.—1st prize, Nurse M. M. Kerr; 2nd, Nurse Lorrimer.

#### GYNÆCOLOGICAL NURSING.

1909.—1st prize, Nurse Wood; 2nd, Nurse Pullar.

1910.—1st prize, Nurse Chapman; 2nd, Nurse Leith.

#### BANDAGING AND INSTRUMENTS.

##### Bandaging.

1909.—1st prizes: 1st Division, Nurse McMurtree; 2nd Division, Nurse M. Bain; 3rd Division, Nurse Williams; 4th Division, Nurse M. Simpson.

##### Instruments.

1909.—1st Division: 1st prize, Nurse Roy; 2nd, Nurse Aitken. 2nd Division: 1st (equal), Nurse M. T. Kerr and Nurse Gardner.

#### GENERAL NURSING.

1909.—1st prize, Nurse Aitken; 2nd (equal), Nurses Brydie, M. T. Kerr, and Westwater; 3rd, Nurse Pole.

#### MEDICAL NURSING.

1909.—1st prize, Nurse Duncan; 2nd, Nurse Chapman.

#### BACTERIOLOGY.

1909.—1st prize, Nurse Boyd; 2nd, Nurse Swinton.

### LORD AMPHILL'S ADDRESS.

#### NURSING HEROIC WORK.

After distributing the prizes Lord Amptill said, in his inspiring address, that times were changing. On the stage men used to impersonate women, but now it was the reverse. Nursing, however, was women's work alone. They required qualities that were in men, such as courage, fortitude, and endurance. These were essential in the nursing profession. The discipline and the general mode of living was new to women, and used to be chiefly associated with men. He was reminded of the wonderful opportunities they would have in the future of bringing succour and relief to suffering humanity; and he was also reminded of the necessary and important position they occupied and the skill and character they required. On the other

hand he recalled the drawbacks—the great self-sacrifice it meant to those who followed their profession. But they must have weighed these things up in their minds. He therefore contented himself with humble admiration for every woman who had embarked on a life of nursing. To him it was a noble and inspired profession.

#### NURSING AS A PROFESSION.

Nursing had become a profession of recent years, he said, and they could take the credit for having instituted that profession as a nation before all other nations in the world. The foundation was laid by that great and noble spirit, which had so recently passed away, the spirit of "the gentle Lady of the Lamp," Florence Nightingale—one of the noblest and most heroic figures of the Victorian Age. Because the vocation of trained nurses was a regular profession they had duties towards it and towards each other. When they finished their training there they would go out into the world, and would fill positions in the various branches of their profession. But they were not to forget that they belonged to a great corps, to which they owed duties. Their position would compare to the lonely sentinel keeping watch over the slumbering army, or the look-out man on a ship, upon whom depended the safety of numerous persons.

#### REGISTRATION OF NURSES.

The nursing profession, continued Lord Amphil, required to be still further organised. They needed the protection of the law just as much as other professions. Like members of other great and honourable professions, they were everyone naturally jealous for their honour. They wished nothing to throw discredit upon it. The only way to preserve that honour was to insure that none who were not worthy were allowed to join their body. They had rightly a feeling of self-interest: they wished to preserve their privileges. They were public-spirited members of the community, anxious that the public should not be in any way misled by people calling themselves fully-trained nurses, but who had not taken the trouble to get the required qualifications. Protection could only be got by protection under the law of the land. Why should they not have registration, if it was accorded to midwives? They had to go through a more arduous training than midwives, who were, generally speaking, women of less intellectual attainments than thoroughly trained nurses. It was thought necessary that they, like lawyers, dentists, doctors, and others, should have statutory sanction for their position, and protection of the law for their rights. People thought that nurses did not require to be registered by statute because they could not register good character, which was the only quality needed. Those who had been working for the prizes knew better than that. They knew that proficiency was required not only in character but in technical skill as well. A duty which devolved upon them was personal consideration of the question of registration.

Lord Amphil's address was greeted with enthusiastic applause, after which Mrs. Kerr expressed the sincere regret of all her fellow workers at the loss of Miss Bell, who was leaving the In-

firmity to take up the important appointment of Matron to the Melbourne Hospital.

Mr. W. B. Blaikie, in moving a vote of thanks to Lord Amphil, said it was a great satisfaction to him to know that they had added a new Nurses' Home to the Institution, that they had increased the dining-room accommodation, and that there had been instituted a pension scheme, inadequate to the services of the profession, but less inadequate than any pension given to the nurses hitherto.

The Lord Provost was thanked for presiding on the motion of Colonel Warburton.

#### FAREWELL TO MISS BELL

After the prize giving the company adjourned to the dining-room for tea, and greatly admired the proportions of the room, which has been recently much enlarged, and was re-opened on the occasion. The whole staff of nurses came to tea in relays, and after it was over a very interesting little ceremony took place, when the different grades of nurses presented addresses and a beautiful bouquet of pink carnations and white heather to Miss Bell, who was on the eve of leaving for her journey to Australia, there to enter on her new appointment as Lady Superintendent of the Melbourne Hospital. The nurses, who much regretted Miss Bell's departure, would like to have given her some more substantial proof of their esteem and regret had the regulations of the hospital with regard to collecting for gifts permitted it.

#### THE NEW PENSION SCHEME.

We are informed that with regard to the remark of Mr. Blaikie *re* the pension scheme for nurses, it should be explained that the Managers have recently altered the existing pension scheme, and that under the new scheme, which is non-contributory, Sisters on retiring at the age limit of 55 years, will receive a pension of £40 per annum.

## Territorial Nurses at the Mansion House.

The Reception at the Mansion House of the Territorial Force Nursing Service of the City and County of London, on Monday evening last, was a most delightful function, and the hospitality was on the generous scale for which the Mansion House is renowned.

The guests were received by the Lord Mayor and the Lady Mayoress, who was a most charming hostess, a guard of honour being formed by sergeants from the First Division, R.A.M.C. The Lady Mayoress was assisted by the following members of the Entertainment Committee: Lady Dimsdale, Lady Mackinnon, Lady Ellis, Mrs. George Byron, Mrs. Bedford Fenwick, Miss Sidney Browne, R.R.C. (Matron-in-Chief, T.F.N.S.), Miss Goodhue (Hon. Secretary), Colonel Broome-Giles, Colonel Harrison, and Colonel Campbell Hyslop. The nurses were with few exceptions in indoor uniform, and looked very neat and trim, the red Army cape worn by some adding a touch of military brightness to the scene.

A varied and delightful entertainment was ar-

2nd Battalion City of London Regiment, Royal Fusiliers (Territorial) were in attendance, and, conducted by Mr. Tyler, L.R.A.M., played most inspiring and delightful music. Amongst those who at some personal inconvenience, sometimes by other engagements, kindly gave their services to add to the pleasure of the evening, were Miss Anne Shergold (by kind permission of the Royal Opera), whose first song, "Melisande in the Wood," was exquisitely rendered, and who later in the evening sang "The Land of Hope and Glory," with the refrain in which those present joined most heartily.

"Land of Hope and Glory, Mother of the Free,  
How shall we extol thee who are born of thee?  
Mightier still and mightier shall thy bounds be set;  
God who made thee mighty, make thee mightier yet."

Miss Margaret Cooper's charming rendering of a con song and other songs was most enthusiastically received. Professor Anders gave some wonderfully clever illustrations of sleight of hand, and later in the evening amazed everyone by his marvellous scientific thought reading. "The Territorial Army," by Aeneas Tate, most excellently rendered, was greatly appreciated, and "La Maison Grise," and "Mattinatti," sung by Mr. Bertram Binyon, were a rare treat. Mr. L. Paul caused great amusement with his marionette "Tintacks," which sang "The Old Brigade," and much diverted the audience by his apt remarks and repartee. Miss Eva Moore's recitation of the tragic story of little Jim was delightful.

In the course of the evening Lady Dimsdale as Vice-Chairman of the Committee made a short speech in which she told the nurses that for a long time the Executive Committee had wished to come into touch with them. Directly it was suggested that this should be arranged the Lady Mayoress came forward and offered that the Reception should be held at the Mansion House. She was sure that all the nurses present would wish to join with her in saying how very grateful they were to the Lady Mayoress for giving the Reception, and to the ladies and gentlemen who had so kindly come down to entertain them. Lady Dimsdale's speech was received with applause.

As the evening proceeded detachments of the guests found their way to the supper room, where a most inviting repast was provided, and when Miss Goodhue looked after the welfare of everyone.

Amongst those present were a number of Matrons who hold official positions in this Nursing Service, including Miss Ray (King's), Miss Lloyd Still (Middlesex), Miss McCall Anderson, R.R.C. (St. George's), Miss Cox Davies (Royal Free), Miss Finch (University), Miss Davies (St. Mary's), Miss Barton (Chelsea), Miss Miss Cutler, Miss Marcon, Mrs. Wates (St. Bartholomew's). In all, some 400 nurses were present, and much pleasure was expressed at the official recognition extended to the members of the Service, and at the graciousness and cordiality of their reception by the Lady Mayoress.

## Practical Points.

### The Sterilised Train.

An Italian correspondent of the *Lancet* writes that the "Amministrazione delle Ferrovie di Stato" is laudably engaged in providing for the comfort of the passenger and also for his protection from risk to health. In both respects there has hitherto been much to be desired; but in the latter, with the cholera scare menacing the mainland and islands, the necessity for increased vigilance in the prevention of contagious or infective disease is, literally, a *prima cura*. To ensure the custom of the paying traveller who is also a paying guest, there must be rigorous exclusion of that other type of traveller and guest ("non-paying" in every sense) which has hitherto found a place, particularly in first class carriages—the microbe, to wit, as protean in its form as it is noxious in its effects. "The padded arm-chairs," according to a sub-alpine authority on hygiene, "are quite a preserve or hot-bed of animal life, abounding in bacteria, cocci, vibrios, spirochetes, to mention a few varieties, whose contact with the passenger, prolonged for hours by day and night, is about as risky an experience as he can encounter." With the head resting on a cushion surcharged with these microbes (the previous "fare" having often imparted a contribution of his own), the unsuspecting passenger exposes himself to infection of every kind, resulting often enough (according to the medical authority above referred to) in "precoce calvizie" (premature baldness) from continued pressure against the said cushion, while courting, among other bacilli, that of tuberculosis or of diphtheria itself. The overheating of the train, the indisposition, not to say the positive resistance, of the Continental, particularly the Teutonic, fellow passenger to the admission of fresh air, maintains a temperature at which bacilli of every kind are at their maximum of infectivity. To this cause was attributed during the last winter and spring in Italy the increase of victims to influenza, many of whom traced their having contracted it to a six or seven hours' journey in a stifling atmosphere, itself a "blend" of all manner of infective agencies. "To travel under conditions hygienically sound, in a carriage 'batteriológicamente puro,' such is the *sine qua non* of railway transit."

### Right Method of Gargling.

The ordinary method of gargling being admittedly very unsatisfactory, save as regards the tonsils, the soft palate, the uvula, and perhaps the back of the pharynx at the level of the mouth. Dr. Richter suggests in the *Medical Record* a method of gargling which, he asserts, will thoroughly cleanse the nasopharynx and also the nose. The head should be bent as far backward as possible and the tongue protruded. In this position an attempt is made to swallow the gargling fluid, which causes it to well upward into the upper nasopharynx and nostrils, when by suddenly throwing the head forward with the mouth closed the fluid runs out of the nostrils, thoroughly washing the entire passages.

## Appointments.

### LADY SUPERINTENDENT.

**Bromhead Institution for Nurses, Lincoln.**—Miss Susan Mary Somerset has been appointed Lady Superintendent. She was trained at the London Hospital, E., where she has recently held the position of Assistant Sister-in-Charge of the private nursing staff.

### MATRONS.

**West Suffolk General Hospital, Bury St. Edmunds.**—Miss S. A. Brown has been appointed Matron. She was trained at the West London Hospital, Hammer-smith, and has held the position of Night Superintendent and Assistant Matron at the Royal Infirmary, Bradford.

**Emergency Hospital, Ilford.**—Miss Lilian Davies has been appointed Matron. She was trained at the London Hospital, E., where she has held the position of Sister.

**Dundee Royal Infirmary.**—Miss Flora G. Pegg has been appointed Matron. She was trained at Guy's Hospital, London, and has held the following positions:—Charge Nurse, New Hospital for Women, London; Staff Nurse, Netley House Nursing Home, London; Theatre Sister, Home Sister, and Matron's Deputy, Wolverhampton and Staffordshire General Hospital, 3½ years; Matron and Superintendent of Nurses, Salop Infirmary, Shrewsbury, 4 years; and present position Matron and Superintendent of Nurses, the District Hospital, West Bromwich, held over 3½ years.

**Frere Hospital, East London, South Africa.**—Miss E. Clare Jones has been appointed Matron. She was trained at the London Hospital, E., where she has been Staff Nurse. Miss Jones has experience in mental nursing and massage.

### SISTERS

**North Lonsdale Hospital, Barrow-in-Furness.**—Miss Esther Brander has been appointed Sister in Male Wards. She was trained at the Royal Infirmary, Aberdeen, and at the Knightswood Hospital, Glasgow, and has held the position of Sister at the General Hospital, Stroud. She has also had midwifery training.

**Royal Eye Hospital, Manchester.**—Miss Mary Melville has been appointed Sister. She was trained at the Brompton Borough Hospital, and has held the position of Assistant Nurse at the Royal Hospital, Chelsea, and the Royal London Ophthalmic Hospital, City Road, E.C.

**Doncaster Royal Infirmary.**—Miss A. E. Billington and Miss A. E. King have been appointed Sisters. Both ladies received their training at the General Infirmary, Leeds.

**Medical College Hospital, Calcutta.**—Miss Bell Wright, trained at the London Hospital, and formerly Assistant Home Sister, and Miss Craddock, trained at the same institution, and formerly Holiday Sister, have been appointed Senior Nursing Sisters at the Medical College Hospital, Calcutta.

### NIGHT SISTER.

**Fylde Joint Hospital, Lytham.**—Miss Marion Lewis Dagg has been appointed Night Sister. She was trained at the Crumpsall Infirmary, Manchester, and the Fylde Joint Hospital, Lytham, and has been Staff Nurse at the Fever Hospital, Stoke-on-

Trent, and Sister at the Sanatorium, Huddersfield.

### SCHOOL NURSE.

**Cheshire Education Committee.**—Miss Ada Pritchard has been appointed School Nurse. She was trained at the Mill Road Infirmary, Liverpool, where she is at present working, and has had experience of children's nursing at the Children's Hospital, Walton Workhouse, Liverpool.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurse:—Miss M. Jackson, Miss M. L. Scott, Miss D. J. Macgregor, Miss V. S. Newman, Miss E. Griffiths, Miss E. F. Roberts, Miss C. W. Mann, Miss G. St. G. Horne, Miss I. M. Whyte.

**Postings and Transfers.**—**Matrons:** Miss A. S. Bond, to Egypt, from Military Hospital, Colchester. **Sisters:** Miss E. M. Lyde, to Egypt, from Military Hospital, Tidworth; Miss M. E. M. Grier-son, to Egypt, from the Queen Alexandra Military Hospital, London, S.W.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

**Transfers and Appointments.**—Miss Alice Mitchell is appointed Senior Nurse, Hanley; Miss Florence Wheelwright, to Shoreditch; Miss A. Marion Gibbs, to Heavitree; Miss Maria Latenstein, to Sick Room Helps; Miss Laura Lockie, to Coventry; Miss Gertrude Green, to King's Lynn; Miss Katherine Lyne, to Newbury.

### PRESENTATIONS.

Before leaving Lynn to take up her present position of Superintendent of the new Nursing Home at Exeter, Miss Alice Watson, of the Lynn Nursing Association, who was most popular, was presented with some charming gifts. These included a silver tea-pot, sugar basin, and cream jug on an oak tray mounted with silver, and a dozen silver tea-spoons and sugar tongs in a leather case. The tea-pot was inscribed:—"Presented to Nurse Watson by her friends and patients in King's Lynn as a token of their appreciation of her excellent work, 1903-1910." The tea-pot, sugar-basin, and cream-jug bore the recipient's initials.

The Cheadle and Gatley Nursing Association have presented to Miss Smethurst a cheque for £110 and a gold watch, accompanied by an illuminated address signed by leading residents, as a recognition of twenty years' devoted service amongst the sick poor in the district in which the Association work.

The Committee have expressed a desire that the money should be used to start a fund to buy an annuity for Miss Smethurst when she is no longer able to work—a time which they hope may be far distant.

Miss E. M. Macdonnell, Sister of Ward 32 at the Glasgow Royal Infirmary, to which ward the men injured in burning and scalding accidents and pit explosions are conveyed, on the occasion of her leaving Glasgow, has been presented with a casket of silver-mounted toilet requisites inscribed: "Subscribed for, and presented to, Nurse E. M. Macdonnell as a mark of appreciation from working men."

## Nursing Echoes.



The first meeting of the Imperial Memorial to the late Miss Florence Nightingale, O.M., will take place at Grosvenor House, by permission of the Duke of Westminster, at 3 p.m. on Friday, October 28th. Admission will be by invitation, but application for cards should be addressed to the hon. sec., Florence Nightingale Memorial, 47b, Welbeck Street, Cavendish Square, W. This does not necessarily exclude nurses' memorial.

A very useful course of lectures, specially organised in the interests of women desirous of qualifying as School Nurses or Health Visitors by the Royal Institute of Public Health, 37, Russell Square, W.C., will commence on Tuesday, October 18th, at 7 p.m., of which full particulars may be obtained from the Hon. Secretary, Dr. James Cantlie, at the above address. An examination will be held at the conclusion of the course, and certificates granted to successful candidates. As the certificate of the Institute is recognised by the Local Government Board in connection with appointments as Health Visitors made under its authority its importance to those desirous of obtaining such appointments is evident.

Amongst the proposals for a memorial to the late King, Mr. Charles E. Newbon, a leading liveryman of the City of London, has addressed a suggestion to the Lord Mayor for the establishment of a hospital or hostel for the middle classes. Mr. Newbon states that "an undoubted need exists for such an institution, and its provision was favoured by his Majesty a short time before his lamented death." The method of bringing skilled nursing within the reach of the middle classes is an urgent problem. At present it is certain that the poor are far better provided for.

The Chairman of the London Hospital lays down the law concerning the training of nurses in the *London Hospital Gazette*, but does little to disabuse the minds of just persons of their conviction that with short term training the London Hospital undersells the three years' certificate nurse, a breach of honourable dealing with the nursing profession, which would not be tolerated in any legally constituted profession of men or well-organised trade.

We are glad to know that recent criticisms

have urged the London Hospital Committee to make enquiries concerning the private nursing business for which they are responsible. Mr. Holland accuses the trained nurses, who object to the natar competition of short term training of "making capital out of attacking our training school." We may remind him and his very astute committee that after they have subtracted 100 per cent. on their private nurses' earnings capital is at vanishing point.

Mr. Holland concludes:—"If I were not too full of the Harrogate sulphur water to smile at anything I could smile at the noisy screechings of those who are jealous of our success." Surely that private nursing balance sheet, with its cosy little surplus of £9,500, has power to tickle his risible faculties? Especially as nurses are now being invited to find the funds to build themselves an almshouse to which to retire in their impoverished old age.

The nursing staff of the General Infirmary, Leeds, are to be congratulated on the presence of mind and good discipline they displayed on the morning of Oct. 7th, when a fire broke out in the wing containing the children's ward, the roof of which fell in and was completely destroyed.

At seven o'clock a fireman appeared in the children's ward, containing thirty cots, and quietly communicated to a nurse on duty that the roof was ablaze and the ward must be cleared. Quickly more nurses entered the ward and set about the work of removal, and in reply to the inquiry of an older child as to what was the matter, a nurse replied with a smile, "You are all going to another ward." With the utmost celerity and confidence they carried out the work, in which porters, maids, dressers, and doctors assisted, under the burning roof which they knew to be a mass of flames, the same work of rescue being carried on simultaneously in other wards. The hissing of water, and cracking of old beams warned them to redouble their efforts, and the outer roof had fallen in and flames were shooting down through the ceiling as the nurses carried out the last little patient with the calmness which characterised their work throughout, and the brief notice affixed to the gate of the Infirmary, "All patients are safe," was testimony to the fact that those tried in the ordeal had not been found wanting.

The incident makes little stir. The public have confidence that nurses will do their duty, and the nurses would be the first to own that they did no more. But let the public consider what the work of rescue implied. Not

courage alone, in which women, trained or untrained, are rarely found wanting, but discipline, order, precision, without which the patients could not have been removed in the few minutes available before the roof fell.

The Victoria and Bournemouth Nurses' League are organising a sale of work in order to raise by their own efforts, and those of their friends, a sum of money to be added to the emergency fund to which members of the League subscribe, in order to be able to help their fellow members in any sudden trouble or distress which may overtake them. The Emergency Fund was started almost as soon as the League was formed, but so many of the members have been laid aside by illness that its slender resources have been heavily taxed. The sale will take place at the Haverghal Hall on February 16th next, and Miss Forrest, Victoria Nurses' Home, 4, Cambridge Road, Bournemouth, will gladly receive contributions for sale. Miss F. H. Walker is the Chairman of the Organising Committee, and Sister Dobbin Secretary.

The Nurses' Home of the Exeter District Nursing Association, 22, Dix's Field, Exeter, which is in affiliation with Queen Victoria's Jubilee Institute for Nurses was opened recently by the Right Worshipful the Mayor, Mr. Henry Wippell. The work is to be conducted on a provident basis, and we are glad to record that the Mayor emphasised the fact that the nurses who have been appointed are fully qualified Queen's nurses. The Superintendent is Miss Alice Watson, and she will be assisted by Miss A. S. Barnett and Miss A. K. Bambhurst. Dr. Davy congratulated the Mayor and Mayoress on the opening of the Home, which, he said, was their idea, and Mr. H. E. Duke, M.P., said that a wonderful work had been started under the best possible auspices.

In an address on the Super-Nurse delivered by Dr. Pearce-Bailey to the graduating class of the Cockran Training School for Nurses, Yonkers, N.Y., he urged them to cultivate the spirit of optimism. "Hold high the torch of hope for yourself and others. . . Encouragement has a higher percentage of cures to its credit than serum therapy, and cheerfulness has prevented more disease than antiseptics. Optimism is a pride in our accomplishments which justifies confidence in our future." It is this spirit which has inspired the leaders of the registration policy all these years.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King and Queen have become patrons of the Queen Victoria Memorial Hospital, Nice, and the King has become patron of the Royal National Sanatorium for Consumption and Diseases of the Chest, Bournemouth.

Mr. John Burns, President of the Local Government Board, will open the Wandsworth new Infirmary on November 26th.

At the annual dinner of the old students of St. Thomas's Hospital, the Treasurer, Mr. Wainwright, said that during the last 20 years five empty wards had been filled, two children's wards had been added, and a debt of about £40,000 had been wiped out. That day a new maternity ward had been opened. They were troubled by the very unsatisfactory condition of the out-patient department, which stood as it did in 1871. Since then all the other departments had been reorganised and amplified. To make that department as it should be a sum of about £40,000 would be required.

In connection with the Town Planning Conference, which opened on Monday, an extensive international exhibition has been arranged at the Royal Academy, and will be on view till October 22nd.

Lady Curzon-Howe, who was accompanied by Admiral the Hon. Sir A. Curzon-Howe, Commander-in-Chief, recently opened the Nurses' Home at the Royal Portsmouth, Portsea, and Gosport Hospital. The home, which forms the Portsmouth memorial to King Edward, provides accommodation for 53 nurses.

The treasurer of the Royal Halifax Infirmary has received from an anonymous donor £1,000 for the endowment of an adult bed. At a recent meeting of the Board of Management £1,000 was fixed as the sum for the endowment of a bed or cot in any of the wards, and the gift just received is the first that has been made for the special endowment of an adult bed.

The magnificent improvement that has just been completed by the City of Westminster in the lighting of all the streets in the neighbourhood of Kensington Road is being generally commented upon by the residents of that district on their return to town. The road from Knightsbridge Barracks to Queen's Gate is now so beautifully and evenly lighted, with an entire absence of glare, that it may well be described as one of the best lit streets in the world. The lighting is being done by inverted incandescent gas burners, the tender of the electric light companies having been 60 per cent. higher than that of the Gas Light and Coke Company, who are carrying out the work.

## The Hospital World.

### CENTRAL LONDON SICK ASYLUM, HENDON.

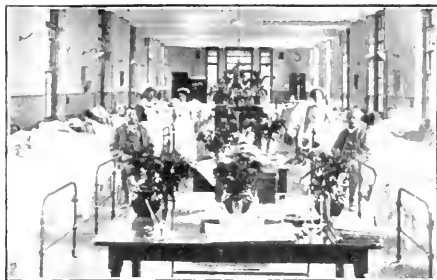
The Central London Sick Asylum at Hendon, provided, in addition to the asylum in Cleveland Street, for the care and treatment of the sick poor in some of the most congested areas

in London, is a fine building set in the midst of country surroundings, and swept by the pure and health-giving air which blows over Dollis Hill and Hendon. Indeed, once the patients are admitted to the Hendon Infirmary they seem to take on a new lease of life, and to live on in a manner which speaks volumes for the care and attention which they receive.

In designing and equipping the building every care has been taken to bring it into line with modern hospital requirements. Indeed,

the building is designed to provide for the most modern methods of treatment. The wards, which are situated on the pavilion porches for the enjoyment of fresh air, light, and sunshine, are broad, are bright and cheerful, and are well ventilated, and they open on to a series of balconies, on which are many of the patients as possible to get out during the day-time. Each ward has two baths, a more liberal supply than that provided in the wards of general hospitals of similar size.

The Nurses' Home is a separate building, connected with the Infirmary by a covered way, by which means the nurses going to and fro get the benefit of the fresh breezes. The Home is designed with commendable consideration for the comfort of the nurses, who



A MALE WARD.

covered way, by which means the nurses going to and fro get the benefit of the fresh breezes. The Home is designed with commendable consideration for the comfort of the nurses, who



NURSES PLAYING TENNIS AND CROQUET.

many Metropolitan hospitals have not the conveniences which are possible in an institution further from the centre of London, where land is of fabulous value. Thus, annexed to each ward are its own spacious linen-room, store-

house, a spacious and comfortably furnished sitting-room, as well as a smaller room in which those who wish to write or study can be assured of quiet. On the ground floor also, at the end of the polished corridor, is a sick-room,

where sick nurses are cared for and, if necessary, isolated. Should they prove to be suffering from an infectious disease, they can be removed without passing through the home. Each nurse—probationers included—has a separate bedroom, and very trim and cosy these sanctums are. It is difficult for nurses in these more fortunate days to realise how some of their predecessors suffered from the lack of privacy and quiet resulting from sharing a bedroom with others.

When we visited the kitchen, where the cooking is done for 300 patients as well as for the staff, the preparation of dinner was in progress, but nevertheless everything was in apple-pie order, reflecting the greatest credit on the domestic supervision and on the management of the cook responsible for its control.

The Infirmary has also its own laundry in the grounds, provided with every modern appliance, and the snowy aprons of the nursing staff and their neat, well-laundered caps afford a practical demonstration of the efficiency of this department. Indeed, high standards are evident throughout both the nursing and domestic departments, a testimony to the able administration of the capable and much-respected Matron, Miss Elma Smith.

Our second illustration shows that the nursing staff have every opportunity to indulge in outdoor sports.

On Friday, October 7th, on the invitation of its President, Miss Elma Smith, Mrs. Bedford Fenwick addressed the Hendon Branch of the Central London Sick Asylum Nurses' League, on the subject of Nursing Organisation and State Registration. Other nurses in the neighbourhood had also been invited, and a very interested audience listened attentively to an address which might have lasted even longer but for the imperative claims of patients, to whom some nurses had to hurry back.

In introducing Mrs. Fenwick, the President said:—

I need hardly say with what great pleasure I introduce Mrs. Bedford Fenwick to our League of Nurses. This is the first time Mrs. Fenwick has honoured Hendon with a visit, and so I should like to give her a most hearty welcome from us all. We all know her as one of the hardest workers for the good of the nursing profession, and a pioneer of nursing reform. We also know with what unbounded energy she is prepared at all times to take up any fresh piece of work which comes to hand, and so she has come here to tell us what is being done as regards State Registration and the organisation of nursing, and no one will dispute

that she can tell us more about this subject than any one else who could come here for that purpose. She is an indefatigable worker herself, she has all the details of the work at her fingers' ends, and is always ready to impart her knowledge to others. We ourselves are a very youthful organisation but a very hopeful one, and we are all anxious to get forward and do the best we can for those who follow after us.

Mrs. Bedford Fenwick is the Matron under whom I had the privilege of being trained, from which the nurses of this institution have benefited. It is with the greatest possible pleasure that I now ask her to address you.

Mrs. Fenwick then addressed the meeting, showing that it had taken the medical profession fifty years to get the Medical Act of 1858 passed, and showed that this Act, with a later one passed in 1886, had brought order out of the chaos of medical education, and that the influence of organisation upon the progress of medicine had been marvellous. It seemed apparent that a system which had proved of so much benefit to medicine must also be good for nursing. She then described the movement for the State Registration of Trained Nurses, founded twenty-three years ago, and enumerated the economic reasons which had led to the opposition to so reasonable a demand. She also explained the organisation of the National and International Councils of Nurses, showing that through membership of these bodies trained nurses were brought into co-operation with their professional colleagues throughout the world.

At the conclusion of the address, a cordial vote of thanks, proposed by Miss Schuller and seconded by Miss Trueman, was accorded to the speaker.

M. B.

#### RECIPROCAL TRAINING IN NEW ZEALAND

At the Conference of Delegates to the first meeting of the Central Council of the New Zealand Trained Nurses' Association, the opinion was expressed that the scheme, under the new Hospitals and Charitable Institutions Act, of placing all the institutions for the care of the sick under one Board, would largely do away with the difficulty of training nurses in some of the smaller, and in special, hospitals. This plan has already had a start, and proved practicable. From two of the principal hospitals probationers are now being sent for a part of their training to the fever hospital of the district, which is now an adjunct of the main hospital; and to the consumptive sanatoriums, and the chronic wards of the old people's homes.

## Our Foreign Letter.

MY DEAR EDITOR: It is some time since I promised you "snapshots" of our surroundings, so now enclose a few. The time here passes so quickly that it is difficult to believe we have been here seven months. We started on February 15th, 1910. The work still keeps brisk and refreshingly interesting. The natives come with the most wonderful maladies, and our M.O. being a keen surgeon we get a goodly number of operations. This year our operations have been 229, and admissions to hospital 158, the greater proportion of operations to admissions being due to the fact that many small operation cases are sent home again. We have a good amount of gynecological work and abdominal sections, in fact the ward has never been without an "abdominal" in it. In the male ward we get a good many suprapubic cases for "stone" or prostatectomy, and the joy of so much work is that the healing seems abnormally good. We have been preparing skin for operations entirely with the iodine method, and results have been perfect. The eighth day from the operation, we take the dressing off to find a nice dry line of sutures rolling off if cut out, and if thread, of course they are cut in the usual way. The natives seem to consider they are much more important and civilised after they have had an operation.

I enclose photo of a patient named "Khalo," who had carried the weight of 20½ lbs. about with him for years. His gratitude was very touching after the M.O. had successfully removed it. He came up to see us a month after he left hospital, and had got very fat and young looking. His age was 48.

We, Sister and I, still find our greatest work is in getting work rightly done without doing it ourselves. The natives seem to take most kindly to baths, clean sheets, etc. One old man we had who had previously worn the native attire of a blanket was quite injured one morning because his clean shirt had a button off the wrist, and our native landress has a weakness for knocking them off. Our gardens have been planted with trees—fruit, oak, willow, rose, raspberry, and many flowers—and I soon expect to have tea in their shade, things grow so quickly here, and the doctor had little trees growing in boxes waiting for the new hospital for a long time previous to our coming.

We have just had our first rains and all nature

seems to respond. One can see signs of new life, leaf, and growth daily. The rains have been in great distress for rain, cattle have been dying, and for the time things appeared at a standstill. Now, all is excitement. Seeds are being sown, ground is being dug up, even debts are promised to be settled up. For the last four weeks we have had most beautiful sights of distant grass fires. At night they look grand, and to me they resemble the "Lights of London," and at other times the sea, with harbour lights in the deep gloom of the night. The landscape, with fires behind the hills and in the valleys, fills one with a desire for town or city, but I suppose to each individual it paints a different picture. My thoughts always fly to England and its coast line, then I am no longer alone or far away, and retire to bed feeling most contented with the world.

I enclose the "snapshots" from my camera. I don't think I have mentioned that this hospital has 20 beds, two of which are reserved for Europeans, in two small wards, and they are usually occupied.

I now send my *BRITISH JOURNAL* to a married friend in Western Australia, who still likes to know what we are all doing, and I, with others, feel very grateful for the means it affords of keeping in touch the nursing world of Greater Britain.

Adieu, dear Editor, with many good wishes for health and strength to continue in your good work.

Always yours sincerely,

JEANNE C. CHILD.

Government Hospital, Mohale's Hoek, Bechuanaland.

The term fibroma is sometimes applied to a condition in which tubercles are formed by the white fibrous tissue of the skin.

The October issue of the *American Journal of Nursing* has been dedicated by the Directors to the memory of Isabel Hampton Robb, and space is also given to a record of the kind services for Florence Nightingale, a suitable combination for Miss Nightingale and Mrs. Robb knew and honoured each other. Many nurses will wish to possess this number containing personal recollections of Mrs. Robb and flower pictures of work by those who knew her best, as well as some interesting portraits. A gracious and courteous personality the traces of her life in nursing and invigorating the lives of the members of her profession still inhabit her own life.



"KHALO," A PATIENT WITH FIBROMA AT THE GOVERNMENT HOSPITAL, MOHALES HOEK.

## The London Medical Exhibition.

The London Medical Exhibition, held at the Royal Horticultural Hall last week, attracted as visitors many members of the medical and nursing professions, and was deservedly successful.

THE MEDICAL SUPPLY ASSOCIATION, 228, Gray's Inn Road, W.C., exhibited "Macedonall's Sterilizer," which attracted so much attention at the recent exhibition of the British Medical Association; also the "Grevillite Vitrenamel" Hospital Furniture, the enamel being guaranteed absolutely aseptic, and further, it does not chip.

CHARLES ZIMMERMANN & Co., 9, St. Mary-at-Hill, E.C., whose disinfectant, Lysol, is so justly appreciated, were also showing their Calogen Fireless Fumigators, and a convenient four-hourly chart for a week supplied to nurses and midwives.

JEY'S SANITARY COMPOUND CO., LTD., showed the many refined preparations of Cyllin, so widely used by nurses and midwives. We specially noticed some Cyllin antiseptic throat pastilles, which are said to be very efficacious.

NEWTON, CHAMBERS, & Co., LTD., 331, Gray's Inn Road, W.C., showed the Izal disinfectants and soap, and also distributed cards giving plain directions for cleansing children's heads and for freeing the hair from vermin, useful to school nurses.

FAIRCHILD BROS. & FOSTER, London, E.C., were showing the Fairchild Products, which are of proved efficiency and usefulness, notably "Panoppepton," which contains the nutritive values of lean beef and the best wheat flour in a soluble and peptonised form.

GLAXO, 74, South Lambeth Road, London, for which Messrs. Brand are the sole agents, were showing their valuable preparation, which is a standardised pure dehydrated milk to which cream and lactose are added.

WELFORD & SOSS, LTD., Elgin Avenue, Maida Vale, W., were exhibiting their humanised and assos' milk, also Koimiss, Sauermilch, and Sauermilch Whey, etc., for the satisfactory preparation of which this firm has a well-deserved reputation.

THE FRAME FOOD CO., LTD., Southfields, S.W., had on view their Frame Food Essence, which is noted for its richness in soluble Albuminoids and Organic Mineral Compounds.

BOYELL, LTD., 152, Old Street, E.C., made a special feature of their "Invaidin Boyell," to which the attention of doctors was specially drawn.

CADURY BROS., LTD., Bournville, were dispensing cocoa made with their far-famed Cocoa Essence. Samples of the new Bournville Chocolate and Dairy Milk Chocolate were also given away.

WISERMAN, Norwich, showed their valuable preparation composed of choice vine, extract of meat, and extract of malt in concentrated form.

KILG, ROBINSON, & Co., Denmark Street, E., had on view their Patent Barley and Groats, which had been recommended to nurses and midwives.

MRS. F. A. R. GARNFORD, 150, Edgware Road, showed their cotton overalls for wearing in infection, also cotton envelops for the head, and other specialities.

J. GAY LUM & COKE CO., Horseferry Road, S.W., showed their latest stoves, burners, etc.

## Outside the Gates.

## WOMEN.

Lincoln is this week buzzing with members of the National Union of Women Workers, and the meetings and social functions are being largely attended and thoroughly enjoyed.

In 1908 Bishop Creighton House, Fulham, was founded in memory of the late Bishop of London. It is situated in the midst of the poor districts of Fulham and Hammersmith, where Mrs. Creighton considers work of all kinds is quite as much needed as in the East-End. The head of the settlement is Miss Wickham, daughter of the late Dean of Lincoln, and she arranges the work of each resident in accordance with her special desires and capacities, and they are privileged to assist in parochial work of every sort. They also take part in C.O.S. and Care Committee work, they help in a School for mothers, in provident collecting, and in health visiting. The house is bright and sunny, overlooking a public park, and of easy access from all parts of London, and the residents pay 25s. a week for board and lodging. Mrs. Creighton writes:—"We have all realised the danger of untrained and ignorant work . . . and those who go and work at Bishop Creighton House will find abundant opportunity for increasing their experience and their knowledge of social work of all kinds." Such training would be very valuable to trained nurses preparing for social service work.

A joint mass meeting and demonstration organised by the Women's Freedom League, to demand facilities for passing the Conciliation Bill, was held in Trafalgar Square last Saturday afternoon. There was a large audience round each platform, and the following resolution was carried:—"That, whereas the enfranchisement of women is a matter of urgent national importance, and whereas Parliament, by a majority of 110, has declared in its favour, this meeting calls upon the Prime Minister and the Government to give effect to their democratic pledges by granting facilities for the passing into law of the Conciliation Bill now before the House."

Mrs. Golden Sanderson said that they were living in revolutionary times, and the next move would be to pay no taxes—a most direct and logical reply to those who said women were not good enough to have votes.

Mrs. Pankhurst, speaking in Dublin, said they meant to have a great peaceful demonstration of women, a real procession and deputation go to the House of Commons in the coming session and ask why sufficient time has not been given to the consideration of the Woman Suffrage Bill. It might mean arrest and imprisonment. If 200 or 300 women were arrested and put in prison the Government would be in a very difficult position.

Before Parliament assembles there will be a great constitutional campaign all over the country, culminating in a demonstration at the Albert Hall on November 10th.

## Book of the Week.

## THE CREATORS\*

Gisborne, R.A., was a solemn egoist, and his picture represented, not Jane Holland, but Gisborne's limited idea of her. A face with a straight drawn mouth and eyes prophetic of tragedy, a face in which her genius brooded dark, prophetic, dumb. . . . If Jane had had the face which Gisborne gave her she would never have had any charm for Tanqueray. Not a hint had he got of her high levity, of her look when the bright devil of comedy possessed her, not a flash of her fiery quality, of her eyes' sudden gold, of her delicate, her balmy mouth, its fine deliberate sweep, its darting tilt, like wings lifted for flight."

So much for Jane Holland, and from this we gather at once that she will require some living up to. Genius is distributed broadcast among the characters of this book, in a manner that is perfectly exhausting; but Jane is the deity before which they all cast their crowns.

"The celebrities pressed round her. Of course, it she wasn't going they wouldn't go. They would sacrifice a thousand pegs, but not an evening with Jane Holland. They bowed before her in all the postures and ceremonies of their adoration, and Jane Holland looked at them curiously with her tired eyes; and Tanqueray looked at her."

At this period George Tanqueray, as a novelist, stood almost undiscovered on his tremendous height.

Broderick, who ultimately marries Jane, is editor of the "Morning Telegraph," and though far less "immense" than many of this astonishingly intellectual circle, "was charged with a formidable though less apparent fire. His personal appearance is described as follows:—"A man, about thirty-five, squarely built, with a torso inclined to a somewhat heavy slenderness, and a face with blunt but regular features, heavily handsome. One of those fair Englishmen who grow darker after adolescence; hair, moustache, and skin acquiring a dull sombreness in fairness. But Broderick's face gained in its effect from the dusky opacity that intensified the peculiar blueness of his eyes. As he entered they were fixed on Jane, turning straight to her in her corner."

"Can we be surprised after this that at the classic moment she came to meet him "with shy feet, fear in her eyes, and the desire of her heart on her lips, lifting them like wings"?"

Jane proves a complete failure as a house-keeper, but Gertrude Collet, who, before their marriage, had kept the house, at the same time being consumed with love for Broderick, returns to her former duties, and henceforth "indoores all things on which Gertrude laid her hand slid sweetly and inaudibly into their place."

As it is obvious Jane could have but one husband, Tanqueray consoles himself for the time being with the daughter of his landlady, whom he marries quite honourably, tires of her very quickly, and behaves to her as a wad. No doubt it was trying to possess a wife who, at a small select dinner

of literary affinities, gave him away freely.

Nicky turned to the little woman.

"Aren't you proud of him? How they're all praising him?"

"So they'd ought to," said Rose. "E's worked 'ard enough for it. The way 'e works! He'll sit think—thinkin' for hours before 'e seems as if 'e could get 'air 'old of a word."

They had all stopped talking to Tanqueray and were listening to Tanqueray's wife.

"Then 'e'll start writin' slow like, and 'e'll go all over it again, a-scratchin' out and a-scratchin' out till all 'is papers is a mark of ink."

Rose became aware that George was trying to scowl her into silence.

Still, she is a dear little woman, and quite the nicest character in the book.

In spite of its exaggerations it is interesting, and one must needs finish it; but one book of this style in a good while is enough. H. H.

## A GOOD WIFE.

Wise yokel foolish King excelleth;  
Good name than spikenard sweeter smelleth!  
What's gold to prudence? Strength to grace?  
Man's more than goods; God first in place.

What though her dowry be but meagre,  
Far better wise, God-fearing Igar,  
Than yonder vain and brainless doll,  
Helpless her fortune to control.

A wife that's true and kind and sunny  
Is better than a mint of money;  
Better than houses, land and gold  
Or pearls and gems to have and hold.

A ship is she with jewels freighted,  
Her price beyond all rubies rated,  
A hundred-virtued amulet  
To such as her in marriage get.

Gold pillar in a silver socket;  
The weakling's tower of strength, firm-locked  
The very golden crown of life;  
Grace upon grace—a virtuous wife

By Vicar Prichard  
(Translated from the Welsh.)

## COMING EVENTS.

October 14th.—Central London Sick Asylum, Cleveland Street, W. Nurses' Meeting. Mrs. Bedford Fenwick will speak on Nursing Organisation and State Registration. 5 p.m.

October 18th.—Royal Institute of Public Health, 37, Russell Square, W.C. First lecture of special course for women desirous of qualifying as Health Visitors and School Nurses. 7 p.m.

October 18th.—City of London Lying-in Hospital, E.C. The Bishop of Stepney dedicates a New Chapel. 5.30 p.m.

October 20th.—Society for State Registration of Trained Nurses. Meeting Executive Committee, 131, Oxford Street, London, W., 1 p.m. Tea.

October 26th.—Meeting, Matrons' Council of Great Britain and Ireland, 131 Oxford Street, London, W. 3.30 p.m.

\* By May Sinclair. (Constable and Co., London.)

## Letters to the Editor.



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

#### A NURSES' MEMORIAL TO FLORENCE NIGHTINGALE

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I have read your article in last week's *BRITISH JOURNAL OF NURSING*, regarding the proposed memorial by nurses to Miss Florence Nightingale, and I entirely agree with your remarks. Nothing would be more opposed to one's conception of Miss Nightingale's character than a memorial in the form of a nurses' charitable institution. First and foremost, I feel sure nurses would wish to honour the great foundress of their profession by some visible and outward token such as a statue placed in some beautiful and suitable spot. Frankly, when that is done and I would have the statue a worthy and noble work of art—I fail to see the need for any further memorial from nurses. It would be surely far better to call for small subscriptions from many than large ones from the few, not that many nurses can afford large sums. The modern craze for founding institutions, pensions, almshouses, and so forth as memorials has never appealed to me.

I do not think nurses really want to present something useful to their profession as a memorial to Miss Nightingale. Let us raise a statue that shall be beautiful and true, worthy of the great organiser of a great woman's profession. Let it be typical not only of our homage to her memory, but also an outward and visible sign of our affection for and pride in the noble profession to which we belong, and of which she is at once the most striking type and the foundress—something future ages can point to and say:—"Thus the nurses of the twentieth century honoured the memory of the woman who gave them their work—the woman who founded modern nursing."

It that were well done and entirely by nurses, I should say no more was necessary. It will and should be costly and worthy.

The memorials given by others would not concern us.

I can imagine nothing more suitable for nurses.

Yours faithfully,

M. MOLLERT.

Royal South Hants and Southampton Hospital.

#### THE STATUS OF FEVER NURSES.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—With reference to your article in last week's issue on "The Status of Fever Nurses," I should like strongly to support all that you say on this question. It is so important that when the foundations of our profes-

sion are laid that they should be "well and truly laid," and however it may be for the temporary convenience of the fever hospitals, it is certainly not to the advantage of the nurses, and therefore of the public, whose interests are bound up with theirs that there should be a special register of fever nurses. The registers of mental and of male nurses are necessities, and will be evidence that in the one case, in caring for the diseased in mind, and in the other for such cases of general disease as can suitably be nursed by men, those whose names appear on their respective registers have had an all-round training.

The objection to the State certification of fever nurses is that it would not afford evidence of an all-round training. On the contrary, it would only imply the possession of a training, valuable it is true, but partial and incomplete. The effect would be pernicious in two ways. If nurses could obtain this State certificate many of them would be content to practise nursing without obtaining a general training, and the public would not realise the limitations of a fever nurse's training and would credit her with more knowledge than she possesses.

I am glad that the Fever Nurses' Association and the Central Registration Committee have set their faces against the registration of fever specialists and stand for the registration of the extra qualification, and hope that in the public interest this position will be adhered to.

I am, dear Madam,

Yours faithfully,

M. A. D.

#### THE NATIONALISATION OF THE MEDICAL SERVICE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I was interested to observe that at the Conference of the British Hospitals Association one member held that "the whole hospital system was drifting not only in the direction of State control of the hospitals, but in the nationalisation of the whole medical service." Surely this would be a move in the right direction. The public owes an inestimable debt of gratitude to the medical profession, but the medical practitioner is in the unfortunate position that the more successfully he exercises his skill the less will the public require the exercise of that skill. Surely there should be some financial recompense for members of the medical profession who maintain the public health at a high level, as well as for those members of the healing art who cure or alleviate disease. The same principle applies in a minor degree to trained nurses whose work in an increasing degree is becoming preventive.

I am, dear Madam,

Yours truly,

HEALTH VISITOR.

#### Notices.

##### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xvi.

# The Midwife.

## The Nursing of General and Maternity Cases.

At the Annual Poor Law Conference for the South-Western District, including the counties of Cornwall, Devon, Dorset, Somerset, and Wilts, held at Exeter, and presided over by Sir Thomas Dyke Acland, Mrs. Heywood Johnstone, Vice-Chairman of the Midwives' Committee, Cornwall County Council, read a paper on the "Treatment of the Sick Poor, including Maternity Cases." The speaker said that with regard to maternity work, the Midwives' Act had done a great deal for the country, especially in lowering the mortality from puerperal fever. In most cases the poor were, she thought, able to pay the midwife's fee but they could not always pay the fee of the doctor called in on the advice of a midwife, and some provision should be made for this through the County Council or the Guardians. A great difficulty was experienced in providing midwives for the sparsely populated country districts, and in very poor places there was a case for assistance from the Guardians or the future Public Assistance Committees. She thought also that the County Councils should have larger powers to give grants towards the training of village nurses and midwives, and in poor midwifery cases there should be a special fund administered through the County Council, or Local Supervising Authority, for paying the doctor without obliging the poor to receive an order as for Poor Law relief.

The organisation of nursing and midwifery through County Associations is a convenient method, but the danger in regard to nursing is lest an inadequate standard of training should be recognised. Midwives are now compelled to attain a certain standard, albeit a very modest one, before they can legally practise, and in rural areas there is a temptation to give a midwife a quite inadequate smattering of nursing knowledge, and then call her a trained nurse.

Wherein the diseases of the poor in rural districts differ from those of their fellow sufferers in the towns, where the need for the employment of fully trained Queen's Nurses is almost universally recognised, is not apparent. Moreover, in the towns a doctor is easily accessible whereas in rural districts he may be many miles away. The fact is the quality of the training is subordinated to the economic ques-

tion of how to provide the salary of the nurse. The important problem before the philanthropic public is how to provide adequate assistance to the sick poor without relegating nursing and midwifery to the status of sweated callings. As it is inadequately trained nurses are frequently employed because no experienced nurse would accept the miserable salary attached to a rural appointment.

## A Maternity Home for Nairobi.

The proposal of the South African Colonisation Society to found a Maternity Home at Nairobi, in British East Africa, where, it is stated, the need for such a home is keenly felt owing to the increase of European settlement, does not commend itself to Lady Piggott, Founder of the Colonial Nursing Association.

Princess Christian, the President, and other officials of the South African Colonisation Society, state that the Government Hospital at Nairobi cannot admit maternity cases, and that the need for a properly equipped Home is urgent, and their scheme has the support of the Earl of Crewe, Secretary of State for the Colonies, and of his Department. Lady Piggott, on the other hand, claims that "the Colonial Nursing Association is called upon by the Colonial Office as the official source to supply nurses for all Government hospitals in the Crown Colonies and British Dependencies, not only in Africa, but all over the globe."

The Colonial Nursing Association is doing most excellent work of Imperial value, but to claim for an unofficial and unincorporated society the monopoly of meeting all the needs of Crown Colonies and British Dependencies, is a claim which cannot be supported, and which no Government Department would make on its own behalf. Moreover, to acknowledge the monopoly of one Association, unless that Association has unlimited funds to meet the needs of the community all over the world, would be to create a dangerous situation, and perhaps to deprive British communities abroad of the assistance which they need.

Lady Piggott maintains that "it does not tend to success abroad when nurses from two distinct and differing sources are working in close proximity in a station." But to take a concrete example in East Africa: in the town of Zanzibar there are not only English, French, and German hospitals, and a hospital maintained by the Zanzibar Government, but there

is also a nurse, selected by the Colonial Nursing Association for the Foreign Office, working in the town amongst the British residents. If it is possible for nurses under these different auspices to work harmoniously side-by-side, and with advantage to the community, in Zanzibar, why should it be impossible on the neighbouring mainland at Nairobi?

## The Central Midwives' Board.

The first meeting of the Central Midwives' Board after the vacation was held in the Board Room, Caxton House, Westminster, on Thursday, October 6th, Sir Francis Champneys presiding.

A letter from the Clerk of the Council was read transmitting an Order in Council continuing the Rules of the Board in force until June 30th, 1911.

### REPORT OF STANDING COMMITTEE.

A letter was reported from the Medical Staff of the Royal Derby and Derbyshire Nursing Institution as to its suspension as a training school for midwives. The Chairman reported that he had had an interview with Dr. F. Cassidi, one of the medical staff of the Royal Derby and Derbyshire Nursing Institution, and had promised to announce at the next Board meeting that the institution had been, since July 28th, in a position to train pupils according to the rules of the Board. He hoped the press would take cognisance of this, and help to make it known.

Letters (addressed to the Chairman) were read from Mrs. Dugdale, of Messon Hall, Salop, inquiring whether midwives were to be subsidised in sparsely populated rural districts? She wrote that for some time she had been employing one midwife, subsidising a second, and was about to establish a third. She considered that such subsidies should not be left to private charity, which was a precarious method. The Chairman replied that the community were indebted to private individuals like herself, and that subsidies from a public source were desirable. The Board directed the copies of previous resolutions on the subject should be sent to Mrs. Dugdale.

### APPLICATIONS FOR REMOVAL FROM AND RESTORATION TO THE ROLL.

The removal of the names of nine midwives from the Roll on the grounds of ill-health or old age was authorised on their own application.

The application of a woman for the restoration of her name to the Roll after voluntary removal was refused.

### APPROVAL AS TEACHER.

The application of Dr. James Robert Hall Walker for approval as a teacher was granted.

### APPROVAL TO SIGN FORMS III AND IV.

The applications of the following midwives for approval to sign Forms III and IV, were granted: Mary Lucretia Beckman (No. 10380), Mary Carter (No. 2118), Gertrude Davies (No. 20255), Elizabeth Griffin (No. 7603), Annie Messon (No. 20815), Ruth Poulton (No. 1902), Jane Webb (No. 7231).

The date of the next meeting was fixed for November 24th.

## Infringing the Midwives' Act.

The imposition of a fine of £5 upon a woman named Johnson at Leeds for illegally practising as a midwife draws attention to the fact that the practice of midwifery by unregistered women is now prohibited. Attention was probably called to Mrs. Johnson's practice by the fact that two inquiries were held in connection with cases with which she was connected on two successive days.

The inquest was held in the first instance on the body of a child buried on a medical certificate that it was still-born, whereas it died three hours after its birth. It was stated at the inquest that Mrs. Johnson (the wife of a miner) attended the mother and advised the father to send for a doctor as the child was "right bad." A medical student from the Leeds Infirmary went to the house in answer to the summons, and the child died a few minutes after his arrival. The resident obstetric officer, who was informed by the student that the child had given two gasps after his arrival, but that his attempts to restore respiration by artificial methods had failed, inspected the body, and subsequently gave a certificate to the effect that the child was still-born, upon which it was buried. At the inquest he stated that he did this because the child was premature and could not have lived. The jury returned a verdict of "Death from natural causes," and the Coroner referred to the possibility of further inquiry being made with which the jury was not concerned. In that event a further explanation of the circumstances under which the certificate was given will no doubt be made.

The following day an inquest was held on the deceased infant of Mrs. Johnson's daughter, the woman being summoned for registering the birth of her child at an address where it had not been born. The defendant's explanation was that she registered the child at the wrong address because she did not wish to have it vaccinated, but it was pointed out by the prosecution that she was delivered at Mrs. Johnson's house, and that the probability was that she gave the wrong address because she did not wish to call attention to her mother's illegal practice as a midwife.

Subsequently Mrs. Johnson was summoned for practising habitually and for gain as a midwife, when it was stated that she had practised before the passing of the Midwives' Act, that she had not succeeded in obtaining registration under it, and that she had continued to attend confinements since April 1st, since which time the practice of midwifery by unregistered women was illegal. The fact that she had attended confinements on two occasions since that date was proved. Mrs. Johnson's defence was that she was paid for nursing only and acted as a midwife without charge. The Court imposed a fine of £5, but made an order that it was not to be enforced if the defendant desisted from infringing the law.

It cannot be too strongly impressed upon women who are not registered in the Midwives' Roll that they lay themselves open to penalties by practising as midwives.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,177.

SATURDAY, OCTOBER 22, 1910.

XLV.

## Editorial.

### A GREAT EDUCATIONALIST

A professional danger which nurses must recognise and combat if they wish to maintain a dignified and self-respecting position, is the modern tendency to depreciate the financial value of their skilled services or to utilise a considerable portion of their earnings for so-called charitable purposes, and then to present them to the public in the form of needy supplicants for alms.

That is really the *raison d'être* of the demands for annuities, almshouses and pensions for nurses, which many wealthy members of the community are quite prepared to patronise—although the pension for which many pay heavily throughout their working days, is really a form of self-insurance, not a "pension" at all, which is "an annual allowance for past services."

It is to be proposed that the Imperial Memorial to Florence Nightingale, which is to be inaugurated at Grosvenor House on October 28th, shall take the form of a charity for the nursing profession, which seems the more inept as Miss Nightingale's life-work was for the better education of nurses. For this she strove, for this she organised and endowed—with the money presented to her by the nation—the Nightingale Training School at St. Thomas's Hospital, in connection with which it should be noted that the probationers have always paid for their education.

Any Imperial Memorial to commemorate the value of Miss Nightingale's work for the community should commemorate her unique services to the science of healing. How urgently increased educational facilities for nurses are needed is well known. Other professions have their own endowment funds. There are many such for medical education; medicine has its

Royal Colleges and School; painting its Royal Academy; music its Royal College. Trained nursing alone has no central College; no endowments of education. Its standards are limited to the requirements of the lay managers of hospitals, who have no special interest in the efficient education of nurses for duties outside institutions, or in the needs of nursing education as a whole. Nowhere can candidates for probationers' posts obtain a preliminary course of instruction to fit them for their future work, though such instruction is now seen to be so essential that the largest hospitals are organising courses for their own accepted pupils; nowhere can nurses who have left their training schools obtain post-graduate instruction to keep themselves abreast with modern developments and methods. If a spurious philanthropy demands that nurses shall be underpaid in their working days, and maintained by charity when they can work no longer, at least let the public Memorial to the Founder of modern nursing commemorate her as a great educationalist.

Miss Nightingale's "Notes on Nursing," for the first time, defined the scientific principles on which the practice of modern nursing is based. In that classic work she insisted on the recognition of the Matron as the Superintendent of the training school, the professional head of the nursing staff whom she supervises; she insisted further on the supreme importance of thoroughness in the preparation of the probationer for her work; over and over again she dealt with the organisation of the nurse's training from the standpoint of the cultured educationalist, and it was for this reason that so great an impetus was given to the development of nursing. The most fitting Memorial which could be devised to her memory would therefore be one which would continue that development.

## Medical Matters.

### THE ROMANCE OF MEDICINE.

Sir Arthur Conan Doyle, in an address delivered at St. Mary's Hospital, Paddington, at the opening of the new session, as reported by the *Lancet*, said in part:—

With a knowledge of medicine you will find that you bear with you a little private lantern which throws a light of its own.

In every transaction of the world, you are likely to find medical facts down at the root of it, influencing its origin and growth. To take an obvious example of what I mean, for centuries mankind beautified themselves by means of wigs. Whence came such a custom, unknown to antiquity and absurd in its nature? Medical, of course. A skin disease on the top of the head of Francis the First of France, which induced alopecia, or bald patches, compelled him to cover himself with artificial hair; his courtiers all followed suit, exactly as they all whispered when the same monarch got laryngitis; and so, the custom enduring after the true cause of it was passed, you find the explanation for all your tow-headed ancestors. The association of certain diseases with certain characters is an extraordinary problem. Julius Cæsar was, I believe, at all times of his life subject to fits. Then as to Mahomet, we know that he also had sudden trance-like fits, quite apart from his religious visions, so that even the most pious Mahomedan must admit them to have been symptoms of disease. Such conjunction of the highest human qualities with a humiliating disease has surely both its pathological and its moral interest. Pathologically, one might suppose that there is a limit to the point to which the keenness of the spirit can drive the body; that at last the strain tells, and they tear away from each other, like a racing engine which has got out of control. Morally, if the human race needed anything else to keep it humble, surely it could find it in the contemplation of the limitations of its own greatest men. I would further adduce Napoleon as an example of the sidelights and fresh interests which a medical man can read into history. One can trace for many years, certainly from 1802, the inception of that disease which killed him at St. Helena in 1821. In 1802 Bourrienne said: "I have often seen him at Malmaison lean against the right arm of his chair, and unbuttoning his coat and waistcoat exclaim, 'What pain I feel!'" That was perhaps the first allusion to his stomachic and hepatic troubles; but from then onwards it continually appeared, like Banquo at the banquet. He could scatter the hosts of Europe

and alter its kingdoms, but he was powerless against the mutinous cells of his own mucous membrane. Again and again he had attacks of lethargy, amounting almost to collapse, at moments when all his energy was most required. At the crisis of Waterloo he had such an attack, and sat his horse like a man dazed for hours of the action. Finally, the six years at St. Helena furnish a clinical study of gastric disease which was all explained in the post-mortem examination which disclosed cancer covering the whole wall of the stomach, and actually perforating it at the hepatic border. Napoleon's whole career was profoundly modified by his complaint. There have been many criticisms—not unnatural ones—of his petty, querulous, and undignified attitude during his captivity; but if his critics knew what it was to digest their food with an organ which had hardly a square inch of healthy tissue upon it they would take a more generous view of the conduct of Napoleon. For my own part, I think that his fortitude was never more shown than during those years—the best proof of which was, that his guardians had no notion how ill he was until within a few days of his actual death.

History abounds with examples of what I have called the romance of medicine—a grim romance, it is true, but a realistic and an absorbing one. Medicine takes you down to the deep springs of those actions which appear upon the surface. Look at the men, for example, who were the prime movers in the French Revolution. How far were their inhuman actions dependent upon their own complaints? They were a diseased company—a pathological museum. Was Marat's view of life tainted by his loathsome skin disease, for which he was taking hot baths when Charlotte Corday cut him off? Was the incorruptible but bilious Robespierre the victim of his own liver? A man whose veins are green in colour is likely to take a harsh view of life. Was Couthon's heart embittered by his disfigured limbs? How many times do the most important historical developments appear to depend upon small physical causes? There is, for example, the case of the Revocation of the Edict of Nantes. Now, how came Louis XIV., who had always held out upon this point, to give way at last to the pressure of Madame de Maintenon and his clerical advisers? The answer lay in one of his molar teeth. It is historical that he had for some months had toothache, caries, abscess of the jaw, and finally a sinus which required operation; and it was at this time, when he was pathologically abnormal and irritable, that he took the step which has modified history.

## Ambidexterity and its Relations to School Hygiene.\*

By LINA MOLLITT.

*Directora del Liceo de Niños de Copiapó, Chile.*

Ambidexterity is an artificial and acquired art, and its introduction is not infrequently attended with difficulties, or even active opposition.

It means, in school work, not only the training of both hands, but the training of all corresponding nerve-centres and dependencies, the development of the two hemispheres of the brain to a perfect whole, each with its corresponding attributes harmoniously developed and properly balanced. It means to its disciples the avoidance of various forms of spinal complaints by a proper posture and upright, vertical writing; the avoidance of various defects of the eyesight by the avoidance of strain (inevitable to the child writing a slanting hand); it means the avoidance of fatigue by an organised change of posture, and by working alternately right and left hand muscles and nerves, and with them the brain centres that direct them.

The opposition says that such training is artificial, and the opposition is right: It is.

But if ambidexterity is artificial, so is our 20th century life, so is our modern civilisation, our literature, our joys for the most part, and our sorrows, too. We ourselves and our world grow on an artificial basis, and our much-worked brains form many thought-centres that natural man does not need. *Natural man* and Heaven defend us from him, for I have seen him in his natural state in the wilds of Patagonia—*natural man*. I repeat (and still more, *natural woman* is the most repulsive, unclean, animal creation known).

We want, as Mr. Jackson, the great champion of ambidexterity, says, "we want every inch of our brains." So save us from the standard of natural man with his unformed, rudimentary perceptions, his selfishness, his crudity, his low pleasures, and mean sorrows.

Natural man, to those who have known him, is no heroic memory.

Ambidexterity is no new science. In past ages, in prehistoric times; there have been extraordinary nations and exceptional individuals who were bi-manual.

It is curious to note that the nations known to have been bi-manual always had moral, heroic, artistic qualities that raised them above the mass of their fellows.

To those interested in an extension of the subject I recommend Mr. John Jackson's book "Ambidexterity," published by Kegan Paul.—L. M.

Thus early drawn out of the ideals of the lost and primitive race, the African dwellers of Europe show in their habits signs of left and right-handedness. The Egyptians, a people strong, moral, and clean above their age, were ambidextrous. The Japanese, the most famous, healthy-minded of Orientals, have been ambidextrous for many centuries. The bravest, most able days of Old Testament fame, mighty men and "helpers of war," viz., the 700 soldiers of the tribe of Benjamin, and a select and highly-praised section of King David's army, were ambidextrous. Yes, The Rev. H. J. Dunkinfield Astley, Litt.D., F.R.Hist.S., gives an account of a far-away "Eolithic race," prior to the Paleolithic or Neolithic man, who undoubtedly made right and left-hand flint instruments, and showed, no doubt, pioneers of progress and heralds of a dawn of thought and invention that must have placed them several degrees above the human brutes of their own dark ages.

But the great mass of humanity has been left, and probably will be, right-handed.

For this—the opponents of ambidexterity point out—there are anatomical reasons, well-recognised by all students of the subject, be they in pro or in contra, and these objections are based on facts relating to the circulatory and respiratory organs, and even to the relative weight of the left and right side of the body, rendering it at least inconvenient to the beginner to use his left hand as frequently as his right.

This fact is, as I said, recognised, and will guide the teacher of ambidexterity to proceed gradually and carefully, rather to suggest than command, to note signs of fatigue, to train cautiously and avoid all and any violent measure.

Wherever ambidexterity has been educationally utilised the results have been favourable. In Europe and America numerous schools and studies that have adopted this form of teaching testify to this fact.

From practical experience I have seen the most happy results springing from judicious ambidextral training.

Children taught to use the left and right hand alternately in writing and drawing, and even, on occasion, to use both hands simultaneously, are less liable to brain fog and, curiously enough, seem to have their moral instincts more alert than children not so trained. They seem to profit psychologically even more than physically.

Among hundreds of children I have carefully observed, only a very few are naturally or habitually ambidextral. These children are invariably well-balanced and intelligent.

My best pupil, a girl of 15, told me the other day she had never had a headache, and was never ill. This girl can easily and correctly write a composition with her right hand and work out a given mathematical problem with her left, can draw different subjects with either hand, and has assured me that such exercises, which, of course, are exceptional, do not tire her in the least.

She is a leader among her class-mates, and has a strong perception of justice and a love of order. To these qualities she adds fearlessness and frankness and modesty, altogether a promising union of personal qualities.

All normal children can be trained to use both hands alternately for writing and drawing, but some abnormal children (and these are the exceptional few) cannot be trained, and in such cases the method must *not* be enforced.

The younger children are the more easily are they taught the use of either hand impartially. The first steps of ambidextral teaching delay—and *should* delay—rapid mental education. But as rapid education is not desirable in any case, and "quick progress" does not result in final harmony, this is a decided advantage.

Once the balance found, development and mental growth are normal, and the bi-manual child, by the nature of its training, escapes many physical dangers that lie in wait for the lop-sided scholar. It is well-known that right-handed workers have their thought centres in the left side of the brain, and that as soon as the left hand is called upon to perform intellectual work, new thought centres are formed in the right hemisphere of the brain. An education that graduates the training of both hands for intellectual work will, therefore, be, at the same time, training both hemispheres of the brain to become thinking well-exercised organs.

Mr. John Jackson, in his interesting book on "Ambidexterity," quotes numerous well-known medical men, who agree "in asserting that both in regard to speech and motor capabilities the right brain is in no whit inferior to the left, but that it has been, can, and may be cultivated or educated to exactly the same degree of activity or functional ability as its fellow, the left brain."

"The nerve-force and nerve fibres which produce muscular action on one side of the body take their origin in the opposite hemisphere of the brain." (Dr. W. Cahall, of New York.)

Out here in Chik I have personally consulted numerous medical authorities. All were in favour of ambidextral education, more especially those who had actual connection with educational work, other as professors of hygiene in fised schools or as medical superintendents.

Some readers of the BRITISH JOURNAL OF NURSING will not have forgotten Miss Eva Quezada Achanan, M.D., a lady whose charming personality is only equalled by her humanity and scientific training, and who became known to various members of the nursing profession during their visit to the Women's Congress in Berlin.

This lady is a warm supporter of ambidextral training, and has been inspired to champion bi-manual education by her mother, a highly-intellectual and harmonious woman, whose children have all been distinguished in one way or another by physical, mental, and moral superiority. Apart from dedicating herself to her more directly professional duties, Miss Quezada was for many years teacher of hygiene in a government school.

Those who have seen bi-manual children at work, in an upright natural position, their spines in no danger of deformity, their eyes unstrained by a false position for bi-manual writing is upright; cannot question the advantages such training offers. As a fact, opposition does not, as a rule, come from medical quarters, but from teachers, to whom the system naturally offers difficulties.

I have personally been fortunate in the enthusiastic support of my staff, and recognise with gratitude that our own success in ambidextral education is due to their efforts.

As to the pupils, I have found them (with few exceptions) most willing to learn the use of both hands. As I said, there is no difficulty with the little ones, if taken gradually, without hurry. Older beginners have the same difficulty every beginner has in using any set of muscles and nerves unused to certain exercises. And—as in all exercises—so in these care is necessary to avoid exaggeration. Time must be allowed for development, rest pauses must be frequent; we do not want to force, but to fortify in school-training. The object is not the phenomenon but the strengthening of human mechanisms for future use, the storing of energies for good and happy work hereafter.

Personal experience is generally worth a good deal of theory: I myself began bi-manual work late in life, trained myself on a system of my own, and succeeded, without a headache, in ambidextral blackboard drawing and colouring in a very short time. Now I frequently work with the left hand in preference to the right, in all that relates to form demonstration, and find my left hand work "fresher." I have never succeeded in writing "pleasurably" with my left hand, and find my own style stilted and unnatural when I do so.

But the stiffness of a change of hand is

undenable, especially for cut and dried office work.

Some of my staff have taken up bi-manual work with success and satisfaction to themselves as adult women. As is natural, the younger members achieve their end more quickly and perfectly than those more advanced in age.

Never has any physical inconvenience resulted to them from their self-imposed training. Far less has this been the case among the pupils, whose youth makes any new exercise easier.

The history of bi-manual education is curiously spasmodic. At various intervals we have seen it start into life, hailed as the one thing needful at the most diverse periods of the world's chronicle, and by the most diverse disciples.

It has been fanned by enthusiasts and has flared into life like a straw-fire, and, like a straw-fire, burnt out, has again sunk into oblivion to rise again, and again to sink.

It remains to be seen, whether our own, cooler, calmer acceptance of ambidexterity as an important part of the school curriculum will be of lasting good, whether science will support us, teachers (much needed) be found to carry on the teaching of ambidexterity cautiously and consistently, and whether, indeed, generations to come will benefit by our efforts and reap what we have sown.

They will not remember us, but, with the fresh and charming egotism of youth, glory felt contained in their own age, and their more harmonious culture.

#### NATIONAL FOOD REFORM ASSOCIATION.

The arrangements for the Conference of Matrons of Hospitals and Similar Institutions, which the National Food Reform Association is convening at Caxton Hall, Westminster, on Saturday afternoon, November 5th, have now been completed. Miss Rosalind Pagar will preside, and a paper on the "Feeding of Nurses," prepared by Miss Musson (Matron, Birmingham General Hospital) will be submitted. The discussion will be opened as *conferre*—*General Hospital* by Miss R. Cox-Davies (Royal Free Hospital); *Metropolitan Asylum Board Hospital* by Miss Susan A. Villiers, Park Fever Hospital, Leamington; *District Nurses' Homes* (Queen's Nurses) by Miss Buge-Shorliffe.

Any provincial Matrons, who are able to attend, are invited to apply for cards of membership to the Secretary, National Food Reform Association, 178, St. Stephen's House, Westminster. The arrangements are being made by a representative Committee.

## German Nursing in the Army and Navy.

By SISTER AGNES KARLL.

*President, German Nurses' Association.*

Our times have produced great changes in the provision for the sick in the army, during both war and peace. While, for example, we must allow that under Frederick the Great the provision for the wounded in time of war, certainly not of a high quality, was better than that of the sick in time of peace, to-day in both cases the same great care is shown, and in the medical system is continually improving.

In Prussia, in 1831, during the occupation of the Russian-Polish frontier, there were such a number of cases in the lazarets, that the lack of a trained staff made itself acutely felt. The result was that, in the following year, by an order in council, an institute was founded for the training of soldiers as nurses. They were given the name of surgeon-assistants. Firstly, they had to carry out the doctor's orders, and to help the doctor in the lazaret and on the battlefield, but they were not to prescribe themselves, or attempt to administer independently to the sick; secondly, to give first aid, in cases of imminent danger of loss of life, until the doctor should arrive; thirdly, to do the regular nursing instead of absent relatives.

The following definition of a soldier nurse's duties is taken from an official medical report of the beginning of last century.

"The soldier nurse is to make illness, recovery, nay, even death easier to his sick comrade. He is to be on duty as a brother of mercy in the hospital wards by day and by night."

In every company or squadron one man was to be trained by doctors in the garrison lazaret. On being selected the men were required to be respectable, to be able at least to write and do accounts, and in general, to be mentally and physically such, that their training might be expected to prove successful. Love of their vocation was also required, "because of the disagreeable impressions connected with it." They still formed part of the active troops, as privates, and kept their regimentals.

The period of training was 2 or 3 years for those who remained in the military service for a long period, for those who left the army, it was only the term of compulsory military service. An examination was held during the last year of the last 6 months of their active service.

Presented to the International Congress of Nurses, London, 1909.

service, to prove the existence of the qualifications necessary for the work of a surgeon's assistant. After having passed the examination, they passed from the rank of an apprentice to that of a surgeon's assistant, with the additional rank of a lance-corporal, and pay raised to correspond.

After a year's service they were given the rank of sergeant and corresponding means of support. Twelve years' service, which included active service, were necessary for the attainment of a civil appointment.

Those men, who had left the active service, were made use of during mobilisation, manoeuvres, etc., or if a surplus existed, they were placed under arms in their troop. In the latter case, however, they had to assist the doctors and surgeons on any given occasion. One year later each battalion was furnished with bandaging apparatus for the men-nurses; again, one year later, a book of instructions was compiled, of which each nurse received a copy.

This new creation of the Prussian army met with the highest approval of the authorities, even before it had been put to the test by a war; this happened for the first time in 1848 and 1849. In 1852, by an Order-in-Council, their appellation was altered into that of *lazaret assistants*, and they were given a uniform to correspond to their services.

At the same time a sub-division of military nurses was formed, 20 men to each army corps, so that in case of war there should be a larger number of fairly well trained nurses to dispose of.

Two years later companies of stretcher-bearers were formed, 15 to each army corps. A constant improvement took place in the instruction and in the position of the *lazaret assistants*, especially when renewed wars showed the importance of these institutions. Their military appointments were threefold, as first they had to serve in the army for six months before offering themselves voluntarily for medical training in nursing.

It was in the war of 1870-71 that they underwent the crucial test. 8,336 *lazaret assistants* were on duty in the German army, and had to give first help to 468,687 sick men, and to 116,821 wounded, not reckoning the number of wounded belonging to the French army. 107 Prussian *lazaret assistants* laid down their lives, 16 died a brave death on the battlefield, 9 afterwards succumbed to their wounds.

A further improvement of the provision for the sick, during time of war, was made by the creation of a medical staff corps. This altered the military rank of doctors from officials into *doctors*, which consequently influenced the

training system for the *lazaret-assistants* and *soldier-nurses*.

In 1885 hospital wards were arranged in the barracks, where amidst the soldiers, instead of only in separate lazarets, *lazaret assistants* could better provide for cases of slight illness, than had been the case hitherto.

In 1886 the last edition of the book of instructions for the *soldier-nurses* was published, but next year it is to be followed by a new one, as an addition to the plan of instruction for the state examination.

Since 1891 separate medical schools have been opened in the large lazarets, to provide a uniform, common training of the *soldier-nurses*; also the bandaging materials are prepared by them in special institutions.

In 1892, 1893, and 1894 great numbers of *lazaret assistants* were ordered out to combat the great cholera epidemic in Hamburg and its extension to the Rhine, Elbe, Oder, and Vistula; they stood the test admirably, as was proved in many cases by the bestowal of a badge of honour.

In the other German kingdoms the development of the nursing system had, in part, begun later and proceeded in a somewhat different manner, but it was similar enough to easily fit in with the main system, when the union of the German army took place after our last war. In our recently developed navy it was also necessary to adopt this system to the special conditions.

*(To be concluded.)*

## League News.

The first general meeting of the Cleveland Street branch of the Central London Sick Asylum Nurses' League was held at that institution on Friday, October 14th. The President, Miss C. B. Leigh, was in the chair, and the crowded room testified to the enthusiasm of the members, as well as to their interest in the subject of Nursing Organisation and State Registration, on which an address was given by Mrs. Bedford Fenwick.

In introducing the speaker, Miss C. B. Leigh remarked that it was sometimes said that the Cleveland Street Infirmary was dreary outside, but those who visited it were sure of a warm welcome within. Mrs. Bedford Fenwick was well known to them as a real friend to all nurses, and they were proud, as a League, that she should be the first speaker to come to address them.

Mrs. Fenwick then described the movement for the State Registration of Nurses, and showed how, although much has been accom-

plished for the improvement of nursing education, and certain systems of training evolved, yet these at present are unequal, individual, personal, and that the establishment by the State of an expert central body, or Nursing Council, is necessary to co-ordinate nursing education, and to maintain nursing standards and discipline.

In connection with the movement for registration and the opposition to it had inevitably aroused, she showed the economic reasons for this, and said that though some nurses were inclined to imitate the modest violet, which keeps under its leaves, all should come forward to help in the organisation of their profession, as some 10,000 of their colleagues in the United Kingdom have already done. She concluded by congratulating the members present on having formed their League, by which means, through membership of the National and International Councils of Nurses, they could enter into professional relations with their colleagues in this and other countries.

A hearty vote of thanks was accorded to Mrs. Fenwick, on the conclusion of her address, moved by Miss M. Punchard, Hon. Secretary of the League, and seconded by Miss Farries, Editor of the *League News*. The members resident in the Infirmary were in indoor uniform, looking very neat and trim, and wore their Badge, which is tastefully carried out in blue enamel, and bears the name of the League.

At the conclusion of the meeting some of those present visited the wards. If the proof of good nursing is that the patients are comfortable, then the standard of nursing at the Cleveland Street Infirmary is a high one. The fabric of the Infirmary is many years old, but the air in the wards was fresh, the fires bright, the patients cheerfully happy and contented, and everything, including the linen cupboards, in excellent order. The operating theatre and the manner in which it is kept reflect the highest credit on the nurses responsible.

There may be an aristocracy in nursing, to which those who hold positions in the hospital world lay claim, but the sick poor in this country, as well as the nursing profession, owe a deep debt of gratitude to those who, like Miss Leigh, have come forward during this transition period to take up the positions of Matrons in Poor Law Infirmarys, and to organise and maintain a standard of nursing which, tested by that which obtains in general hospitals, will not be found wanting.

M. B.

## State Registration in Victoria.

At the recent Annual Meeting of the Royal Victorian Trained Nurses' Association at Melbourne, Dr. R. H. Etherston moved the following Resolution:

"That the Association is in favour of Registration by the State of Nurses, and, if carried, that the Council take such steps as it may think necessary to give effect to the above."

Dr. Etherston said that for a long time he had been of opinion that a system of State Registration would be of great advantage to trained nurses, and particularly to the public. He quoted the example of New Zealand, which, he said had very advanced legislation, and had a Nurses' Registration Act on the Statute Book. He pointed out that the consideration of the question by Victorian nurses was important because a Bill was to be laid before the Victorian Parliament to register midwifery nurses and private hospitals. If this Bill passed it would take the midwifery examination out of the hands of the Association, and the Midwifery Board of Examiners would have the power to strike off the rolls trained nurses who misconducted themselves. He thought if the Association approved it would be an admirable plan to get that Bill extended to include general as well as midwifery work. He said that he had communicated with Miss McLean, formerly Matron of the Women's Hospital, Melbourne, and now Assistant Inspector of Hospitals and Registrar in New Zealand, who wrote:—

"My opinion formed after three years' work in New Zealand, is that a good Registration Act for Nurses, providing for professional (both medical and surgical) demonstration, is the best thing that can be devised for improvement in their own status and in their usefulness to the public; that this legal recognition, though not so necessary where voluntary associations have accomplished so much in Australia, yet would give a stability and a certainty to the profession which can be obtained in no other way."

The resolution was seconded by Miss Madge Jones, who said that the New Zealand nurses she had met had spoken most enthusiastically of State Registration.

The President, Dr. Springthorpe, then further explained the effect of a Registration Act, and Dr. Etherston's resolution, on being put to the meeting, was carried unanimously.

This is very satisfactory. We have also recently had the pleasure of meeting Dr. Felix Meyer, until recently the Editor of *Una*, the official organ of the R.V.T.N.A., who is strongly in favour of a system of Registration of nurses by the State in Australia. Dr.

Meyer has watched with keen interest the Registration movement in this country, and is of opinion that the nurses of the United Kingdom will have their Registration Bill in the not far distant future.

### Irish Nurses' Association.

The first business meeting of the season of the Irish Nurses' Association was held on October 8th, at 86, Lower Leeson Street, Dublin, and was well attended. It was agreed to postpone the usual opening social meeting for a short time. The winter work and lectures were discussed, and it is hoped soon to have arranged an attractive and varied programme for the session. Several new members were admitted.

The Ulster Branch of the Irish Nurses' Association had a very enjoyable social meeting on Thursday in last week (the first of the winter programme), which was held at the Deaf and Dumb Institute, College Square, Belfast. Other social meetings will be held on November 24th and February 16th next. On October 20th, Dr. G. A. Hicks will lecture to members of the Association on the "Physiology of the Abdominal Organs," illustrated by models, at the Royal Victoria Hospital. On December 6th, Dr. V. G. Fielden will lecture to the Association on "Preventive Medicine," and in January, on a date to be fixed later, Dr. Cory Bigger will address the Association on the State Registration of Nurses.

### Liberty of Conscience.

Now that October is here, renewed activity is evident in all the women's societies. The Nurses will, let us hope, throw all their spare energies into the registration campaign—a campaign which makes for professional justice. In the present year we have received and evidence of the ingratitude of men for the lifelong devotion to duty of a noble woman, together with the openly expressed determination to deprive women of professional promotion who dare to act according to conscience. Nothing but State protection for nurses can prevent the repetition of this tyrannical exercise of power upon the part of hospital governors who now control their own lives. Once and for all, those who stand aside now from this stirring fight for right are unworthy. To all nurses who value honour we would say, Come out, stand up, speak out, go ahead, and show liberty of conscience as a state, State rather than a lipishit.

### Proposed Memorial to the late Miss Florence Nightingale, O.M.

The organisers of the proposed Imperial Memorial to Miss Florence Nightingale, O.M., have anticipated the public meeting to be held at Grosvenor House on October 28th, to discuss the form which this Memorial shall take, by issuing the statement which we publish below. This action is the more significant as, although it has been widely circulated amongst women's societies, and the general public, it has not been sent to the Organised Societies of Trained Nurses. It is not surprising, therefore, that amongst the printed list of supporters the names of no professional nurses appear, with the exception of that of the Acting Hon. Secretary. We print the proposed Scheme which is being sent out with the following circular letter:—

#### Temporary Offices:

21, Little Wellbeck Street,  
Cavendish Square, W.

MAYMOT.—I am enclosing you a paper which outlines the proposed Imperial Memorial to the late Miss Florence Nightingale, O.M., in connection with which his Grace the Duke of Westminster has kindly allowed a meeting to take place at Grosvenor House on Friday, October 28th, at 3 p.m.

Should the scheme meet with your sympathy, may I ask you to be so good as to sign the enclosed paper.

A list of those who are supporting the movement is enclosed, and I need scarcely add how much your patronage would be appreciated by the organisers of the Memorial.

I have the honour to remain,

Your obedient servant,

ETHEL McCALL,

Acting Honorary Secretary.

#### PROPOSED SCHEME.

Men and women of the Empire, and without class distinction, are under a deep obligation to the Pioneer of Nursing. The privileged classes and the masses have benefited alike through the bathfields and hospitals of the Crimea. But victima gloriosa to the Nation must pale before the greater conquest achieved solely by a noble woman's efforts. Florence Nightingale fulfilled a mission so great that it will only be fully comprehended as time moves on.

An adequate Memorial, which should comply with the wishes of the great but simple-hearted dead, should be of lasting benefit to the living, and thus perpetuate the memory of this heroic woman.

It is therefore proposed to ask for National support for a fund to be raised to the memory of the late Miss Nightingale, to render pecuniary assistance to aged Nurses, or those in-

appointed three or four additional nursing sisters to assist our staff.

It is not only they who tell us there are yet few survivors who accompanied Miss Nightingale to the Crimea. One of these women, it is almost incredible to believe, is in the workhouse, though no fault of her own; others there are who entered the calling when it seemed to hold out little prospect of adequate payment, but whose early and devoted services are reflected in standards of modern nursing, while many of those now advancing in years will stand very near this perilous position unless they can be provided for.

Even at middle age there are few appointments open to nurses who have spent their time in public service. A nurse's career is necessarily short, as the public demand the services of a young and up-to-date woman, and this leaves small margin for even a fairly woman to provide a pension of, say, £50 a year, and near relations often claim the greater portion of her earnings.

It is for the purpose of assisting Hospital Trained Elderly Nurses that a Committee is being formed to promote a Memorial to benefit such women, to be known as the "Florence Nightingale Trust."

To this Memorandum is attached a personalized slip inviting the recipients to signify their intention of giving their names in support of the Scheme.

## Practical Point.

In the past tragic results have occurred from undue exposure to the X-rays. Operators can now be sheltered from the rays by means of lead-lined cabinets, in which the patients are put during the operation, and observe their "cases" through windows whose glass has lead in it. These safety devices are now being extensively provided in the up-to-date X-ray departments of hospitals.

## Legal Matters.

### AN OVERDOSE OF STRYCHNINE.

An almost inexcusable laxity in the dispensing and control of a poisonous amount of strychnine resulted in the death of a scarlet fever patient, a child of four, at the West Heath Fever Hospital, near Birmingham. At the subsequent inquest the Night Nurse, Nurse Ruelke, deposed that in instructions written in the report book she was directed to give a dose of strychnine mixture to the deceased every four hours. She got the bottle usually containing the mixture from the kitchen, and administered the prescribed dose at 10.35 p.m. Shortly afterwards she found the deceased blue

and comatose. She summoned assistance, but the child died at 11.15 p.m. The strychnine she administered with quinine, and she believed this was the day sister's duty. The Matron, Miss Cooper, said the doctor dispensed the medicines, and she put the bottles out for the nurses to take to their wards. She put the bottle containing the strychnine into the window sill in the passage, knowing that Sister Foley was upstairs.

Dr. Green said that he did the dispensing, and measured out 1 drachm of strychnine into a bottle. It was the duty of the day sister to fill it up with quinine. The Coroner remarked that to send out medicines half-dispensed could not be defended for a moment.

Nurse Deploet said she took the bottle from the window sill and took it up to the kitchen of Ward 1, but did not tell the Sister that she had done so.

The Coroner, in summing up, said he did not see that they could blame the Night Nurse. How such a loose system could have been in operation passed his comprehension. He considered the doctor responsible, as he had no business to send out medicine half-dispensed.

The jury returned a verdict of "death from misadventure." They asked the Coroner to censure the doctor, and exonerated the Night Nurse from blame.

## RESIGNATIONS AND APPOINTMENTS AT THE SALPETRIERE SCHOOL OF NURSING, PARIS.

Madame Jacques, the Matron of the School for Nurses of the Assistance Publique de Paris at the Salpêtrière, has resigned in order to take a post as midwife in the Administration, a position she formerly held. She has been replaced by a Sister from the Hospital "La Pitié," Miss Clement, who has been for more than ten years at the head of hospital wards.

Miss Clement, who is a perfect type of the "hospitalière," unfortunately cannot take up her functions for some weeks. She is replaced by her under-Matron, Miss Grenier, who has been for several months directing the *School of Infirmary*, and who has shown herself quite equal to this laborious task. Miss Grenier has been at the School since the foundation. She is assisted by four mistresses; two, Miss Bordet and Miss Damvray, have been chosen from among the pupils who were graduated in 1910; they are like their colleagues, Miss Gosselin and Miss Fraval—pupils who underwent a probation at St. Bartholomew's Hospital. Finally, at the reopening of the School this October, 97 new pupils were chosen as probationers.

The retirement of Mme. Jacques from the superintendence of the School is a great loss to the institution, and will be much regretted by the pupils, by whom she is highly esteemed. Mme. Jacques is well known to many of her colleagues in this country, and they will, we feel sure, desire us to convey to her their good wishes for her success in the new work which she is undertaking, and to the new Matron of the Nursing School at the Salpêtrière on succeeding to this important position.

## Appointments.

### MATRONS.

**Children's Convalescent Home, West Kirby.**—Miss A. Bryant has been appointed Matron. She was trained at the East London Hospital for Children, Shadwell, and at St. Bartholomew's Hospital, E.C., where she was gold medalist of her year. She at present holds the position of Sister in Stanley Ward. Miss Bryant's departure from St. Bartholomew's will be greatly regretted by her colleagues there. She was selected for her present position out of 171 candidates.

### SISTER-IN-CHARGE.

**Dr. Altounyan's Hospital, Aleppo, Syria.**—Miss D. Targett Fry has been appointed Sister-in-Charge. She was trained at the Leicester Infirmary, has worked as a Holiday Staff Nurse at St. George's Hospital, Hyde Park Corner, S.W., and has also done private nursing.

### SISTERS.

**East London Hospital for Children, Shadwell, E.**—Miss Mabelle E. Fussell has been appointed Sister of the Isolation Block. She was trained at the Leicester Infirmary, and has held the position of Sister at the Belfast Children's Hospital, and of Sister at the Royal Haunt County Hospital, Winchester.

**Stockton and Thornaby Hospital.**—Miss C. Henderson has been appointed Sister of the Theatre and Men's Ward. She was trained at the Royal Southern Hospital, Liverpool, and has held the position of Sister at the Kent and Canterbury Hospital, and of Night Sister at the Stockton and Thornaby Hospital.

**The Children's Infirmary, Carshalton.** Miss Gladys K. Thewles has been appointed Sister. She was trained at King's College Hospital, London, and has had experience in private nursing.

**Mile End Infirmary, E.** Miss Lily Rae, and Miss Mabel Brown, who at present hold positions as Staff Nurses at the Children's Infirmary, Carshalton, have been appointed Sisters at the Mile End Infirmary.

### NIGHT SISTER.

**Hospital for Women and Children, Leeds.** Miss Maud Boon has been appointed Night Sister. She was trained at the Victoria Hospital, Burnley, and has held the positions of Staff Nurse at the Hospital for Sick Children, Great Ormond Street, W.C., Sister at the Royal Hospital for Sick Children, Glasgow, and has acted as Matron's Deputy at the Nottingham Children's Hospital, and done holiday duty at Queen Charlotte's Hospital. She is a certified midwife.

### SCHOOL NURSE AND HEALTH VISITOR.

**City of Rochester.** Miss Frances Martha Jump has been appointed School Nurse and Health Visitor. She holds the certificate of the Royal Sanitary Institute for Advanced Hygiene and Physiology, and has also the St. John's Ambulance Association First Aid and Nursing certificates, and medallion.

### LADY HEALTH VISITOR.

**Brighouse Corporation.**—Miss Marion G. Cook has been appointed Lady Health Visitor under the Brighouse Corporation. Miss Cook was trained at the Lambeth Infirmary, and for the last nine

months has worked as School Nurse under the London County Council.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned Staff Nurses resign their appointments:—Miss M. Black, Miss G. M. Griffiths (October 19th).

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Annie Graham is appointed Superintendent, Carlisle; Miss Norah Perry is appointed Assistant Superintendent, Three Towns; Miss Adelaide Dixon, to Bacup; Miss Amy Awre, to Bacup; Miss Emily Jordan, to Shoreditch; Miss Julia Fraser, to Sheerness; Miss Emma Fechtman, to Brighton.

## Presentations.

Miss Napper, who has held the position of Matron of the Surrey Convalescent Home for Men at Seaford since its foundation 19 years ago, has recently resigned, and last week at a largely attended meeting at Guildford she was presented by Sir Trevor Lawrence, on behalf of the subscribers, with a cheque for £126, a card case and an album in appreciation of her work. Amongst the subscribers were the Lord Lieutenant of the County, the Lord Chief Justice, the Earl of Onslow, Viscount Milton, Viscount Knutsford, and the High Sheriff for Surrey. In making the presentation, Sir Trevor Lawrence said that no fewer than 16,784 patients had passed through the Home since Miss Napper had been Matron.

An interesting little ceremony took place at the Edmonton Infirmary on October 8th, when Miss Alice Franklin (the Superintendent Nurse) was presented with a handsome silver inkstand, a silver tea-caddy and spoon, and a hot-water jug, also of solid silver, given by past and present members of the medical and nursing staff and others, in token of their appreciation of her long and faithful service, on the occasion of her resignation. She has also received a pretty little silver clock from the patients.

Dr. Benjaield (the late Medical Superintendent) made the presentation with a suitable speech, in which he voiced the feelings already "writ large" on the faces of all present—viz., the sorrow and regret of those who knew her worth. She will be greatly missed by all the staff and also by the patients, who loved her much, for in her they feel they have lost a friend.

Miss Franklin goes to take up duties, pro tem, as the head of the Sunderland Infirmary, one of the best training schools in the North of England. She has been asked to fill this post during the illness of the present Superintendent Nurse. The nurses are nearing their final examination and need someone to coach them and continue their teaching. She carries with her to her new sphere of work the good wishes of all those she leaves behind.

## Nursing Echoes.



spent a few years ago.

We are pleased to note that Liverpool has decided not to pauperise its nurses as a memorial to Miss Nightingale, although the Rev. T. W. M. Lund, seconded by Sir James Barr, very nearly succeeded in persuading the meeting at the Liverpool Town Hall to perpetuate her memory by erecting a home for aged and worn-out nurses, instead of by creating a seventh nursing home in the city to be known by her name. Mr. Lund's amendment was rejected by the narrow majority of two.

Nursing sentiment will be with Mr. John Lea, who felt that at the end of their days Queen's nurses should not have to look forward to living in homes "for worn-out nurses," but should receive just remuneration for their hard work, or should have adequate pensions to enable them to live where and how they please.

Mr. H. R. Rathbone said that nurses were badly paid, but nearly all women's work was badly paid, and nurses were no worse off than others. Sir James Barr said many nurses had nothing but a prospect of the workhouse before them when too old to work.

Mr. N. Fitzpatrick, writing in the *Liverpool Daily Post*, states that "many are the cases which have come to my knowledge of aged nurses, crippled or invalided, who have spent their declining years in one room trying to exist on a bare pittance, often on the charity of friends, and these women, the majority of them brought up in refinement, suffer the more acutely because in silence."

What other result can be expected from an economic system which assesses a certificated nurse's salary at £30 a year, and a rural nurse's at nothing. As the few shillings paid the latter are insufficient for food and comfort-

able personal needs, nothing can be reckoned as salary. This sweating of district nurses and midwives is of urgent economic importance, and it is high time that the wholesale manufacture of women paupers in the name of philanthropy should be stopped. The Liverpool memorial meeting afforded a very useful opportunity for giving publicity to this question, and let us hope it will touch up the public conscience.

It has been decided that the Brighton Memorial to the late King, to be provided by public subscription, shall take the form (1) of a permanent memorial to be placed in a suitable position in the town, and (2) of the provision of a building for a Home for the Queen's Nurses in Brighton, and that any sum collected in excess of these requirements shall be applied to the endowment of the local branch of Queen's Nurses. High testimony was paid by Mr. G. S. Godfree, senr., who proposed the resolution embodying these suggestions, to the splendid work done by the Queen's Nurses in Brighton, and the decision to build the Home will be generally approved.

The medical inspection of school children does not appear to commend itself to some of the mothers of Belper, who also resent the classification of children by the school nurse as "verminous." To demonstrate their disapproval a number of the mothers recently assembled outside the Pottery Schools armed with tin pans and other like implements and beat a metallic tattoo during the nurse's visit to the school, in consequence of which she was detained for some time. A detachment of indignant mothers also assembled outside another school, but the Chairman of the School Council, Miss Deacon, with other officials, appeared on the scene, and induced the women to disperse by warning them of the serious consequences of their conduct if they persisted in it. The names of several of the ring-leaders were taken, and it is possible that proceedings in the police court may follow. The life of a school nurse is not all roses. Cannot some tactful person put it to the mothers whether they consider it worse for children to be verminous or to be classified as such.

The question of soliciting subscriptions in an institution for gifts to officials, from nurses and members of the domestic staff, is a debatable one. When a Matron, Assistant Matron, or Sister retires who has held office for many years there may be a general and spontaneous desire on the part of the nursing staff to pre-

sent her with a mark of affection, and a rule prohibiting all such gifts may press hardly at times. On the other hand, if any latitude is allowed, it is very apt to exceed legitimate limits and Christmas and birthday gifts to those in high places may become an annual tax on slender purses which nurses and probationers feel would be ungracious to refuse, but which many of them can ill afford. The rule in force at the Royal Infirmary, Edinburgh, to which we referred last week, which prohibits collections within the institution for gifts to officials, commends itself to many people as the correct attitude. But, whatever may be said for and against its rigorous enforcement in all cases, there can be no question whatever that collections amongst patients in a ward, for gifts to the Sister or nurses of the ward, should not be permitted. We notice that such a collection, followed by a presentation, has been made to the Sister of a ward in a provincial hospital on more than one occasion, and we are of opinion that a regulation prohibiting any such gifts from patients to nurses in future, should be enforced at once by the committee.

The Special Committee appointed by the Hull City Council are holding meetings, but do not appear to be very determined upon reforms. The first thing to do is to appoint a highly qualified Matron, and support her in the administration of discipline. If needs be fill vacancies by the employment of qualified private nurses, until such time as an efficient selection can be made to complete the full nursing staff. To beg those who have resigned to reconsider their resignations can only prolong the chaotic condition of the institution. This has been the weak policy of the Chairman.

The vexed question of the nurses' dietary scheme again came up for consideration at the recent meeting of the Belfast Board of Guardians.

Mr. Joseph Mitchell moved:—

"That the resolutions of this Board of Guardians, adopted at their meetings on 6th September, amending the nurses' dietary, and on the 20th September amending the dietary for nurses and officers, and discontinuing the luncheon to nurses, be and are hereby rescinded, and I now move that the entire matter be reconsidered by the Board of Guardians."

He said the proposed changes in the dietary were a mistake, and ought to be rescinded.

Mr. J. G. seconded.

The Chairman spoke at length on the question, and appeared to argue that because im-

provements had been made, such as building a new home for the nurses, and giving them a salary of £5 instead of nothing, it was unreasonable upon the part of the staff to express an opinion concerning the discontinuance of the light lunch formerly allowed.

Mr. David Adams was more logical when he said: "Beyond these facts, which could not be disputed by anyone, there was the larger question, and that was, Were they as elected representatives to govern and manage that institution or were the officers to do so? If they that day reversed their own decision as to the diet scales it would be the worst day he had experienced during his nine years as a Guardian, and their governing officials would not be heard or obeyed to the extent that they should."

The Chairman denied that the suggestion of a change originated in him, and "blamed it on to Eve." He said it was made by the new Housekeeper, and then he consulted some of the Charge Nurses on the subject, and they agreed. A verbal report was brought in subsequently by the Lady Superintendent and Lady Housekeeper, stating that the change was essential and should be tried.

Ultimately eighteen votes were given, as against ten, for the motion to rescind. This part of the resolution was declared carried, and the consideration of the question by the Board in committee was agreed to.

Let us hope the nurses will be permitted to enjoy their little lunch in peace. We well remember, in probationary days, the discomfort of the vacuum which resulted from a hurried breakfast at 6.15, followed by four or five hours' exhausting ward work, before a mid-day dinner. If it had not been for the surreptitiously baked potato—but that is another tale!

The new regulations for the examination of candidates for the Medico-Psychological Association's Nursing Certificate will for the future involve two examinations, but candidates who began their training before November, 1909, will only be required to take one as heretofore. The first of the new preliminary examinations will be held next May.

The Annual Conference of the Association of Nursing Superintendents of India is to be held at the Victoria Memorial Hospital, Benares, on December 14th, 15th, and 16th. The arrangements are in the hands of Miss A. R. Creighton, of Jaunpur.



cent. of sugar or syrup, and 1 per cent. of flavouring matter, chemicals, and colouring.

Again, adulterated milk and skim condensed milk are, as we all know, largely responsible for the heavy death-rate amongst children. Dairymen's vehicles might, said Mr. Foot, bear as legends the hoary old fables, "Pure milk as the cow gives it," and "Special cows kept for invalids and children," without their possessing any such speciality, and in spite of the fact that they sold a mixture coloured with annatto. True adulterated milk must not be exposed for sale as pure milk, but the difficulties in bringing home the sale of adulterated milk to the offender were many. The inspectors became known in the districts in which they worked, so that it was easy for the milk vendor to circumvent them. Thus, in the case of a vendor who, recognising an inspector, darted out and said, "There's a little something in that," it was held that this was sufficient notice to put the purchase on his guard. In another instance the fact that the vendor dashed out and said to the inspector: "This is country milk, and I cannot guarantee it," was sufficient to protect him from penalty, and although it was proved that the same milk had been sold to other customers without warning being given, that fact was held to be irrelevant to the case which was before the court.

Again, some fraudulent dealers send round a hand-can of pure milk from which to serve inspectors or unknown customers, while many shops keep two milk-pans, a small one on the counter, and a large one beneath it, from which customers are served. The reason for this is obvious: the contents of the large one are not legally "exposed for sale," and so the vendor can adulterate them with impunity.

There are, of course, Mr. Foot pointed out, many honourable exceptions, but as the law at present stands the honourable trader competes at a disadvantage with the trickster.

Referring to the question of food preservatives, Mr. Foot stated that the report of the Departmental Committee on preservatives proved that formalin and boric acid were largely used in the preservation of milk, cream, butter, ham, soups, sausages, corned beef, and other articles of diet; in fact at almost every meal we are consuming chemical preservatives, not as drugs, but concealed in our food. He submitted that the butter-factor, the grocer, and the oilman were not proper persons to bring the public.

The Chairman of the meeting, Mr. E. J. Sheppard, F.R.M.S., spoke of the public craze for a white loaf, which meant a loaf made from grain crushed between steel rollers, by which means the nutritive portion was eliminated. Flour should be stone-ground and only whole meal flour used.

The Secretary of the Association, Mr. Alfred E. Moore, followed, and referred to the admission of a flour merchant that plaster of Paris was incorporated with some self-raising flours. He also pointed out that salicylic acid is much used as a food preservative, a drug which forms the chief basis of corn-salve. He left his honours to judge if it is able to cut through these gillies on the

feet what its action is likely to be on the mucous membrane of the stomach. We think we have said enough to prove to nurses the intimate relation between the welfare of their patients and the purity of their food supply, and the importance, therefore, for them to inform themselves on this subject.

In conclusion we may remind them that not many years ago the makers of a well-known meat juice were proved to have employed putrid livers in their concoction. When it is remembered that this special article was sold at a high price, and used almost exclusively in the sick room as a specially concentrated and nourishing article of diet for patients so desperately ill as to require feeding in teaspoonful doses, the enormity of such methods is apparent.

#### JEYES' FLUID.

The proprietors of Jejes' Fluid have had the honour to receive the only Warrant of Appointment to His Majesty King George V. for disinfectants. Messrs. Jejes' have received no less than 135 gold medals and other awards, and have also held the Royal Appointments to Her Majesty Queen Victoria and His Majesty King Edward VII.

### Foreign Letter.

#### FROM HOLLAND.



DEAR EDITOR.

A long time has passed since I sent you my last letter, and even to-day I can only give you a

survey of the present position of nursing in Holland.

As yet the Board of Health has not given any decision about the petitions *Nasokomos* addressed to the Government in 1907. So matters are still in abeyance, and we can only hope that the decision eventually will be favourable to State registration; meanwhile we are working to arouse public opinion in our favour.

But there are two factors, which prevent our work from being very effective, and even thwart it. These are on the one side the apathy of Matrons and nurses, and their unpardonable indifference to all matters concerning their training and profession; on the other side the opposition to State registration from the side of the medical superintendents of hospitals and asylums. There is no feeling of solidarity amongst our nurses, they are not interested in their profession as a profession. Many of them, especially the better educated ones, are too conservative to grasp the idea of solidarity, and regard membership of an association the aim of which is more social than philanthropic as undignified, as a thing good for working people, but not for gentlemen. Also there is the view that

nursing demands the sacrifice of all worldly pleasures and interests which is a remnant of the early religious character of nursing. Both these views are fostered by the authorities who like drudges, and can better ignore the gently murmured complaints of the individual than the boldly uttered criticisms of an association. Such conditions are partly a result of the system of nurse training, which eliminates all subjects of social importance, and are partly due to the previous education of many nurses, which does not seriously prepare them for the exercise of a profession, as is considered necessary in the case of boys, while girls are led to look forward to marriage. This last fact makes it most difficult to organise women; they certainly work hard and conscientiously while in a profession, but don't consider it as a life task, only a temporary occupation. As to the nurses recruited from the lower classes (and there are a good many, because every girl who has been at school till her twelfth year, is eligible for training), they enter the profession for the most part to gain more money than is possible in service, or to get a higher position in society; these nurses are not sufficiently educated to see the more ethical side of the matter, they have few ideals. Of course, there are exceptions in both groups, really splendid women, working with all their might for the good of the profession; but they are such a small group that all their endeavours to rouse their colleagues to a better understanding of their real interests often seem hopeless. As to the opposition of the medical superintendents of hospitals and asylums this is due to two causes. In the first place, they do not want any State interference in the training of their nurses, which at present is everybody's private business, and they consider it should remain so. In the second place they do not want to give their nurses the broad, full training we want them to have; they don't want first-class women for nurses. And why not? Because a woman who is not very well educated and has not had much teaching at school, whose professional knowledge is not very extensive, is submissive. She looks up to the doctor as to a god; she is his slave; she fawns upon him. Whereas the well-educated gentlewoman strictly obeys medical orders, but also forms her own judgment, and in all matters outside her work feels herself his equal. Here, also, there are exceptions to be found. Amongst medical superintendents of small hospitals, and physicians in private practice, there are broad-minded men, who fully appreciate intelligent, well-trained nurses, women of refined character, but they are powerless to make radical improvements in the present mode of training. The medical superintendents of the large hospitals and asylums are as yet omnipotent. That is the reason of the opposition to State registration from the side of men whose duty should be to do everything in their power to improve conditions.

It seems to me that the same conditions may be observed in other countries. In the *Canadian Nurse* I read a few weeks ago serious complaints of the indifference of the nurses in all matters concerning their profession, and as to that disgraceful affair at St. Bartholomew's Hospital, I am

don't, has it not been caused by the wish of men to retain their power over women?

I have come to the conclusion that for our country at least the only possible remedy is women's suffrage, not only will it confer on women the right to vote, but also the educating, stimulating influence of exercising the suffrage will compel the nurses to take interest in many things besides nursing, it will broaden their minds, and heighten their self-confidence, and their feeling of dignity.

I am working for women suffrage very hard; it is rather a roundabout way to come in touch with the nurses, the hospitals, and asylums, but it seems to me the right one, because the only possible one. A medical superintendent who forbids the membership of our association to his nurses can hardly prohibit their joining the Society for Women's Suffrage, the movement has become too large and too powerful. The dependent position in which all women live nowadays is humiliating. Nurses by reason of their being absolutely dependent on hospital authorities for their training, their examination, their certificate, their credentials (all these being private matters not under State control) are specially submissive, and like the slaves of old they flatter their masters to obtain what they want. Suffrage will be one of the means, and a very powerful one, to develop their feeling of dignity, to arouse in them a proper pride. As long as in the more important things of life the opinion of women is not asked, as long as they are treated like children, the nurses will not realise that they have to take matters in hand themselves in order to obtain improvements, they will submit passively to every authority. But once it is their duty to take their part in the management of public affairs, then the nurses will realise also that good results can only be expected when they themselves work for the improvement of their profession, instead of leaving it to others, to whom the interests of the nursing profession are only of secondary importance.

J. C. VAN LANSCHOT HUBRECHT.

#### A FRIEND IN NEED.

We have pleasure in drawing attention to the excellent work, and extremely moderate prices, of the Universal Hair Co., 80-81, Foxberry Road, Brockley, S.E. Complete transformations are supplied in the finest quality of human hair at 30s., and partial ones at correspondingly low rates. While so long as a woman has a sufficiency of hair she will usually prefer to be content with her own, yet many, as they advance in life, require some artificial aid, and to such the Universal Hair Co. comes as a friend in need. There is no doubt that the constant wearing of caps by nurses is prejudicial to the welfare of hair, which requires fresh air and sunshine; also to busy workers, who can spare little time in which to dress for an evening function, the aid of a transformation is often most convenient. The private establishment of the above Company is only two minutes' walk from the London and Brighton and the Chatham and Dover Stations at Brockley, and the Manageress will be pleased to advise clients between 10 a.m. and 4 p.m., Saturdays excepted. f

## Outside the Gates.

## WOMEN.



The Bureau Circular issued this month by the Society of Women Journalists appears in a more imposing form. It opens with a Foreword written by Mrs. Bulstrode.

"Many things have happened," she says, "since the Society migrated from the little basement office in Arundel Street to its present quarters, with their atmosphere of history and romance—a most modern society in a setting of antiquity, and in watching the progress of the Society for quite an appreciable period of its existence the development of women's work in journalism has provided considerable food for reflection. Their literary ideals, if I may say so, seem to have shared in the general awakening and advance that has affected the sphere of the sex, and with that expansion the scope for their efforts has surely enlarged, not only in respect of the writers, but in relation to the readers, as well. . . . A fine mental digestion, coupled with an insatiable appetite for a purblind of general knowledge, is not improbably a *sine qua non* to the physiology of the successful woman journalist of tomorrow. Is it too lofty an ideal to hope that one of the results of this little publication of our Society may be to exercise a broadening influence in that direction and thus tend to increase the sum total of the knowledge and impulses conveyed by a perusal of women's writings."

At the Annual Meeting of the National Council of Women of Great Britain and Ireland, the Governing Body of the National Union of Women Workers, held at Lincoln last week, Lady Laura Ridding was re-elected President of the Union. A discussion took place on a resolution, proposed by Mrs. Greenlees, on behalf of the Standing Committee of the Scottish Unions of Women Workers, as to the advisability of substituting the name "National Council of Women" for that of "National Union of Women Workers." Mrs. Greenlees said that the most important reason for the change was the constant confusion and misunderstanding arising from the Union being mistaken for a trade union. Another reason was that it would bring them into line with other Councils of Women all over the world affiliated to the International Council of Women. Eventually, on the motion of Lady Laura Ridding, it was decided that some change in the name was desired and the matter was referred to the Executive to consider and report upon to a future meeting of the Council.

In connection with other eminent savants (Sir George R. Darwin of Cambridge, C. Hart Arnold, James D. Zittel, and Professor Bachmayer, Newark, N. Jersey), Mrs. Greenlees, of Paisley, the discoverer of radiations, is elected a member of the Society of Academic Sciences.

Chicago has just recently made a rather unusual departure in appointing a woman as Superintendent of its entire city school system. Mrs. Ella Flagg Young, the new Superintendent, is considerably over sixty, and has been teaching since 1862, and the fact that she is considered equal to such a task shows that in Chicago she is looked upon as something quite out of the ordinary. Her whole career has been abnormal. She was principal of the Chicago Normal College for eight years, has been District Superintendent of schools for twelve years, and was professor of education in Chicago University from 1899 to 1905. It is very unusual for a woman to hold any of these posts, and that she should be offered that of Superintendent of the system is a great honour still.

## Book of the Week.

## THE SINS OF THE CHILDREN.\*

We have set before us in this chronicle a clerk in the employ of the Great Western Railway at a salary of one hundred and seventy pounds a year, and his motherless little daughter, Jeannie.

"When he was at home he hated her out of his sight. . . . His first grey hairs appeared after a rather sharp attack of measles she caught at school. It was on Saturday afternoons that Jeannie had particularly happy memories. In those far-off days there were actually fish to be caught in the river between Hammer-smith and Putney. On most Saturdays when fishing was in season a long line of anglers would be seen in the neighbourhood of the latter place, of which Joe, invariably accompanied by Jeannie, who carried the bait can, was a patient unit. . . . He loved Jeannie to revive her school friends to the house, when, with a seemingly unlimited fund of comic resource, he would go down on all fours and imitate various animals to the life. . . . Until Jeannie was sixteen she had attended a school of no account in Putney, but when she reached that age Joe, perhaps foolishly, but with the best intentions in the world, sent his tall daughter to Clarence College, an 'establishment for the education of the daughters of gentlemen,' as it was grandiloquently termed by the proprietor.

And then the father's supremacy, in her heart, begins to decline, for she is wooed and married by the brother of one of her school friends. The marriage is considered a *misalliance* by her husband's people, and he has little more to offer Jeannie than she had enjoyed with her kind, homely father. After the birth of her first child she begins to have twinges of remorse about her recent neglect of her parent, and is resolving to show him the attention and affection he deserves when she is hastily summoned to his sick bed.

"The telegram was sent from Putney, and all it said was—'Come at once!'"

Directly he arrived at the house she had gone up to her father's room to find him unconscious. Although Joe's extremity cut him to the quick there

By HENRY W. C. NEWTON (Mills and Boon, London.)

had been no time to put on her nightgown. She had made the bed comfortable and tenderly kissed his now white head. When it became too dark to see she forebore to leave the lamp, preferring the twilight till she perceived it had the effect of contrasting Joe's hair with the darkness about him, and thus emphasised its whiteness.

This appealing witness of her long neglect tugged at her heart strings. She had come in the smart frock she had got ready for the luncheon party. She took it off carefully before getting into a dressing-gown she had brought with her. As she was doing this she fancied that Joe shivered; she was about to put more clothing on the bed when an idea occurred to her whereby she could make a trifling atonement to her father. She caught up her smart bodice and skirt and wrapped them tenderly about his shoulders.

But her tears of penance came too late for grace, and kind old Joe dies without recovering consciousness. Her neglect is again brought home to her when, later in life, she in her turn suffers from the ingratitude of her own son.

We are not enamoured of the book as a whole. It is disconnected and lacks power. Moreover it is too obviously padded with irrelevant material.

H. H.

#### COMING EVENTS.

October 24th.—Central Midwives' Board. Examination. London and Provinces.

October 25th, 26th, 27th, and 28th.—City of London School, Victoria Embankment, E.C. Grosvenor Lectures: Ancient and Modern Surgery, by Prof. F. M. Sandwith, 6 p.m. Admission free.

October 26th.—Opening of Wandsworth Infirmary, by the Right Hon. John Burns, M.P., President Local Government Board.

October 26th.—Meeting, Matrons' Council of Great Britain and Ireland. Business meeting, 3.30 p.m. To be followed by a discussion on "The Supply of Probationers." 431, Oxford Street, W. Tea.

October 27th.—St. John's House Nurses' League, General Meeting, 3 p.m.

October 28th.—Meeting to consider a scheme for an Imperial Memorial to the late Miss Florence Nightingale, Grosvenor House, W. Admission by ticket, to be obtained from Hon. Secretary, 21, Little Welbeck Street, Cavendish Square, London, W., 3 p.m.

November 1st.—Nurses' Missionary League, Lecture: "Work in a Home and Foreign Hospital Contrasted," by Miss C. F. Tippet, Shensi, N. China. University Hall, Gordon Square, W.C., 10.30 a.m.

November 1st to 5th.—Cookery and Food Exhibition, Royal Horticultural Hall, S.W. Nurses' Invalid Trays on view on 3rd and 4th prox.

November 1th.—National Council of Nurses of Great Britain and Ireland. Annual Meeting, 431, Oxford Street, London, W., 4 p.m. Tea.

November 5th.—National Food Reform Association. Conference on the Feeding of Nurses, Cavendish Hall, S.W., 2.30 p.m.

#### WORD FOR THE WEEK.

If thou desire to profit, read with humility, simplicity, and faithfulness.

## Letters to the Editor.



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

#### OUR GUINEA PRIZE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—Many thanks for the cheque for £1 1s. for Puzzle Prize for September, which I have just received. It was a very pleasant surprise to me.

Yours very sincerely,

M. COOPER.

Western District Hospital, Haddington.

#### SUPPLEMENTARY REGISTER FOR FEVER NURSES.

*To the Editor of the "British Journal of Nursing."*

MADAM,—I am sure that you will, in fairness, allow me space for a few words in reply to the criticisms of my position by "E. G. F." and Miss E. A. Stevenson, which have appeared in recent issues of the Journal.

Briefly, I do not "control" any fever hospital. I have entered upon this controversy simply out of a desire to see fair play, and in a spirit of loyalty to my colleagues in the public health service—the fever nurses, whose unstinted devotion to duty and self-sacrificing labours have won my heart-felt esteem and admiration during the period in which I have been associated with them. One of the Nurses' Registration Bills of last year accorded them a place on a separate or supplementary register, on their undergoing a suitable training and passing the necessary State examinations. I and those who act with me are in hearty sympathy with the movement for the State Registration of Nurses, most of us have relatives in the profession, and all of us are desirous of doing what lies in our power to secure the end in view. But we are not prepared to see the boom for fever nurses which was offered in last year's Bill withdrawn at the instance of a narrow-minded section, whose desire—in whatever cloud of words they cloak their intentions—is quite evidently to keep fever nurses in a humble and subordinate position. It is a pity that the passing of the Nurses' Registration Bill should be impeded by the impracticability of this section.

I am in entire harmony with "E. G. F.'s" view that "once State Registration is in force, no sufficient number of intelligent women will place themselves in the ambiguous position of working on 'stannary' certificates which are not re-assurable." But that "ambiguous position" is what is offered in the Bill which she supports, and what Miss Stevenson in the *Glasgow Herald* contends for fever nurses.

I have Miss Stevenson and Dr. Robertson, both of the Scottish Nurses' Association, to deal as faithfully with one another as they have been

doing in your columns and in the *Glasgow Herald*, only noting in passing that Miss Stevenson believes "that fever training should not be compulsory" (may providence preserve the fever patients!), and that she is satisfied that "a supplementary fever register could no more cause confusion than the mental nurses' register or the male nurses' register"—a view for the expression of which in the *Glasgow Herald* I have been covered with confusion by Miss Stevenson's colleagues.

Yours faithfully,

A. CAMPBELL MUNRO, M.B., D.Sc.

[A letter dealing with this question from Miss Stevenson is held over for want of space; it will appear next week, when E. G. F. will reply to Dr. A. Campbell Munro.—Ed.]

#### POLICY HOLDERS NO POWER.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM.—Having read in your issue of October 8th your allusion to the proposed Memorial Home for Aged Nurses, for which Sir Everard Hambro, Chairman of the Royal National Pension Fund, is raising funds, may I give my experience? I have been a member of the Pension Fund for over nine years, but have only lately investigated, in any degree, the business methods of this Fund. On making inquiries, however, I find that the policy holders of this Insurance Company are inadequately represented, and that they have practically no control over the administration of the funds.

On receiving the subscription form for the proposed memorial I wrote to Sir E. Hambro inquiring how many votes a guinea would entitle a subscriber to. I was informed in reply, by the Pension Fund Secretary (who seems to be the only source of information from whom there is no appeal) that the details had not yet been decided, but that it was unlikely that the system of admission by votes will be adopted.

Presuming that the Memorial Fund (as is the case in the Pension Fund) will not be in any degree administered by the nurses, I am waiting until details are decided upon before subscribing; and if I may suggest, it would be well for any of your readers who contemplate subscribing to investigate further before doing so, and to insist on having a voice in the administration of any funds they may contribute.

I enclose my card and beg to remain,

Yours faithfully,

MABEL E. AYRES

13, St. Jack Orchard Street,

Holloway, N.

#### THE OPENINGS FOR NURSES IN THE MISSION FIELD.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM, It was with great interest that I read the account in my *BRITISH JOURNAL OF NURSING* this week of the meetings of the Nurses' Missionary League. Having lived abroad, I know how sorely the services of nurses are needed, they are so to be in proportion to the millions of people who are in need of help for want of skilled help.

I think that partly the nurses in the Mission Field are few, because it is only of recent years

that the great missionary societies have appealed for nurses. They have concentrated themselves upon the command of their Divine Master to "preach the gospel," and forgotten the equally imperative command to "heal the sick." In consequence their work has suffered. In my experience the mission work is most successful in which prominence is given to both these branches. The medical missionary and the evangelist must work side by side if the people are to be reached, and the doctor and the nurse are the evangelist's great ally. When we consider how great a portion of our Lord's ministry on earth was devoted to the relief of suffering and the healing of disease, it is strange indeed how slow His professed disciples have been to adopt His methods. But the outlook for the future is more hopeful.

I am, Dear Madam,

Yours faithfully,

A MISSIONARY NURSE.

#### THE NURSES' GOSPEL LEAGUE.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM.—It is proposed to form a Society to be known as "The Nurses' Gospel League," and its object to be the free distribution of the gospel and gospel literature to the patients in the hospitals. Its finances will partly be provided by a weekly "penny" fund among nurses and partly by subscriptions, etc. Will those who have the love of Jesus within their hearts, and are interested in saving the souls of others, kindly send me their opinion of the proposed League, and any suggestions they can make for the advancement of Christ's Kingdom among the sick?

I am,

Your obedient servant,

HOWARD BAKER.

27, Northwood Street, Birmingham,

### Comments and Replies.

*Colonial Nurse, London.*—To prevent the bites of mosquitoes, and therefore the danger of malaria, it is a good plan to wear two pairs of thin stockings, rather than one thicker pair, which, as you say, mosquitoes bite through. The reason of this is that the mesh of the stockings is rarely the same, and they thus form a much more effective barrier than a single pair of stockings of much thicker texture.

*Enquirer, Glasgow.*—The Central Committee for Registration of Nurses is composed of delegates of all the national societies supporting the principle of registration, under the chairmanship of Lord Amphill; it thus represents professional opinion on the registration movement. The Association for the Promotion of Registration of Nurses in Scotland is represented upon it.

### Notices.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

## The Midwife.

### Banana Flour as food for Infants.

Dr. E. Pritchard, Assistant Physician to the Queen's Hospital for Children, speaking in the section of Diseases of Children at the Annual Meeting of the British Medical Association, said, as reported in the *British Medical Journal*: "At many years past I have recommended the addition of mashed banana to the milk mixtures of artificially fed infants; for I have found its antiscorbutic properties of value in the maintenance of nutrition. More recently I have been making experiments with banana meal made into a gruel or decoction as a substitute for the more expensive proprietary infant foods. The results so far have proved quite satisfactory. The chief objections to proprietary foods are, first, that they are expensive, and secondly, that they are either employed as substitutes for cow's milk, or added in too large quantities. It is of great importance that infants should be taught early to digest cow's milk; artificial substitutes for cow's milk do not achieve that end, for they are mostly pre-digested. The digestion of cow's milk is undoubtedly made easier for the infant by the addition of cereal decoctions and solution of gum or gelatine. The recent studies of Alexander and Bullock on the protective action of colloids in milk have afforded a scientific explanation of the empirical experience that gum, gelatine, or cereal gruels, added to milk, facilitate the digestion of casein."

It is, however, of importance, if cereal gruels are employed for this purpose, that they should not be given in excessive quantities before the infant has developed its power of diastatic digestion. Very thin gruels should be employed at first, and their strength progressively increased; if this precaution is taken the cereal gruel serves the double purpose of promoting the digestion by casein and of developing the infant's power of diastatic digestion. As cereal gruels I have employed barley water, bread jelly, oatmeal jelly, and barley jelly; all these are excellent in their way, but the time and trouble required to prepare them properly do not suit many a poor mother from using these particular elements. A decoction of banana gruel can be made more expeditiously owing to the solubility of the major portion of the carbohydrate elements. A satisfactory gruel can be made in a few minutes by rubbing up a heaped tablespoonful (1 oz.) of banana flour with a pint of water, and then boiling for five minutes.

A gruel made in this way has excellent local properties when added to milk in small quantity; it thickens the milk, and prevents formation of a leathery coagulum of casein, and satisfies the appetite of hungry infants more effectually than simple milk dilutions. The decoction made in this way has not an attractive appearance, for it is of a light chocolate colour, owing to the presence of a pigment which tenaciously adheres to the starch molecules, and which cannot be bleached by ordinary bleaching reagents. It has been used against bananas and banana flour that the contained fibre has an injurious influence on the delicate mucous membrane of the infant's intestine. I cannot say that my personal experience supports this view. And I prefer the crude flour to the more highly refined preparations which are sold under fancy names as banana meal freed from all fibre. The whiteness of these preparations and their general character leads me to suspect that they contain very little of the original banana, and a large proportion of ordinary cereal flour.

The nutritive properties of banana flour are high, as is shown by the following figures, which represent those of an analysis made by Professor A. H. Church of a sample of banana meal (Jamaica):—

Water	...	...	15.5 per cent.
Albuminoids	...	...	2.5 "
Starch, sugar, gum, etc.	...	...	77.7 "
Oil	...	...	1.0 "
Fibre	...	...	0.7 "
Ash	...	...	2.7 "

Many analyses give a higher value for the albuminoids; this, according to Professor Church, is due to the fact that the whole of the nitrogen present in banana meal does not exist in albuminoid form, but part in the form of amides, and allowance for this has not been made by those who have conducted the analyses.

With the exception of the lower proteid content, banana meal compares favourably as a food with most cereal flours. Although occasionally used in the West Indies as an exclusive food for infants, it is obviously highly unsuited to this purpose, but in the form of a decoction it is an excellent diluent of cow's milk.

In reply to questions as to the age at which starchy foods might safely be given, Dr. Pritchard replied that in small doses they might be begun when the child was a week or two old.

## City of London Lying-in Hospital.

It was a happy thought to invite Dr. Luke Paget, the Bishop of Stepney, and the son of the famous Sir James Paget, to dedicate on the Festival of "Luke, the Beloved Physician," the new Chapel of the Lying-in Hospital, City Road, E.C. Certainly the hospital management are to be congratulated on their little place of worship. Its interior is painted and stencilled with delicate colours and ecclesiastical designs: the marble font, where we were informed some 700 baptisms are administered in the year, was presented by the Matron, Staff, and past pupils, and bears an inscription to that effect. Like the altar, it was decorated for the Dedication with choice white flowers. Other gifts were from anonymous donors. Over the entrance a brass tablet bears the following inscription: "To the glory of God, and in memory of Rebecca Ivey, and Eliza Owthwaite, this Chapel was completed August, 1910, by their respective husbands." (A Governor and the Secretary of the Hospital.)

The service opened with a processional hymn, and the coloured hoods of the Bishop, clergy, and medical staff made a most effective spectacle.

After the dedication the Bishop gave a short and characteristic address. His remarks showed a wide insight into, and sympathy with, hospital life. He referred to the happiness he had experienced in acting as Chaplain, for some time, to the "New Hospital for Women." He asked his hearers to consider, if they knew anything of the enormous strain, weariness, and incessant toil of a nurse's life, what a privilege their little Chapel would be to them, where they could have, if only five minutes, quiet, and where they could simply lay their weariness down.

In the very attractive wards, which many present visited after the service, the mothers in varying stages of convalescence were proudly exhibiting their infants, the centre of attraction being the youngest of the family, who was only a few hours old.

The bathrooms arranged for the bathing of eight infants at one time, are quite all that can be desired, and the wisdom of having two labour wards used alternately for a fortnight at a time, and then closed for cleaning, is much to be commended. This same arrangement also applies to the general wards. We were interested also to see the private wards, for which a charge of £3 3s. a week is made, and we feel sure that they must meet a very real need, and ought to be more widely known.

## THE CENTRAL MIDWIVES' BOARD.

The next examination of the Central Midwives' Board will be held on October 24th in London, at the Examination Hall, Victoria Embankment, W.C.; in Birmingham, Leeds, and Manchester at their respective Universities; and at Newcastle-on-Tyne at the University of Durham College of Medicine.

## THE NATIONAL ASSOCIATION OF MIDWIVES.

Under the auspices of the National Association of Midwives, 9, Albert Square, Manchester, a branch was formed at Rotherham on October 6th. The chair was taken by Councillor Caine, Vice-Chairman of the Rotherham Supervising Midwives' Committee. Mrs. Lawson (President of the above Association) addressed the meeting, and pointed out the necessity of combination. Mrs. Williamson, Secretary of the Sheffield Branch, also addressed the meeting. The speakers were listened to with interest, and at the close every midwife present joined. The National Association has been doing some strenuous work this last six months. There has not been much time to keep the public posted up with details, but we have held meeting after meeting, and had success all along the line. Within the last three months five new branches have been formed, our membership is increasing, and our friends the enemy are deploring the growth of trades unionism amongst midwives, while we are rejoicing that the midwives are beginning to realise the need of unity, and that the surest way to get help is to help themselves.

E. GILROY, *Secretary.*

## COMMISSIONS TO MIDWIVES.

The correspondent of a medical contemporary states that a certificated midwife recently called upon him to inquire what commission he was prepared to give her for cases to which she called him in, and was quite surprised when he pointed out to her "the enormity of the offence," and said she thought there was nothing wrong in taking commissions.

The medical practitioner acquainted the Medical Officer of Health for his district with the incident, who said he could do nothing without evidence, but promised to notify the certified midwives under his control that it was illegal for them to accept bribes (under the name of commissions) from doctors for work introduced. At the same time he pointed out quite rightly that it was the doctors who were the sinners, and said that he had suspected for some time that the practice had been going on.

There can be no doubt that the practice is a pernicious one, and should be stopped. It is not entirely surprising that midwives who live so near the starvation line should be willing to take a *quid pro quo* for any "patronage" they may bestow, but it is certainly inconsistent with the dignity of the medical profession, as well as unfair to the ordinary medical attendants of patients, to enter into a compact of this nature with midwives, added to which there is the danger lest a midwife should unnecessarily advise a doctor to be called in in order to get the commission, thus placing an unfair financial burden either on the patient or the ratepayers.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,178.

SATURDAY, OCTOBER 29, 1910.

XLV.

## Editorial.

### GAMES FOR NURSES.

One of the features of the present century is that we are realising the wisdom and necessity of a healthy method of life for all sections of the community, and the idea is penetrating even into the almost cloistered seclusion of our Nurses' Homes that professional keenness is not incompatible with interest in other pursuits, that it is not necessary to ruin one's own health to prove one's devotion to the sick, and that it is unnecessary and inexpedient that the health of nurses should be broken down in order to restore that of the patients. The modern nurse realises that her duty to her patients and herself demands that she should not ignore but preserve her own health; that the effect of a life spent in wards full of sick people, and of segregation in close quarters in a Nurses' Home must be counter-balanced by exercise in the fresh air—exercise which the modern nurse misses the more because, before she entered a hospital she probably lived the healthy life of the normal girl and enjoyed, with zest, the tennis, hockey, croquet, and golf, which both at school and at home had place in her daily life.

Further, the demands of modern nursing make a constant tax on the mental powers of the nurse. Physically her duties are much less exacting than they were a quarter of a century ago, but so long as she is on duty she undergoes severe mental tension, for which the best antidote is physical exercise. In the past the craving for physical exertion has been demonstrated in the well-known love of nurses for dancing. After a long day's exhausting work in the wards, dance music has only to be played in the Nurses' Home after duty hours to meet with an immediate response, and feet which

for many long hours have moved sedately, and sometimes wearily, up and down the wards, will be twinkling in unison with the rhythm of the music. But at best dancing is exercise in a somewhat close environment, and the present day love of exercise in the open is much to be encouraged.

In another column we refer to the keenness with which some nurses play hockey in their off duty hours, others again take up swimming *con amore*. In London, of course, they are restricted to swimming baths, and the nurses of Guy's Hospital have the joy of a fine swimming bath in their own home, and certificates are granted to two classes, (A) those who can swim two lengths of the bath *without resting*, and (B) those who can swim twice the distance between the rope and the shallow end, and there is keen competition to gain these certificates granted.

The Chelsea Infirmary nurses have now adopted swimming as a recreation, and have organised a swimming club in connection with their League. No recreation could be more delightful or health giving, and for nurses who live or take their holidays near rivers, lakes, and the sea, its pleasure is intensified.

Cycling, tennis, and golf are other healthy forms of recreation enjoyed. Nurses have been so occupied in the past in developing their work that they have had little time to think of play, or more accurately perhaps of necessary recreation, but now that their duties are better defined and their hours in hospitals shorter, they will no doubt, in increasing numbers turn their attention to maintaining the *mens sana in corpore sano*, and enjoy outdoor sports with the keenness which they bring to bear upon their professional work when on duty.

## Medical Matters.

### AN IMPROVED METHOD OF PREPARING CATGUT LIGATURES.\*

By ELLICE McDONALD, M.D., *New York.*

Good ligatures are an essential in surgery. The ideal ligature should be strong, sterile and soft. It should be capable of preservation for a long period of time without loss of strength or sterility. That numerous methods have been devised for the preservation of catgut is evidence of the lack of satisfaction which they give. There are certain requirements for a proper method of preparation: it should be simple, so that an inexperienced person can carry it out; there should be no handling of the gut after sterilisation has begun; the ligature should be placed in a single container at the beginning of the process and should not be removed therefrom until it is needed at the operation; the method should be inexpensive.

These conditions are best fulfilled by the Claudius iodine-alcohol method of catgut sterilisation, but this method has certain disadvantages: (1) the Claudius gut does not keep well, but becomes fragile and frangible; (2) the alcohol is not a fat solvent, and sterilisation cannot be complete unless a good fat solvent is used to wash the fat from the crevices of the gut; (3) the gut is a little hard for manipulation; (4) the alcohol, containing water, swells the gut a trifle in size. Catgut will readily extract water from alcohol.

For these reasons, after considerable experimentation in catgut sterilisation, I have adopted the following method of preparing catgut:—

I. Iodine, 4 per cent. in acetone, 8 days.

II. Wash in acetone, 4 days.

III. Preserving solution, acetone 85 per cent., Columbian spirits 10 per cent., glycerine 5 per cent. The glycerine should first be dissolved in the alcohol and then added to the acetone, as acetone itself is not a solvent of glycerine.

This method has the following advantages:—

The solutions are fat solvents and antiseptics; the iodine is used in greater strength than in Claudius' method, and it impregnates the gut so that the ligatures are black and well saturated with iodine when they are placed in the clear acetone solution. The pure acetone abstracts the excess of iodine from the gut, leaving the gut clear and white. The preserving solution of acetone, alcohol and glycerine completes the bleaching and at the same time

softens the gut, which is not much softened by the pure acetone. The latter, however, does not harden the gut, but abstracts the water from it, and leaves it of the same flexibility as gut that has been preserved in chloroform, as in the well-known commercial process. The addition of the glycerine and alcohol to the acetone in the preserving solution is sufficient in amount to soften the catgut; at the same time the dehydrating power of the acetone prevents the gut from swelling up, as it does when it is placed in alcohol solution.

The acetone bleaches, tans and softens the gut and increases its tensile strength.

Acetone is antiseptic and comparatively cheap; it abstracts water and absorbs fat from the gut. Water and fat have no place in perfect catgut—fat means imperfect sterilisation, for bacteria may exist in a mass of fat untouched by the antiseptics; water swells the gut and softens it.

The preserving solution of the mixture of acetone, alcohol and glycerine is one which softens the gut, and at the same time does not swell it in size. It is essential that catgut should be as small as possible for perfect surgery. The gut may be preserved in this solution indefinitely. The finally prepared catgut contains but little iodine, and if it is desired to have a catgut containing iodine, as does the Claudius gut, it would be well to transfer the gut from the preserving fluid to one of a similar composition with the addition of  $\frac{1}{2}$  per cent. of iodine before it is required for use. Catgut cannot be preserved for more than a month in iodine solutions without lessening the strength, on account of the action of the iodine on the gut.

The catgut should be cut in the required lengths and wound in coils with three or four ligatures in a coil, and held by wrapping the ends four times around. In this way several ligatures can be taken out at once and less handling is required. The ligatures should be placed in wide-topped glass jars with ground glass tops, and should not be taken out of the jar until required at the operation. Jars 7 inches high and 3 inches across are used, and enough for one operation is placed in each jar. The solution may be poured off without disturbing the gut. The jars are previously boiled. No gut is wasted, as the excess not used in operation may be resterilised without loss in strength. If the jars are required outside the hospital the solution may be poured off before packing, in order to lighten the weight. The catgut may be readily picked out of the jar at the time of the operation by means of sterile forceps.

\* From *American Journal of Surgery* (Abridged.)

## School Inspection in Toronto.

Dr. Helen MacMurchy, who is well known to nurses as the Editor—with the assistance of a board of nurses—of the *Canadian Nurse*, has recently been appointed a medical inspector of school children under the Board of Education in Toronto. Dr. MacMurchy has found certain difficulties in connection with the work which prevent the adequate performance of her duties, and she has embodied, in a letter to the Board, a most straightforward and lucid summary of the position. It is evident that the Board has a most valuable officer in her, and we sincerely hope that it will sever the restricting red tape which is at present impeding her usefulness.

Dr. MacMurchy proceeds to demonstrate that her letter of instructions shows that it is the intention of an official of the Board that she and her colleague shall be placed in a subordinate position, both to the Chief Inspector of Public Schools, and possibly also to the School Nurses. Before these instructions are passed by the Management Committee, the Board of Education, or the Board of Inspectors, she desires to lay before the Board of Education some considerations relative to the practical working out of these instructions, which would instantly occur to any expert in school hygiene, and gives as her reason, "I cannot satisfy myself that it would be right for me to keep silence upon a matter so important as the welfare of the children and the city, when I have the knowledge that in the opinion of those qualified to judge entitles me to speak. . . . Nothing but a sense of duty could have induced me to take the step I now take in addressing the Board."

### THE MEDICAL OFFICERS' INSTRUCTIONS.

The instructions received by Dr. MacMurchy work out as follows:—

1. The teacher decides whether or not a child requires attention.
2. The teacher reports the names of those requiring attention to the principal.
3. The principal reports the names to the Chief Inspector.
4. The Chief Inspector decides whether or not the case should be dealt with at all.
5. If the Chief Inspector decides in the affirmative these cases will, except in special circumstances, be first investigated by the staff of nurses.
6. The Superintendent of Nurses will then report to the Chief Inspector daily the cases which should be attended by the medical officers when the names of the boys will be sent to Dr. Graham, and of the girls to Dr.

MacMurchy. Further cards are to be sent to notify parents of matters requiring their attention, the principals are to report once a week to the Chief Inspector the names of parents to whom cards have been sent, the cases are to be given once more to the nurses to ascertain what has been done, the nurses, if they consider it necessary the child should have special treatment, communicate with their Superintendent, who notifies the Chief Inspector, who communicates with a hospital or dispensary, etc.

It all sounds rather like Dickens' Circumlocution Office, but the usefulness of the Medical Inspectors under such circumstances is not very apparent.

### HOW THE SYSTEM WORKS.

Dr. MacMurchy proceeds to point out how the system works. She shows how in one instance when she was in a school a little girl asked the principal if she need go swimming as it made her ears bad. The principal replied, "Yes, you must all go; but here is the doctor, go and ask her." This was entirely improper according to the doctor's instructions, but if she had waited it might have been too late, as in the case of perforation of the drum of the ear septic infection and death might follow immersion. She therefore examined the child, found a perforation, and advised against the swimming.

Dr. MacMurchy says that small as is the sum paid to the Medical Inspectors she very much doubts if the citizens of Toronto are getting value for their money. "It," she asks, "the Chief Public School Inspector and the nurses are to decide, what is the use of having a doctor at all?" She further considers that in addition to the School Medical Officer there should be a leader in school hygiene. She deplores the fact that an unrivalled opportunity to provide an Open Air Recovery School (the most hopeful product of the school hygiene movement) has recently been allowed to pass, and says that the benefit to delicate children from a six months' stay in such a school is almost magical, but the school needs careful medical supervision. She further points out that the instructions of the School Medical Officer do not afford any opportunity of real usefulness to children needing special classes.

### MODERN MOVEMENTS.

Again, Dr. MacMurchy writes:—

"Your medical officer should be conversant with the most recent movements, and discoveries in school hygiene all over the world.

To take a simple but most important example: The craze for the removal of tonsils very slightly enlarged and small adenoid growths which will disappear of themselves is passing

away. Instead, those who have the gift of medical and scientific common sense are now looking out for the ultimate causes of obstruction to nasal breathing, and one has been discovered.

#### THE ULTIMATE CAUSES OF OBSTRUCTION.

"This discovery is as simple as the discovery of America now seems. Any cause which tends to close the nostrils will prevent the free circulation of air in the nose and naso-pharynx. If the air does not circulate freely, these parts lack opportunity to exercise their functions, and this favours the growth of adenoids. Now, what is the commonest obstruction in the nose of a little child? Mucus, of course. The child must be taught to use the handkerchief, and keep the nose clean. I have recently put this to the test, and I find that many little children with enlarged tonsils and adenoids have also an uncared for, dirty nose, blocked with mucus, often black, indicating how long it has been there. This excellent and sensible idea should at once be made available to teachers, children, and parents, and the school doctor, if in touch with teachers, children, and parents, is the one who could do it.

#### HANDKERCHIEFS A FACTOR IN PROMOTING HEALTH

"We may find out that the handkerchief is second only to the tooth brush in promoting health. It is in the many matters of which these are only examples, that the medical officer of your Board may justify his or her existence—and, incidentally, earn his or her salary. But the instructions do not contemplate this.

#### MEDICAL RESPONSIBILITIES SHOULD NOT BE PLACED ON SCHOOL TEACHERS.

"Moreover, the initial work and responsibility of medical inspection should not rest as is apparently intended by the instructions, upon the teachers, already hard-worked and without medical knowledge. Cases of cardiac disease, of pulmonary disease, of infectious disease in a very early stage, etc., cannot be discovered by anyone except a physician. Here is a case in point, quoted by an English authority. The school doctor went into the classroom, and while there said to the headmistress:—

"I think I had better see that pale little girl."

"Oh!" said the headmistress, "it is no use you seeing that child. That family are all the same. They are starved; that is the trouble."

"No doubt she was right enough about the starvation. But when the school doctor examined the chest the poor girl was found to be the victim of an incurable and rapidly fatal form of heart disease, and must have suffered

useless pain from compulsory school attendance. She died within three months."

Lack of space forbids us to quote further from this interesting letter, but it will be realised that Dr. MacMurchy has submitted to the Board of Education a very expert and valuable opinion, and her patriotic feeling is evidenced by the conclusion of her letter where she writes: "I was born a citizen of Toronto, and I would die happier if I could think that I had done something for the children in the dear city of my home. . . . I have laid this matter before you because if I am to do my best for the Board of Education and for the city of Toronto I must have some liberty of action."

It is impossible to doubt that this liberty will be conceded.

### The Society for the State Registration of Trained Nurses.

A meeting of the Executive Committee of the Society for the State Registration of Trained Nurses was held on Thursday, 20th inst., Mrs. Bedford Fenwick, President, in the chair. After the minutes were confirmed, the following report was presented.

#### THE PRESIDENT'S REPORT.

Since our last meeting on July 8th your President has addressed meetings of nurses at the General Hospital, Birmingham, the Stobhill Hospital, Glasgow, the Central London Sick Asylum, Hendon, and the Central London Sick Asylum, Cleveland Street, W., and on each occasion the audiences expressed themselves as very interested and sympathetic.

#### THE PRESS.

A considerable amount of interest has been aroused in the press on the Registration question. A prolonged correspondence has been published in the *Glasgow Herald* and the *Scotsman* chiefly in relation to the registration of Fever Nurses; and the *Birmingham Daily Gazette* also published a sympathetic article on the question, followed by some correspondence. The admirable article in the *Fortnightly Review* in July by the Hon. Albion Brodrick, entitled "Thou Shalt do no Murder," was a most convincing argument in favour of State Registration, the weight of which may be estimated by the hostile criticism to which the article has been subjected.

The *Nineteenth Century* and *After* for August contained an article by Lord Amphilhilly ably summarising the articles by your President and the Hon. Sydney Holland which appeared in the two previous issues, proving with convincing logic the case for State Registration.

#### SUPPORT OF BRITISH MEDICAL ASSOCIATION.

At the Annual Representative Meeting of the British Medical Association, held in London in July, the following Resolution was moved by Dr. E. W. Goodall, seconded by Sir Victor Horsley, and carried *unanimously*.

"That this meeting of the Representatives of the British Medical Association re-affirms its opinion that the State Registration of Trained Nurses is desirable, and approves of the Bill which has recently been introduced by the Right Hon. R. C. Munro Ferguson, and that a copy of this Resolution be forwarded to the Prime Minister and the President of the Local Government Board."

This is the fourth occasion on which the British Medical Association has passed a Resolution in support of State Registration of Nurses at an Annual Meeting.

#### THE CENTRAL REGISTRATION COMMITTEE.

In connection with letters from the February Medical Superintendents' Society, the Convention of Royal Burghs, and on behalf of the Medical Officers of Health in Scotland, in relation to points in the Nurses' Registration Bill, of which they desired alteration or amendment, these letters were brought before a small meeting of members deputed to attend by the societies affiliated to the Central Registration Committee. It was decided that the letters should be considered by the whole Committee, and it is probable that a meeting will be held at the end of this month for this purpose.

#### REGISTRATION IN AUSTRALASIA.

At the recent annual meeting of the Royal Victorian Trained Nurses' Association the following Resolution was proposed by Dr. R. H. Fetherston, and carried unanimously:—

"That the Association is in favour of Registration by the State of Nurses; and, if carried, that the Council take such steps as it may think necessary to give effect to the above."

In proposing the Resolution Dr. Fetherston quoted a letter which he had received from Miss H. Madge, Assistant Inspector of Hospitals and Registrar in New Zealand, who wrote:—

"My opinion formed after three years' work in New Zealand, is that a good Registration Act for Nurses, providing for professional (both medical and surgical) demonstration, is the best thing that can be devised for improvement in their own status and in their usefulness to the public; that this legal recognition, though not so necessary where voluntary associations have accomplished so much in Australia, yet would give a stability and a certainty to the profession which can be obtained in no other way."

Miss Madge Jones, who seconded the Resolution, said that the New Zealand nurses whom she had met has spoken most enthusiastically of State Registration.

As the Australasian Trained Nurses' Association is already promoting a Bill in New South Wales with the same object, it seems likely that, before long, the Commonwealth of Australia will be added to those countries which have organised the education and registration of nurses under the authority of the State.

#### IMPERIAL MEMORIAL TO MISS NIGHTINGALE.

In connection with a Scheme for an Imperial Memorial to Miss Florence Nightingale, to be considered at a meeting at Grosvenor House on the 28th inst., it is proposed to raise a fund to

tender pecuniary assistance to aged or incapacitated nurses. The fact that Miss Nightingale devoted the fund raised by the Nation after the Crimean War, as a memorial of her services, to the foundation of the Nightingale Training School for Nurses at St. Thomas's Hospital, which was organised on a sound financial basis, the probationers paying for their own training, proves that her chief interest was in the direction of nursing education. It will be very regrettable, therefore, if the present opportunity is missed, and the fund raised is devoted to a philanthropic scheme, which we may hope will, in the future, touch an infinitesimal number of indigent nurses, rather than to evolving a comprehensive scheme for the extension of nursing education, and which would, in consequence, improve the economic condition of the whole nursing profession, thus retaining the spirit of Miss Nightingale's great work for humanity, and for the nursing profession.

#### NURSES' MEMORIAL TO MISS NIGHTINGALE.

There is apparently a consensus of opinion amongst nurses that a "Nurses' Memorial" to the Founder of their Profession should be raised, and that it should take the form of a beautiful statue to be erected in a prominent position in London, the Metropolis of the Empire.

#### LOSS TO THE SOCIETY.

I have to record with great regret the death of Dr. William Berry, of Wigan, for many years a Vice-President of this Society.

After the adoption of the Report, a discussion ensued on the question of a Memorial to Miss Nightingale, and the following Resolution, was passed unanimously, the Hon. Secretary being requested to forward a copy of it to the Hon. Secretary of the proposed Imperial Memorial.

#### RESOLUTION.

"The Executive Committee of the Society for the State Registration of Trained Nurses, comprising nearly 3,000 certificated matrons and nurses, considers that any Imperial Memorial to the late Miss Florence Nightingale, O.M., the Founder of Professional Nursing, might appropriately incorporate a scheme for the extension of nursing education, and in consequence for the improvement of the economic position of the whole nursing profession, rather than for the establishment of any scheme of a philanthropic nature, which, it may be hoped, would only benefit a few individual nurses."

"This Committee considers that Miss Nightingale's claim to the gratitude of the world is based upon her genius as a scientific educationalist."

"The financial relief of indigent nurses, an object admirable in itself, might well be extended by increased support of existing societies having this philanthropic object."

The Committee expressed itself in favour of supporting a scheme for the erection of a statue of Miss Nightingale in London as a Nurses' Memorial, and that it was not adopted by committees having the further of memorials

in hand, it was decided to call a meeting of trained nurses to carry it out.

#### A REGISTRATION REUNION.

The President proposed that a Social Reunion in support of the Bill for the State Registration of Nurses should be held in London just before the opening of Parliament, 1911, and that the Central Registration of Nurses Committee be approached upon the matter at its forthcoming meeting in November. Owing to the difficulty of obtaining a suite of rooms sufficiently large for the purpose without some months' notice, the President had upon her own initiative taken steps to secure the magnificent Connaught Rooms in Great Queen Street, W.C., built upon the site of the old Freemasons' Tavern, which are most centrally and conveniently situated for such a purpose, for a date early in February. It was agreed that the Committee would do all in its power to co-operate with others to make the occasion a great success.

#### VOTES OF THANKS.

Votes of thanks were passed to Lord Amphill, for his admirable article in the *Nineteenth Century and After*; and to Mr. Wray-Skilbeck, the Editor, for his courtesy in granting most valuable space in the leading Review, in three successive issues, for the discussion of the question of State Registration of Nurses.

#### NEW MEMBERS.

The following new members were elected:—

No.	Name.	Where Trained.
2907	Miss M. L. Muriel, cert.,	St. Bartholomew's Hosp.; Assistant Matron, Queen Victoria Nursing Institution, Wolverhampton.
2908	Miss M. Atkey, cert.,	Guy's Hosp.; Matron, Newport and Monmouth Hospital.
2909	Miss M. G. Williams, cert.,	New Infirmary, Burnley.
2910	Miss G. Rutton, cert.,	Wandsworth Inf., Matron, Cottage Hosp., Ashburton.
2911	Miss F. M. Hughes, cert.,	Royal Devon and Exeter Hosp.
2912	Miss F. Brindley, cert.,	Midle End Inf.
2913	Miss L. M. Baehope, cert.,	Hackney Inf.
2914	Miss S. L. Heppel, cert.,	St. Mary's Inf.
2915	Miss H. M. Perkins, cert.,	Ingham Inf., South Shields.
2916	Miss E. S. Holt, cert.,	St. Pancras Inf.
2917	Miss C. Speer, cert.,	Hackney Inf.
2918	Miss M. Haslett, cert.,	Crumpsall Inf.
2919	Miss M. A. E. Gavin, cert.,	Lewisham Inf.
2920	Miss L. Haslett, cert.,	Crumpsall Inf.
2921	Miss M. Jackson, cert.,	" "
2922	Miss E. E. Hansford, cert.,	St. George's Inf., S.W.
2923	Miss E. M. Vant, cert.,	Royal South Hants Hosp., Southampton.
2924	Miss E. E. Bayes, cert.,	Croydon Inf.
2925	Miss K. H. Allardyce, cert.,	Royal Inf., Edinburgh; Matron, H. M. Prison, Glasgow.

2926	Miss M. C. R. Bere, cert.,	St. Bartholomew's Hosp.
2927	Miss F. E. S. Roberts, cert.,	Metropolitan Hosp., N.E.; Lady Superintendent, Cripples' Home, Sribiton.
2928	Miss H. Ison, cert.,	Queen's Hosp., Birmingham.
2929	Miss E. Ellis, cert.,	" " "
2930	Miss E. M. Pollard, cert.,	" " "
2931	Miss L. Pumphrey, cert.,	" " "
	Assistant Matron.	
2932	Miss A. R. Todd, cert.,	" " "
2933	Miss M. E. Cox, cert.,	" " "
2934	Miss G. Smith, cert.,	" " "
2935	Miss M. Lokier	" " "
2936	Miss E. L. Haines, cert.,	" " "
2937	Miss J. Johnston, cert.,	" " "
2938	Miss D. Jones, cert.,	" " "
2939	Miss E. Lindsay, cert.,	" " "
2940	Miss E. M. Bradshaw, cert.,	" " "
2941	Miss E. Phillips, cert.,	Rotherham Hosp.
2942	Miss C. A. Evans, cert.,	St. Mary's Hosp.
2943	Miss A. M. Mayhew, cert.,	St. Bartholomew's Hosp.; Assistant Matron, Alexandra Hosp., Queen Square.
2944	Miss A. E. King, cert.,	County Hosp., Lincoln.
2945	Miss A. M. Richford, cert.,	King's College Hosp.
2946	Miss E. C. Humphrey, cert.,	" " "
2947	Miss D. M. Tuthill, cert.,	The Infirmary, Kidderminster.
2948	Miss L. France, cert.,	Central London Sick Asylum, Cleveland Street, W.
2949	Miss M. Punched, cert.,	" " "
2950	Miss R. J. Smith, cert.,	" " "
2951	Miss E. Hill, cert.,	" " "
2952	Miss E. Tippell, cert.,	" " "
2953	Miss M. A. G. Mitchell, cert.,	Dumfries and Galloway Royal Inf.
2954	Miss E. Brooke, cert.,	Central London Sick Asylum, Cleveland Street, W.
2955	Miss R. Punched, cert.,	Central London Sick Asylum, Hendon.
2956	Miss A. S. Brown, cert.,	" " "

The meeting then terminated.

MARGARET BREAY,

Hon. Secretary.

#### MORE SCHOOL NURSES NEEDED.

The Education Committee of the London County Council, in their report to that body on Monday last, recommended that 28 additional school doctors should be added to the rota, bringing the staff up to 100. This Committee also pointed out that the increase in the number of doctors would involve an increase in the number of nurses, that the present nursing staff consists of a Superintendent, two Assistants to the Superintendent, and 69 School Nurses. After careful consideration of their existing duties they considered that 20 additional nurses were necessary.

## Propaganda by Poster.

Our morning papers prove to us daily how much information can be conveyed in an attractive form by means of pictures, and especially is this the case with illiterate people and children, as nurses are well aware. The National Association for the Prevention of Consumption, 20, Hanover Square, London, W., have utilised this method of instruction to further their propaganda, and by the courtesy of Messrs. David Allen and Sons, Ltd., of Wealdstone, we are able to reproduce a beautiful poster, of which the central figure is an adaptation of Sir Joshua Reynolds' celebrated figure



FAITH

of "Faith." This is designed to aid the educational crusade of the National Association, and also to appeal for funds to continue the work of the Special Appeal Committee. The poster measures 10 feet by 7 feet 6 inches, and Messrs. Allen have undertaken to provide 30,000 at cost price. The London Billstickers' Protection Association, with the United Bill Posters' Association, are also giving valuable aid for three or six months. The handling of these bills, weighing several tons of paper, cut into some millions of sheets, is a tremendous undertaking, and the value of the space at the posting stations represents a huge sum.

## German Nursing in the Army and Navy.

By SISTER AGNES KARLL,  
*President, German Nurses' Association.*

(Continued from Page 330.)

Of course it is the part which the trained nurse takes in the nursing of the sick in the army and navy which particularly interests our Congress. We find that this has constantly increased since the foundation was laid, during the great wars, by the Red Cross.

At such times the help of voluntary, untrained nurses proved so unsatisfactory, in spite of the excellent work done by many, that since then a comprehensive organisation was founded, whose centre was the Central Committee of the Red Cross in Berlin, which has subdivisions all over the country.

Preparation of all the nursing system—of the men and civil assistants, of the inland lazarets, in which, in Prussia alone, there are 24,000 beds, and the organisation of the trained women nurses—these are its duties, for which the Prussian division has in reserve a sum of 1½ million of marks. The Committee places about 3,000—3,500 trained nurses at the army's disposal, in case of war, to which may be added about 1,500—2,000 assistant nurses, who have acquired some theoretical and practical knowledge in courses of 6-13 weeks.

To these we must add, besides, about 1,500 *Johanniter Sisters* and about 1,500 women members of the *Maltese Order*, who, together with the *Bavarian Knights of St. George*, do helpful work in military and civil nursing, during times of peace or war, either by founding hospitals or organising the training of their Sisters in those hospitals or in *Deaconess houses*. Up to now this training has lasted six months for the Sisters belonging to those Orders, they being also obliged to act as substitutes at least six weeks every year. After that period of training many devoted themselves altogether to hospital work; at any rate, all these Sisters were required never to receive payment for their work, with the exception of Mk. 20, monthly pocket-money; they were, however, always expected to work for the common good.

The number of Sisters who have appointments in the army is not great. The excellent work which Roman Catholic Order Sisters did in the war of 1861 led to their lasting appointment in Münster, in two Berlin lazarets in 1871, and in Coblenz and in Cologne.

\* Presented to the International Congress of Nurses, London, 1900.

Since then in ten more lazarets there are besides these 46 Roman Catholic Sisters, of whom six have the management of the kitchen, 30 Protestant Deaconesses, and in two places 5 Red Cross Sisters.

Recently the army created a new institution, "Army Sisters," of whom already 44 are appointed, and whose number will be raised as soon as possible to 80. These Army Sisters belong chiefly to different Red Cross mother houses, to which the army pays corresponding sums for the supply of Sisters: for Roman Catholic Order Sisters 150 to 300 marks annually. The Roman Catholic and Deaconess Sisters wear the uniforms of their mother houses in the lazarets; only the Army Sisters have received military uniform, which, it is thought, renders the maintenance of discipline easier for Sisters not belonging to Religious Orders. The authorities have been kind enough to lend this uniform for our exhibition.

Up till now the navy has not yet availed itself of the help of Sisters in its eight home lazarets or in the lazarets on board the men of war.

In the foreign lazarets it has, in Yokohama, Japanese men nurses, in the Government lazaret of Tsingtau four Sisters of the Colonial Nursing Association, which in German colonies supplies the lazarets and hospitals with 42 Sisters in all.

But in our principal military ports the navy has appointed one Sister at each to help the doctors in the care of the crew's families. A similar arrangement has also been made by the military parishes in many garrisons, by which Deaconesses and also professional nurses are appointed for the nursing of the men's families.

The families which come under their care principally belong to the married non-commissioned officers and military officials. These Sisters, too, are often called in by the doctors to help in the lazarets.

## Hockey and Health.

Have you ever seen nurses play a game of hockey? If not, try to do so, it is a hopeful sight. Twenty-two bright young women, full of vigorous purpose, gaiety, and good temper, sensibly, yet picturesquely, dressed for the part, contesting every stroke of an opponent, and as eager for victory as if the universe depended upon it, keenness and self-control in evidence, commendable attributes and sure sources of success, whatever the object for which they are exercised.

At Finsbury Park on Monday last a match was played between teams of nurses from the

Western Hospital, Fulham (where the Matron, Miss Ross, is a great advocate for healthy outdoor sports for women) and the North-Eastern Hospital.

The teams were composed as follows:—

*North-Eastern Hospital:* Misses MacCay, Captain, Derham, Bellerby, Holt, Hall, Blandford, Roberts, Richardson, Rookley, Smith, and Richard.

*Western Hospital:* Misses Goodman (Captain), Partridge, Holliday, Hams, Keen, Torr, White, Brooks, Barber, Cass, and Clough.

The teams wore their distinctive uniforms. The North-Eastern dark blue skirts trimmed with red braid, white woollen blouses, and red ties and belts; the Western the same dress with yellow as their distinctive colour.

Dr. Goffe acted as umpire, and the game was well contested from start to finish, both sides being very keen. The victors, however, showed the better combination.

During the second half of the game the Western forwards frequently attacked, but the sound defence of the North-Eastern backs frustrated their efforts. Misses Hams, Barber, Keen, and Goodman were prominent on the Western side. Misses Bellerby, Holt, Blandford, and Richardson played well for the North Eastern.

The North-Eastern Hospital won by 5 goals to nil.

At the end of the game the teams took tea in Seven Sisters Road, together with Mrs. Bedford Fenwick and Miss Ross, who had been specially invited to see the match. Dr. Goffe said all sorts of kind and flattering things, and Mrs. Fenwick, in expressing thanks for the courtesy extended to her, said how greatly she had enjoyed the invigorating sight of so much skill and energy upon the part of the players—how necessary it had become for workers whose arduous duties necessitated so much mental strain and effort—to seek healthy physical relief in outdoor exercise and games of skill. Mrs. Fenwick hoped that, following in the steps of men students, the nurses would soon be found taking an increased interest in healthy recreation, and that the Leagues of Nurses would receive every encouragement from the Matrons of hospitals to do so. To maintain a just equilibrium between healthy mental and physical development games for nurses should receive organised consideration. In conclusion, Mrs. Fenwick spoke a word in season: Let all trained nurses come out and support just professional legislation; once nursing was a legalised profession, registered nurses through co-operation would have a fine and expensive future before them.

## The Nurses' Memorial to King Edward the Seventh.

We regret that the following paragraph was received last week too late for insertion:—

"A meeting of Matrons, representing the nursing profession in London and the provinces, was held at Westminster Hospital on Tuesday, October 18th, to consider the proposed Nurses' Memorial to King Edward VII.

"Sir Everard Hambro (Chairman of the Royal National Pension Fund), attended the meeting and explained his scheme for the establishment of King Edward the Seventh Homes for Nurses no longer able to work. After it was ascertained from Sir Everard Hambro that his scheme was intended to include all nurses, whether policy holders or not, the meeting decided to do all in their power to further the scheme propounded, and steps will immediately be taken to communicate with all interested to this effect.

"Stipulation is made that those entitled to share in the benefits of these Homes should be in a position to support themselves while in the Homes, as it is not thought advisable to establish almshouses. The charges for rooms will be fixed at the discretion of the Committee, and will be made as low as is consistent with the self-supporting principle of the scheme.

"It was also settled that this Committee will be entitled to nominate representatives to serve upon the Committee of Management of the Homes."

Since we received this paragraph our representative has interviewed the Acting Hon. Secretary, Miss Mabel Cave, Matron of the Westminster Hospital, who kindly furnished the following information.

The Committee is at present formed of the following Matrons and others:—Miss Hamilton (St. Thomas's), Miss Haughton (Guy's), Miss McIntosh (St. Bartholomew's), Miss Ray (King's), Miss Cave (Westminster), Miss McCall Anderson (St. George's), Miss Heather-Bigg (Charing Cross), Miss Finch (University), Miss Davies (St. Mary's), Miss Cox-Davies (Royal Free), Miss Lloyd Still (Middlesex), Miss Morgan (Northern Hospital, M.A.B.), Miss Vincent (late Matron, Marylebone Infirmary), Miss Becher (Matron-in-Chief, Q.A.I.M.N.S.), Miss Stansfeld (Chief Woman Inspector Local Government Board), Miss Swift (late Matron of Guy's), Mrs. Lucas (Nurses' Co-operation), Mrs. Minet and Miss Peterkin (Q.V.J.I.), Miss Rogers (Leicester), Miss Musson (Birmingham), Miss Sparsbott

(Manchester), Miss Bailey (Bristol), Miss Herbert (Worcester), and Miss Gill (Edinburgh).

In reply to an enquiry as to whether the public would be asked to subscribe, Miss Cave replied that donations from the public would not be refused; it was probable that they would be invited.

In regard to the charge for rooms, she stated that this must depend upon the funds in the hands of the Committee, but it was hoped to make a low charge, and to provide a central kitchen from which food could be obtained at cost price.

The Committee knew so many nurses who were living on 10s. a week that it was thought it would be very helpful if they could be provided with comfortable rooms at a low cost. The scheme would be administered from the Pension Fund Office, representatives of the present Committee being appointed to work with members of the Committee of the Fund. Miss Cave was particularly anxious, however, for it to be understood that participation in the scheme would not be confined to policy holders in the R.N.P.F.

On enquiry as to the method by which the recent meeting represented the nursing profession, as many Societies and Leagues of Nurses had so far not been consulted, Miss Cave said that the scheme was still in its infancy, and seemed to think that the nurses in these societies would be approached through the Matrons of their respective hospitals. The Matrons were now acquainted with the scheme, and would, no doubt, put it before them.

In regard to the localities in which Homes would be provided, Miss Cave mentioned London and Edinburgh as probable centres at first. Ireland had so far not come into line, as it had its own scheme. The extension of the Homes depended upon the funds at the command of the Committee.

## Nurses' Social Union.

By the kindness of Colonel and Mrs. Wyatt-Edgell, a meeting was recently held at Cowley House to start a branch of the Nurses' Social Union for Exeter and district. Lady Acland was in the chair. Miss Eden, the central organiser, from Taunton, gave a most interesting address on the work and aims of the Union. This was followed by tea, and an entertainment given by Miss Wyatt-Edgell's Morris dancers. A most enjoyable afternoon was spent. Eighteen nurses sent in their names as wishing to join. A committee was formed, with Miss Alice Saunders, of The Cottage, Alphington, as hon. secretary.

## The Florence Nightingale Memorial.

No little confusion has arisen in the public mind between the separate committees which are taking action in promoting memorials to the late Miss Florence Nightingale—that promoted by Mr. J. G. Wainwright, Treasurer of St. Thomas's Hospital, and another by Miss Ethel McCaul. We may say at once that we consider the authorities of St. Thomas's Hospital have a prescriptive right owing to their intimate association with Miss Nightingale through her School of Nursing attached to the hospital, to organise a suitable memorial, and that it is a pity to divide the public interest and subscriptions in support of two separate schemes.

### THE 'NURSES' MEMORIAL.

On August 19th Mr. David Williamson, writing from the National Liberal Club, suggested that a public monument should be erected in London.

"Except," he says, "for a few statues of Queen Victoria and Queen Alexandra, there has been hardly any commemoration of the noble women of our day. 'Sister Dora' has a statue in the North of England. Why should not Florence Nightingale stand in the poetry of marble to inspire a future generation to an emulation of her great deeds as a pioneer?"

In America a statue of Frances Willard was unveiled recently, and in France and Germany there are fine memorials of women. Let us erect a statue to Florence Nightingale, if possible near to St. Thomas's Hospital, where she founded her nursing institute. There will be monuments of her, doubtless, in St. Paul's or Westminster Abbey. But we ought to give the Londoners of the future—and, indeed, the world which comes to the centre of the Empire the chance of looking on a permanent presentment of one of the greatest women who have blessed our Empire."

This suggestion was that already privately approved by many nurses, who wished to erect their own Memorial to the Founder of their Profession. The proposal made by the Hon. Sydney Holland that the vacant pedestal in Trafalgar Square should be utilised for this purpose could not be improved upon.

### MR. WAINWRIGHT'S PROPOSAL.

In his first letter to the press on August 29th Mr. Wainwright wrote:—"There seems to be an almost unanimous feeling existent that the best way of honouring so dear a memory as that we treasure for our late chief is the foundation of a fund for the assistance of trained nurses."

In the *Evening Standard* of 8th September, Mr. Wainwright is reported to have said, "We

do not want to spend the money we get in marble." . . . My own idea is to form a fund which will assist nurses who have fallen upon bad times, and which will also provide money for the educational propaganda that is going on. . . . We want something which will act as a permanent benefit to trained nurses, and I expect the ultimate decision of the Committee will be very much on the lines I have advocated."

On October 20th Mr. Wainwright communicated to the Press the names of his Committee, which is composed of the majority of the Chairmen and Matrons of the Metropolitan hospitals with medical schools attached, the heads of the medical and nursing departments of the Navy and Army, and a few others, and announced that the first meeting of the Committee will be held at 3.30 p.m. on Tuesday, November 1st, in the Grand Committee Room of St. Thomas's Hospital, S.W.

### MISS ETHEL McCAUL'S PROPOSAL.

Miss McCaul's first suggestion was, we believe, to organise an international hostel, but at the meeting to be held at Grosvenor House on Friday, the 28th inst., the proposal is to be made to organise an Imperial Memorial "to render pecuniary assistance to aged hospital nurses or those incapacitated through ill-health from continuing their nursing career." As this scheme approximates so closely to that suggested by Mr. Wainwright, it is thus that the confusion in the public mind has arisen. We have never favoured any charity scheme for the nursing profession in connection with the name of our great teacher and leader. It appears to us beneath the dignity of the nursing profession to accept it.

Let the whole world realise how we look upon our Law Giver, when they behold her beautiful statue in the centre of the Metropolis of the Empire, side by side with the great national heroes we all revere. Equally heroic, her genius has inspired greater victories than those won by force of arms.

## Legal Matters.

### THE DEATH OF A BABY AT ST. MARY'S HOSPITAL, MANCHESTER

The death of a child, aged 12 months, at St. Mary's Hospital, Manchester, was the subject of an inquest by the Manchester Coroner (Mr. Ernest Gibson) last week, when it appeared that the baby, who was suffering from bronchitis, was put in a swing cot, this being later surrounded by a tent extemporised with screens; a spirit lamp was used for the purpose of generating the vapour. The day Sister, Miss Florence Dunster, stated that when she left the ward the lamp was burning properly. The cot was

between the lavatory door and the fire-place, and if the door was opened there would be a draught. Miss Mabel Robinson, a probationary nurse, said that the lamp was about a foot and a-half away from the child's cot; after she came on duty she opened the lavatory door, which caused a draught, and while attending to another patient noticed that the cot occupied by the child Woodhall was on fire. She took up the child and gave the alarm, and another nurse put out the flames. Miss Mary Stevenson, who extinguished the flames, also gave evidence, and the house surgeon, Dr. Lacey, said that the child died from bronchitis, accelerated by shock due to the burns. He could not account for the cot getting on fire. The Coroner said that the draught from the lavatory door was a possible explanation.

The jury found that the child's death had been accelerated by shock due to the burns, but left it an open matter as to how the fire was caused.

Two points will strike most nurses in this report—namely (1) the unsafe position of the cot, both for a child suffering from bronchitis and because of the possibility of the screen cover being blown towards the lamp when the lavatory door was opened, and (2) the fact that apparently a probationer and not a staff nurse was in charge of the case. Spirit lamps are always a source of anxiety, and at the present day, when most hospital wards are provided with electricity, it might usefully be the rule that all steam kettles should be heated by this method.

#### ACTION AGAINST A HOSPITAL.

In the Court of Session, Greenock, Mrs. J. M. Brown, wife of Mr. E. Resolon Foote, 53, Abingthorpe Mansions, Hackford Road, Brixton, S.W., recently raised an action against Sir Hugh Shaw Stewart, Bart., President of the Greenock Hospital and Infirmary, and the office-bearers and directors of the Institution, in which she claimed £1,000 damages. Mrs. Brown alleged that she has lived apart from her husband for many years, and earned her living by acting, teaching dancing, and acting as a subject for cinematograph pictures; that on February 19th ult., while at Greenock, she fell and fractured her thigh, and on the advice of her medical attendant was treated at the Gregory Infirmary. She alleges that she was wrongly treated for sprain of the knee joint and synovitis, and discharged on March 21st, and that the authorities culpably and negligently failed to discover that her thigh was fractured, with the result that the injured leg is markedly shorter than the other, and that she will not be able to earn money by her former occupations. She has had to give up contracts in which she was engaged as an actress, and is also unable to teach dancing or to appear as a subject for pictures.

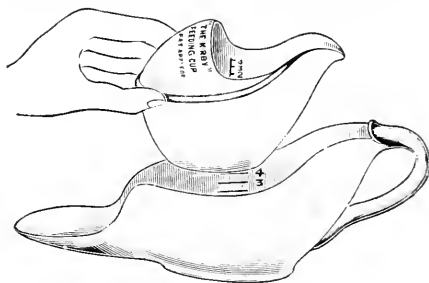
The defendants assert that Mrs. Brown, who occupied a private ward, left against the doctor's advice; they deny that she was unskillfully treated; and in any event maintain that the damages claimed are excessive.

Lord Skerrington ordered issues for the trial of the case.

## Practical Points.

**"The Kirby" Feeding Cup.** We have much pleasure in drawing the attention of our readers to a feeding cup recently brought out by

Messrs. H. and T. Kirby and Co., Ltd., 14, Newman Street, W., which is designed on scientific principles for the administration of food or medicine to the sick. The feeding cup was shown by this firm at the London Medical Exhibition, and nurses who saw it must have been struck by its practical usefulness, and its superiority to the old-fashioned feeder, the spout of which is almost impossible to keep clean. The Kirby Feeding Cup consists of two separate portions (1) the cup, and (2) the container. The food to be administered is



placed in the graduated cup. The whole device is then tilted backwards, thus allowing a measured quantity to escape into the container, which is then easily administered in the ordinary way from the spoon-like end of the container. Some of the advantages of this appliance are that only a pre-determined quantity can be taken by the patient at a time; the food can be measured and administered while the nurse is supporting the patient; rejected portions cannot re-enter the cup and thus contaminate the remainder; the graduated cup by itself can be used for the administration of medicine without fear of any being spilt by an unexpected movement on the part of the patient. The price of the cup is 3s., or 3s. 6d. post free.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Elizabeth A. Dowse, R.R.C., Matron, is placed on retired pay. Dated October 20th, 1910.

The undermentioned Staff Nurses are confirmed in their appointments, their periods of provisional service having expired: Miss Mary T. Casswell, Miss Mabel L. Outfield, Miss Edeline J. French, Miss Evelyn S. Killery, Miss Elizabeth Lowe, Miss Marion McCormick, Miss Mary McNaughtan, Miss Joan D. C. McPherson, Miss Evelyn L. Murray, Miss Jane Todd, Miss Frances L. Trotter, and Miss Dorothy Turner.

## Appointments.

### MATRONS.

**Southwark Infirmary, East Dulwich.**—Miss Rose E. Wallace has been appointed Matron. She was trained at the Whitechapel Infirmary and has held the position of Sister, Superintendent Nurse, and Assistant Matron at the Camberwell Infirmary.

### SISTERS

**Union Infirmary, Wakefield.**—Mrs. E. Munton has been appointed Sister. She was trained at the Union Infirmary, Rotherham, where she has held the position of Charge Nurse.

**Royal Victoria Hospital, Bournemouth.**—Miss Florence Knobel has been appointed Sister. She was trained at the Royal Sea-Bathing Infirmary, Margate, and the St. Marylebone Infirmary, and has held the position of Sister at the Birkenhead Borough Hospital.

**Sheffield Union Hospital.**—Miss Kathleen O'Connell has been appointed Sister. She was trained at the Sheffield Union Hospital, and has held the positions of Charge Nurse at the Brook Hospital, Shooters' Hill; District Nurse in connection with the District Nursing Association, Stockton-on-Tees; Sister at a private hospital in the same place; and Charge Nurse at the Middlesbrough Union Hospital.

Miss Ruby A. Bedford has been appointed Sister in the same hospital. She was trained at St. Mary Abbott's Infirmary, Kensington, and has held the position of Charge Nurse at the Eastern Fever Hospital, London, and Staff Nurse at Charing Cross Hospital, London. She has also had experience of private nursing at home and abroad.

Miss Jane C. Stevenson has also been appointed Sister in the same institution. She was trained at the Royal Victoria Hospital, Belfast, and has held the positions of Assistant Nurse at Nantwich Union Infirmary, and at Cheadle Infirmary, Staffs.; and of Charge Nurse at the South-Eastern Hospital, London.

**Middle Ward Hospital, Motherwell, N.B.** Miss E. Wood has been appointed Sister. She was trained at the Meath Hospital and County Dublin Infirmary, and took temporary Sister's duty in the accident ward, and also had charge of the Special Dispensary for Diseases of Women in the same hospital. She has also had experience of private nursing.

### NIGHT SISTER.

**Middle Ward Hospital, Motherwell, N.B.**—Miss Davina R. Duncan has been appointed Night Sister. She was trained at the Ruchill Hospital, Glasgow, and the General Hospital, Leith, and has held the position of Sister at Ruchill Hospital for two years since receiving her general training. She has also had experience of private nursing.

### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Elizabeth M. Haynes to Somerset, as Second Assistant County Superintendent; Miss Edith M. Gaddard, to Lincoln City. Miss Mabel Voller, to Glossop; Miss Mand Macdonald, to Shrewsbury; Miss Hannah Walton, to Birmingham (Mosley Road); Miss Agnes Fry, to Scarsbrick; Miss Mary Malseed, to Deerness Valley; Miss Jessie Rodwell, to Hull.

### NURSES' EXAMINATIONS—ST. BARTHOLOMEW'S HOSPITAL. FINAL EXAMINATION.

The following nurses at St. Bartholomew's Hospital have successfully passed their final examination and gained their certificates:—

1, Miss Clara C. Eyles (Gold Medal); 2, Misses Hunter and D. Lloyd (equal); 3, Cartnew; 4, Elwell; 5, E. W. Taylor; 6, P. A. Pearce; 7, Goldsmith; 8, Moger; 9, Adams; 10, Dorothy Storr; 11, Grieg; 12, M. G. Gibson; 13, Bradshaw; 14, Mockler; 15, Coulthurst; 16, M. B. Nicholson; 17, Ethel Baker; 18, Hills; 19, M. E. C. Storr; 20, Courtenay; 21, Dawson; 22, Johnson; 23, A. E. Taylor; 24, Livock; 25, Fovargue; 26, Stephenson-Jellie; 27, Watson.

### EXAMINATION OF FIRST YEAR PROBATIONERS.

1, Miss Helen Bains (who has won the Cloth-workers' Company's Prize of books); 2, Misses Eager; 3, Pilling; 4, Atkins; 5, Ironsides; 6, A. O. Gibson; 7, Scott; 8, M. A. Jones; 9, D. K. Cole and Dey (equal); 10, Cryer; 11, Tice; 12, Harrison; 13, Dutton and Thurlow Prior (equal); 14, Harcourt; 15, K. Pryer; 16, E. A. Smith; 17, A. Cole; 18, Hirsch; 19, Mudie; 20, Nicholson; 21, Perkins; 22, Fanning; 23, Humphreys; 24, Norrish; 25, Fautorr; 26, Sybil Jarvis; 27, Lloyd Edwards and Northwood (equal); 28, Lewis; 29, A. M. Jones.

### PRESENTATION.

Miss Macfarlane, Matron of the Victoria Infirmary, Glasgow, who is retiring from her post, was last week the recipient of many handsome gifts. The visiting surgeons, physicians, and residents gave a purse of sovereigns; a solid silver tea service and purse of sovereigns was the gift of the nurses, in which many of the former residents and nurses also joined. Dr. Alex. Napier spoke on behalf of the medical staff, and Mrs. Napier made the presentation. Dr. McGregor, in the name of the nurses, asked Miss Macfarlane to accept their gifts. Dr. Elen. Duncan and the Rev. G. Yuille also spoke. All the speakers testified in terms of warm appreciation to the respect and esteem in which Miss Macfarlane was held, and to her unflinching courtesy, kindness, and gentility in her dealings with all with whom she came in contact.

In our account last week of the presentation to Miss Franklin at the Edmonton Infirmary, on leaving to take up duties at the Sunderland Infirmary it should be understood that this referred to the Union Infirmary, not the General Infirmary.

### THE PASSING BELL.

Many nurses will learn with regret that Sister Cornock, who was for 35 years in charge of a medical ward at the Wolverhampton General Hospital, and retired in September, 1908, on a "retaining" allowance, has passed away at the residence of her niece in Gloucestershire after an attack of pneumonia. At the opening of the Nurses' Home in 1907 Sister Cornock was presented by the Chairman of the Hospital with a gold medal in recognition of her long and valued services.

## Nursing Echoes.



The proposal to convene a great Social Reunion of Registrationists early in February, in support of the Nurses' Registration Bill is arousing much interest amongst societies of nurses in favour of organised education. Nothing can be arranged for a few weeks, but the splendid suite of Connaught Rooms in Old Queen Street, Kingsway, W.C., have been secured for the evening of February 2nd. It is hoped to have quite an original gathering; indeed, why should we not have the pleasure of meeting some of those devoted pioneers of past centuries who did their part so heroically in the evolution of modern nursing. Indeed, there are quite a number of clever and delightful people with whom we should like to shake hands, whose devoted services to humanity take us back to prehistoric times. Why should we not meet Beautiful Hygeia, Goddess of Health, and the attendant elements, Earth, Air, Fire, and Water, a sufficiency of which we recognise in these days of social reform as necessary for the maintenance of physical fitness? A Pageant of the Evolution of Scientific Nursing has wonderful possibilities. We wonder if the modern nurse has the *esprit* to organise it.

At the Guildhall Mr. H. Dixon Kimber, the Chairman of the Special Committee appointed by the Corporation to receive and entertain the delegates attending the International Law Associated Conference, was last week presented by his colleagues with a pair of Crown Derby vases in recognition of his services. Mr. Kimber is rapidly becoming known as the nurses' legal champion. He saved Nurse Bellamy from outrageous injustice in the Hemel Hempstead Infirmary case, and all "Bart's" nurses owe him a hearty vote of thanks for his support during their recent protest against the depreciation of their three years' certificate.

A writer in the *Liverpool Courier* suggests that part of the memorial to Florence Nightingale should take the form of the augmentation of the nursing staffs in the Liverpool hospitals, and asserts that in one of the most important hospitals in Liverpool the nurses work incessantly from seven in the morning till nine at night, with two hours off duty (frequently curtailed), with a whole day once a month, five

hours free once a fortnight, and two extra hours once a week.

It seems rather like a reversion to thirty years ago to read that the only desire of many of the nurses in their free time is to sleep (which is against the rules). We well remember in our early nursing days that our first requirement when off duty was a good meal, and the second to sleep almost until it was time to return again to the hospital.

The finance of County Nursing Associations is sometimes misleading, for instance, take the balance sheet of the Cumberland Nursing Association. With a staff of fifty-one nurses now at work in the county, only ten are thoroughly trained women holding a three years' certificate of training, and nine months' district training. These nurses cost from £90 to £100 a year. Eight of the staff have more or less hospital experience, and the 33 village nurses, with a few months' training at Plais-tow or Govan, are estimated to cost £50 to £55 per annum. The fact that each one of these workers costs the Association £48 to £50 for their very limited and insufficient training is apparently lost sight of. We presume they are bound for a term of three years' service after training, so if £16 per annum is added to the £50, though ill-paid, village nurses are not as cheap as at first appears.

Dr. Core recently presided at a meeting at Stobhill Hospital, Glasgow, where a Nurses' Temperance Union is being formed, when an interesting and impressive address was given by Dr. W. S. Reid. Dr. Reid pointed out to the nurses that a cup of hot soup or milk would do more for them when tired and overworked than any amount of alcohol.

The Chairman, in thanking Dr. Reid for his address, mentioned that those of his college friends who had been most successful in the world had been total abstainers.

We learn from *La Garde Malade Hospitalière* that the pupils of the Nursing School of the Tondu Hospital, Bordeaux, recently had the honour of being presented to the President of the Republic. M. Fallières warmly congratulated Dr. Lande, Vice-President of the Administrative Committee of Hospitals, and founder of the School, and said to the pupil nurses that they had earned general respect and gratitude. At the request of Mlle. Irasque, the Assistant Directrice of the Hospital, the President signed his name in the golden book of the School, which contains many illustrious names. In the military hospital which he visited on the same day M. Fallières saw sub-

sequently the work of three of the certificated nurses of the School.

The Minister of War has conferred the honorary distinction of the bronze medal for epidemics upon Mlle. Roulet, and Mme. Lenhard, who are attached to the infectious service in the Military Hospital at Belfort, and have exhibited the greatest devotion on all occasions to the sick in their charge. Both were trained at the Toudou Hospital, and are amongst the first members of the Military Nursing Service, having joined it in 1908.

An interesting development in Spain is the foundation of a training school for Spanish nurses in Madrid, where Mlle. Zonak is Directress of the Rubio Institute, where a three years' term of training has been inaugurated, the first for lay nurses in Spain. The Institute takes its name from its founder, Dr. Rubio, a pioneer of modern surgery in that country. The wards contain twenty-four beds for women, and the same number for men, and all its arrangements are in every way most up-to-date. One thing is missing, however: there is not a chair in the wards. Is, Mlle. Zonak asks, Don Frederico Rubio a disciple of Diogenes, who also had no love for useless things? But she thinks Diogenes would have disowned his pupil for his love of water. When an infant is admitted, the mother comes, too, for Spanish mothers invariably nurse their babies, and the feeding bottle is unknown.

Spanish women, we are told, are far from aspiring to independence, their reason being that they expect to marry. A woman of the people rarely adopts a profession, a woman of education never. She considers it beneath her dignity to earn her living, and prefers to eat the bread of charity, provided by an aunt, a brother, an uncle, a married sister, or, if she has no relations, she enters a convent.

Mlle. Zonak has at present 12 pupils, and hopes that they will be rapidly increased. They still wear sandals, a relic of the days of "religious" nursing, but in the coming winter their Directress hopes for woollen stockings and leather shoes! The King will shortly lay the foundation stone of a new pavilion of this most interesting institution.

Miss E. Burton, Matron of Chelsea Infirmary, will speak in the opening of the discussion on Miss Musson's paper, "The Feeding of Nurses," at the Carlton Hall, Westminster, on November 5th.

## The Nurses' International Club.

The Nurses' International Club, 8, Porchester Square, London, W., which has recently been opened, is intended to provide a central, convenient, and inexpensive club for nurses and others interested in the Nursing Profession. It is a proprietary club, the organisers being Miss Thomas Moore, Lady Superintendent of the Duchess Nursing Home, Duchess Street, Portland Place, Miss Hartnell, Matron of the Trained Nurses' Institute, 214, Gloucester Terrace, and Miss Lloyd, late Matron of the Oswestry Hospital and Trained Nurses' Institute. These ladies will form the Committee, with Miss Halliday, Matron of the Royal Hospital for Children and Women, Waterloo Bridge Road, and one or more representatives to be elected by the members of the Club. The Duchess of Norfolk, the Duchess of Leeds, Lady Harlech, and Lady Sibbald have consented to become Vice-Presidents.

The position of the Club has been happily chosen. No. 8, Porchester Square, is a substantial corner house, which has been freshly painted and looks very attractive. It is within a short distance of Paddington Station, the Metropolitan Underground, and the main omnibus routes from the Royal Oak, so that private nurses who are members will find themselves extremely conveniently placed. There is also a telephone for the exclusive use of members, in addition to the one used by the officials. The entrance fee is £1 1s., the annual subscription £1 1s., and the tariff extremely moderate, thus board and lodging for the week cost only £1 1s., including bath (except between 11 a.m. and 6 p.m.) if a cubicle is occupied. A single bedroom with board costs 30s. per week, or 25s. if taken permanently. There is a comfortable general sitting room where members can receive their friends, and a restaurant where they can entertain them. On Saturdays gentlemen may be introduced into the Club. The members' own sitting room is very restful, and provided with plenty of easy chairs. There is also a writing room where silence can be maintained if desired.

The house has been entirely re-decorated, and newly furnished. The cubicles are divided with wooden partitions, and, though small, are attractive-looking and cosy. In the scheme of decoration green walls and white paint have been largely employed, and the stairs are covered with a thick coconut matting which deadens sound very completely.

We hear that a good many nurses have already arranged to join the club, and we wish it all success.

## Reflections.

### FROM A BOARD ROOM MIRROR.

By the death of His Serene Highness Prince Francis of Teck the Middlesex Hospital suffers a severe loss. As Chairman of the Hospital, the Prince was indefatigable in his efforts for its welfare, and raised £20,000 to free it from debt. The patients at the hospital, with whom Prince Francis was a great favourite, are subscribing for a wreath to be sent to Windsor Castle for the funeral. There is universal sorrow for her Majesty the Queen in her sad and unexpected bereavement.

The King and Queen have become patrons of the Victoria Hospital for Children, Chelsea, and his Majesty has become patron of the London Lock Hospital and Rescue Home, Harrow Road, W.

Prince Arthur of Connaught has accepted the office of President of St. Mary's Hospital, Paddington, and was formally elected at a quarterly Board of Governors held at the Hospital last week.

Princess Henry of Battenberg recently motored from Osborne Cottage to St. Lawrence, and saw the Royal National Hospital for Consumptives at Ventnor, of which the King is Patron. Her Royal Highness made a thorough inspection of the Hospital, and also visited the chapel and grounds. She was specially interested in the treatment by graduated work, which was seen in operation.

The Treasurers of the Middlesex Hospital Cancer Charity have received the sum of £1,000 from Mrs. Clara Cumines to name a bed in perpetuity.

We are not surprised to find Sir William Collins writing to the *Times* to call attention to the urgent need for an efficient ambulance service for dealing promptly with accidents in the streets within the County of London. By the Metropolitan Ambulances Act, which Sir William was fortunate in piloting through Parliament last session, the London County Council is now in a position to establish and maintain an efficient service for the County like that which has worked so well in the City. When is the L.C.C. going to put into action the powers which it has possessed since October, 1909? Considering that from a return recently published it appears that vehicular accidents alone amounted in 1909 to over 12,000 in the Metropolitan district exclusive of the City, it is indeed time that public opinion should make itself felt in relation to this question.

This year's Nobel Prize for Medicine has been awarded to Professor Albrecht Kossel, the physiologist of Heidelberg. Each prize will amount on this occasion to P93,360l. (£7,733).

The Bishop of Kensington, speaking at the Church House, at a meeting in celebration of the White Cross League, said that its aim was to lay the question of social and personal purity upon the heart and conscience of the whole Church. A representative of the German White Cross League said there were now 327 groups in Germany, and that

the movement had spread to Switzerland, China, Turkey, and South Africa.

### SCIENCE IN MODERN LIFE.

Every comfort, every necessity of modern life, hinges upon science. No person can read handbooks upon all the sciences, yet every intelligent being wishes to know something about modern discoveries which are likely to lead to inventions and discoveries greater than those we yet even dream of. A woman—Madame Curie—succeeded in separating a small fraction of a gramme of radium from one ton of pitch-blend. The ultimate results of this great work are hidden in the future.

The story of the transformation of one element into another reads like a fascinating romance, and at the same time convinces us that nothing is ever lost.

"When the atoms part from a substance That suffers loss; but another is gaining an increase;

So that as one thing wanes, another bursts into blossom.

Soon in its turn to be left. Thus turns the Universe always—  
Gain out of loss."

The sixth and last volume deals with Engineering. The educational value of the work cannot be over-estimated, and the hope may be expressed that it will find a place on the shelves of not a few nurses' libraries. The publishers are The Gresham Publishing Company. E. A. S.

### INFANT CONSULTATIONS.

A Society of Officers of "Infant Consultations" has been formed at a meeting held at the Marylebone Dispensary, 77, Welbeck Street, London, W., the objects of which are (a) to bring into closer relationship all those engaged or interested in the work of such institutions; (b) to promote the establishment of similar institutions and to advise as to their organisation; (c) from time to time to hold meetings for the reading of papers and the holding of discussions on subjects germane to the work of "infant consultations"; (d) for the recording of experience gained by individuals engaged in the work; (e) for the collection of literature, statistics, and reports bearing on the subject. Dr. Wynter Blyth presided at last week's meeting, and the speakers were Dr. Eric Pritchard and Dr. Sykes.

### A SEA BATH AT HOME.

Many people who have returned home from holidays at the sea miss the invigorating plunge into the life-giving salt water, which was a daily luxury. But they forget that through the medium of Tidman's Sea Salt this luxury is attainable in their own homes at a most moderate expense. Five ounces of Tidman's Sea Salt to a gallon of water will make a solution which is the same as real sea water, a solution which is constantly recommended by the medical profession, and which in use is found to be not only a luxury to the healthy, but of undoubted therapeutic benefit in cases of weakness, and want of tone, as well as for those complaints for which sea bathing is frequently prescribed. Tidman's Sea Salt can be obtained through chemists, grocers, and storekeepers, as well as a sea soap specially prepared for use with it.

## Our Foreign Letter.

### FROM ROME

The summer is now virtually over, although the heat is still at times greater than is entirely agreeable. But the dread inspired by the idea of a real baking temperature has proved—mercifully—to have been unfounded. In fact, the old-fashioned real southern summer, like the old-fashioned real northern winter, seems to be a thing of the past.

With "Peter Pan" instead of "Ambulance" collars, and a minimum of underclothing, uniform has been quite compatible with work, and though the nurses, foreign and native, appreciated a siesta when off-duty from 1.30 to 4.30, yet the wards were never unbearably hot, even during the mid-

applause evidently of British loyalty, which had already been expressed when we wore the crape band for our late King.

Real holidays have also been fitted in, apart from the month which each will have within the year; seven to ten days' *pension* was also offered by an anonymous giver through Princess Doria, to the English nurses and those probationers who had no home to go to.

The longing for the sea drew most of the English to Anzio or Naples, one went even as far as Capri. At Anzio, being September, and therefore late for Italians (who only bathe in warm water as a rule), two nurses obtained a small flat looking on the sea, and with picnic breakfasts and suppers, and dining at a restaurant, incurred no greater expense than had they put up at a pension:



SISTER IN BED SITTING-ROOM.

day hours, and the sea breeze, which regularly visits Rome both morning and evening, prevented the air being ever stagnantly oppressive.

After supper a turn in the grounds was much appreciated by the probationers, and a moonlight visit to the Coliseum, or to listen to the band in Piazza d'Esedra (as an exceptional treat) was even given, made the months pass even more quickly than when marked only by changes in work and the weekly half day off.

A rather amusing incident occurred over the band-playing, one evening, when there with only the staff. They suddenly started: "God Save the King!" Then *ca sans dire*, we all instantly and instinctively rose (including our one Italian colleague), and though they elected to play it twice over, we stood, continuing to march our toes. On the return, applause sounded from many tables,

whilst someone the joy of utter freedom! No bell to call one to meals, one of them wrote me, "no servants to tip (the landlord's little girl came to sweep, but just to do and go what and where-taney called), and *poor comble*, to be able to dress, to in bathing gown and with a dust coat just run across the strip of sand (the low tides on the Mediterranean) and bathe or boat whenever the desire moved.

Naples was also very ecstatically successful, rooms looking on the sea with its perpetual movement of shipping and the glorious September moon at nights. Pomponi, Pozzanoh, etc., etc., to visit by train, Capri and the Blue Grotto by boat, and there also the absence of pension meals (so great a drag on liberty), returned us three very ardent admirers of the rival city, professing comprehension of the old saying of its natives,

*« veder Napoli e morir »*).

Whilst they were enjoying themselves there reports began to circulate in the Italian newspapers re cholera. First it was reported to be only in towns and villages in Puglia, but rumours began of cases—termed gastro-enteritis—occurring also in Naples, and the day before our nurses were expected the papers declared that medical surveillance during five days would be exacted of all who came from that town.

Nothing could be done; they were due at midnight; even by going to the station I knew not if one could have reached them before they were examined. So we had to leave it to Fate, who proved most kind; for beyond the delay of about an hour (whilst everyone was being interrogated as to whence he came and where he was going) nothing happened to our nurses. They simply stated that they came from Naples and were going to the Policlinico. On being asked, 'To which pavillon?' they replied, 'To the Scuola Convitto Regina Elena,' when the doctor remarked, 'Sono le signore inglesi che insegnano'—'the English ladies who teach'—and no word was said of having to report themselves at the Office of Hygiene during five days, which was what the papers had said would be exacted.

*Aprigos* of cholera—which is now, by careful isolation, being stamped out in Naples and elsewhere—we were applied to for two English nurses by the doctor in charge of the Molfetta Lazaretto. He promised 'every consideration and care for these admirable ladies,' and, having seen them at work here, the request was a genuine compliment.

The idea that one duty seriously undertaken may not be abandoned even for another without necessity seemed new out here (and not here only). But Miss Snell, I knew, admitted no doubts on this moral question, so I explained as best I could to Dr. B—— that desire to be of use under tragic and dangerous circumstances could never be a reason for leaving less tragic and less exciting service to which one had bound oneself; and that much as our nurses would like to nurse the cholera patients they were too much needed by the Policlinico ones.

During the summer two of Miss Baxter's graduates (Signorina Catapano and Signorina Citarella) have been helping to give the staff holidays, but, to our mutual regret, they have had to return to previous appointments, Naples needing all the "Croce Azzurrite" herself.

In case some reader feels the desire to join us, I repeat the conditions.

The School is to train Italian probationers on what are termed "Florence Nightingale lines" to as great an extent as is possible.

Matron, Miss D. A. Snell; Assistant Matron and Home Sister; five Ward Sisters, and seven Staff Nurses—all English except one Italian nurse trained in America—for a surgical pavillon of 25 to 30 beds. A medical pavillon is to be taken over shortly, and three Sisters and six Staff Nurses added.

Doctors and patients as well as probationers all Italian.

Sister's stipend: 85 francs per month—£42 per annum.

Staff Nurse's stipend: 65 francs per month, £32 per annum.

Journey allowance: 175 francs—£7.

Uniform allowance: 125 francs—£5 yearly.

Vacancies for promotion to the post of Sister will occasionally occur and be given at Miss Snell's discretion. Doubtless also many of those nurses who learn Italian well and grow really interested in the work will eventually be offered Matronships in other hospitals, as the aim of the Roman School is to create a standard of hospital nursing which other towns should imitate.

M. A. TERTON.

## Outside the Gates.

### WOMEN.

The private Conference on Hygiene in Relation to Rescue Work, to be held at Caxton Hall, S.W., on November 23rd, has been organised by the Public Health and Preventive and Rescue Committees of the National Union of Women Workers. A sub-committee formed of representatives of the Ladies' National Association and its London Branch, the British Committee of the International Abolitionist Federation, and the National Vigilance Association, together with the N.U.W.W., have the arrangements in hand. Medical women, trained nurses, women Poor-Law Guardians, and rescue workers, can obtain tickets for the Conference from Miss Emily Jones, Organising Secretary, N.U.W.W., Parliament Buildings, Victoria Street, S.W.

The recent death of Julia Ward Howe, the inspired writer of "The Battle Hymn of the Republic" at Rhode Island, U.S.A., reminds us of that never-to-be-forgotten Congress of Representative Women, held at Chicago in 1893 in conjunction with the wonderful World's Fair. At one meeting we had the marvellous good fortune to speak with Mrs. Ward Howe, Mrs. Cady Stanton, Mrs. Lucy Stone, and Miss Susan B. Anthony, four of the most blessed and forceful women in the world. Alas! with the death of Julia Ward Howe this quartette of great and good women have now all passed from earth, but their works live after them. They had all been touched with the wand of genius, and were inspired with lovely modesty and self-respect. Needless to say they were of the stuff from which great citizens are culled—lovers of grace and liberty, and ardent Suffragists one and all.

Mrs. Ward Howe spoke in public on Woman Suffrage when she was in her 90th year, and described how she had first become interested in it in consequence of the vote having been given to the negroes at the time of the Civil War. "After holding the door open for the negro," she said, "we might at least have been allowed to go in after him." And when questioned what was her *raison* for her ardent advocacy of Woman Suffrage, she replied: "I regard the vote for women as an integral part of Christianity itself." The pity of it,

that these glorious explorers, who have marched on and ever upward through the night, will not let us with us when, following in their footsteps, we step into the light. Strong, beautiful, motherly beings, we are grateful our eyes lighted upon them, that we touched their hands, and that we heard the music of their speech.

The National Union of Women's Suffrage Societies is arranging a Suffrage Demonstration week in London from Monday, November 7th, to Saturday, November 12th inclusive. All societies which advocate women's suffrage have been invited to co-operate, and the Women's Freedom League, the Conservative and Unionist Women's Franchise Association, the new Constitutional Society for Women's Suffrage (in combination with the National Industrial and Professional Women's Suffrage Society), and the Men's League have arranged public meetings. The Actresses' Franchise League are arranging a matinee, and it is proposed to hold a joint demonstration of all the co-operating societies in the Albert Hall on Saturday evening, November 12th. Mr. George Alexander has placed the St. James's Theatre at the disposal of the Conservative and Unionist Women's Franchise Association for their meeting on the afternoon of Tuesday, November 8th, at which Lady Selborne will preside, tickets for which can be obtained from the head office of the Association, 48, Dover Street, W.

#### COMING EVENTS.

*October 28th.*—Territorial Force Nursing Service. Meeting of Executive Committee, Mansion House, 3 p.m.

*October 28th.*—Meeting to consider a scheme for an Imperial Memorial to the late Miss Florence Nightingale, Grosvenor House, W. Admission by ticket, to be obtained from Hon. Secretary, 21, Little Welbeck Street, Cavendish Square, London, W., 3 p.m.

*November 1st.*—Nurses' Missionary League. Lecture: "Work in a Home and Foreign Hospital Contrasted," by Miss C. F. Tippet, Shensi, N. China. University Hall, Gordon Square, W.C., 10.30 a.m.

*November 1st.*—Memorial to the late Miss Florence Nightingale. First Meeting of Committee, Grand Committee Room, St. Thomas's Hospital, S.W. 3.30 p.m.

*November 1st to 5th.*—Cookery and Food Exhibition, Royal Horticultural Hall, S.W. Nurses' Invalid Trays on view on 3rd and 4th prox.

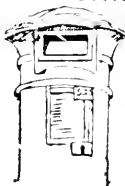
*November 4th.* National Council of Nurses of Great Britain and Ireland. Annual Meeting, 431, Oxford Street, London, W. 1 p.m. Tea.

*November 5th.* National Food Reform Association. Conference on the Feeding of Nurses. Caxton Hall, S.W. 2.30 p.m.

*November 8th.* Nurses' Missionary League. Lecture: "Difficulties and Possibilities in a Nurse's Life," by Miss Haughton, Matron, Guy's Hospital. University Hall, Gordon Square, W.C. 7.15 p.m.

*November 9th.* Royal Infirmary, Edinburgh. Lecture on "Surgical Nursing outside of Hospital," by Mr. John D. Dowden, F.R.C.S.E. All trained nurses cordially invited. Extra-Mural Medical Theatre, 1.30 p.m.

## Letters to the Editor.



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

#### THE DEFENCE OF NURSING STANDARDS COMMITTEE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I should be obliged if you would kindly permit me to make a statement in the *BRITISH JOURNAL OF NURSING* concerning the "Defence of Nursing Standards Committee," which held its final meeting on October 21st.

I have received in donations £57 7s. 9d., and have had many kind offers of further help should it have been required. Might I, as Secretary, take this opportunity of thanking those friends who have so generously helped the cause of the "Defence of Nursing Standards."

It was decided unanimously at the executive meeting to hand over the balance of £3 10s. to the Society for State Registration of Trained Nurses, as its work is on parallel lines.

I am, dear Madam,

Yours sincerely,

ELLEN SHUTER.

Hon. Secretary.

[We are informed that this donation will be used in support of the Registration Reunion, to be held in February.—Ed.]

#### REGISTRATION OF NURSES (STATUS OF FEVER NURSES).

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—Your remarks on the Status of Fever Nurses have, without doubt, cleared the air of some registrational impurities.

It is well to hear all sides of a question, and so long as argument is conducted fairly no exception can be taken. Nurses—for as I have said before, the registration of nurses is essentially a nurses' question—welcome the opinion of individual members of the medical profession. Nurses do, however, resent those who are "awakening supporters of legal status for nurses" undertaking to frame laws for the government of their profession and, what is more, trying to undo the work which has been accomplished by nurses and those members of the medical profession who have given their staunch support and valuable advice and help for years past. *Nurses have been the promoters of registration. They have worked for it and they have paid for it.* These are facts, which are perhaps not fully known or realised by hospital boards, public health committees, and the general public; but the time has now come when they should be made known.

In a letter to the *Glasgow Herald* in reference to my remark that a separate fever register would be exceedingly injurious to the best interests of fever

nurses and the public. Dr. Munro says: "It would be a very singular thing if medical officers of health who have very definite duties associating them with fever nurses, very definite duties in safeguarding the interests of the public in relation to fever hospitals, should be found advocating a course which was 'exceedingly injurious to fever nurses and the public, so singular as to be unthinkable.' This is all very well, but it would be equally singular if trained nurses who have very wide experience in the training of fever nurses, very deep interest in the professional advancement of fever nurses (and consequently in the efficient nursing and welfare of those who are nursed by them) should hold views similar to mine without very sure, very certain, and very definite foundation."

A separate fever register would fix and cramp the nature of the fever nurse; therefore, an inferior type of woman would enter the fever hospitals. It, therefore, follows clearly that the public would suffer. Dr. Munro says: "We must have the position defined in the Bill." Imagine medical officers of health working to-day under a "position defined" under the Medical Act of 1858! It is impossible that everything can be defined under an Act of Parliament. The requirements of modern medicine necessitate many changes in the training and work of nurses.

Public health committees are usually composed of business men; business men are usually "level-headed" men; "level-headed" men are usually just men. As laymen, however, they have disadvantages, and may be unwittingly influenced sometimes by whispers of "cheaper labour" and "less trouble" from certain official lips. Business men know that cheapness does not mean economy in all cases, and that economies might be practised in other directions than upon the nurses!

Fever nurses will do well, therefore, to stand to their guns and resist all attempts to interfere with their rights, and the liberties of their profession. They will have to be on the alert however.

The "awakening supporters" are, after all, a small body in comparison with the overwhelming numbers of the nursing profession. This fact will, no doubt, be taken into serious account by hospital boards, who cannot afford to allow officialdom to righteousness over the interests of the nursing profession.

Nurses' Registration Bill-mending appears to be a popular pastime among a small section of registrationists at the present time; but "awakening supporters" have yet to master many of the most elementary principles of a question which has absorbed time, trouble, and thought, among those who have been working for State Registration for years past.

Much as I have disagreed with Dr. Munro, I greatly appreciate his remark in regard to "statutory certificates." "If a certificate is satisfactory," he says, "why are general trained nurses pressing for registration?" Statutory certificates, advocated by Dr. P. H. Robertson, would render fever nurses "neither fish, flesh, nor good red herring." Such certificates would cause general and much confusion in the mind of the public who could not be

expected to distinguish between State certification and State registration.

I am, yours faithfully,

E. A. STEVENSON

#### A HISTORY OF NURSING

*To the Editor of the British Journal of Nursing.*

DEAR MADAM—In the third paragraph on page 129 of your issue of August 13th you say—

"As time goes on the first two volumes of 'A History of Nursing,' written by Miss Dock and Miss Nutting, are becoming widely known, and finding their way into the hands of nurses all over the world."

You must please except Australia. A copy of the two-volume issue was apparently supplied to the Editor of the *Australasian Nurses' Journal*, the official organ of the Australasian Trained Nurses' Association, where it was favourably reviewed, but so far as I have been able to ascertain no copy of the book has been sent for sale either to Brisbane, Sydney, or Melbourne. Up to some six months ago the Melbourne Agent (that is, the Agent for Australia) of the firm who published the book had never seen it. His representative informed me later that owing to my representation to the publishers a copy was on the way to him, and would be sent here on approval immediately it arrived. It has not yet reached us. We very much wanted to see it, with a view to adopting it as a prize book for the annual examination. Of course, this class of book is not ordered from New York or London without some previous knowledge of its merits and suitability. I told Messrs. Parnams that if they sent a copy to each of the large nursing schools, of which there are, say, five or six, it might lead to sales.

I think your statement, quoted above, must be qualified unless possibly a letter, or regarded as "out of the world altogether, don't-cher-know."

Yours faithfully,

A. P. PAYNE,

Secretary.

Brisbane Hospital.

We should advise all hospitals in Australia to obtain the two volumes of this History of Nursing from Messrs. Parnams, 21 Bedford Street, Strand, London, W.C., price 41 1s. for the nurses' libraries. They can hardly be expected to supply the hospitals throughout the world with this valuable publication, though it ought to be on sale in Australia. So far the nurses of Federated Australia have not shown a great deal of interest in nursing affairs outside their own continent, nor have they entered into professional relations with their colleagues of other nations, as nurses in Canada and New Zealand have done through the International Council of Nurses. Acquaintance with the history of their profession would certainly stimulate and broaden their outlook and interest.—Ed.

#### OUR PUZZLE PRIZE.

Rules for competing for the "Porter's" Puzzle Prize will be found on Advertisement page 8.

# The Midwife.

## The Leicester Maternity Hospital.

A meeting in support of the Leicester and Leicestershire Maternity Home was held last week at the County Assembly Rooms, Leicester. The President, Mr. T. Cope, J.P., and later the Mayor (Councillor G. Clitham) presided. Amongst the speakers were Sir Francis H. Champneys, Miss Lucy Robinson, and Mrs. Wallace Bruce (London), and Dr. Thomas Wilson (Birmingham).

The President said that they had met together to further a great scheme for the training of midwives, and with regard to the Maternity Hospital for Women. The hospital was opened in June, 1905, to accommodate five patients. It had now 22 beds, and during the present year had received 240 patients.

Before the Midwives' Act came into force there were 370 midwives in the county; at the present time there were 110, rather a startling difference, but women were now required to undergo a careful course of technical training. He hoped that those present would help forward the great movement, which had for its object the promotion of the physical and intellectual health of the rising generation.

Dr. Killick Millard, Medical Officer of Health for the borough, said that in Leicester the sanitary conditions under which children were born compared favourably with those in many other places. Nevertheless they were far from ideal. In the near future the community would be obliged to give more consideration to the child-bearing mother than had been done in the past. He testified to the excellent work done by the Maternity Hospital in the care of patients and the training of pupils. The patients spoke in the highest terms of the treatment they received.

## Maternity Training in New Zealand.

The Editor of *Kai Tiaki* says:—"We do not consider that it is possible to include obstetric nursing in any but a systematic post-graduate course. Six months, at least, is needed to become sufficiently familiar with the many aspects of this work, this for qualified nurses; for others, at least twelve months. Therefore we dismiss the idea of nurses going through their general training attempting at the same time to study midwifery."

## Central Midwives Board.

### EXAMINATION PAPER.

The following questions were set for the candidates at the examination held on October 24th in London and the provinces:—

1. What are the symptoms and signs of pregnancy at the fifth month?

In what circumstances might it be necessary to send for medical assistance at this stage of pregnancy?

2. Describe in detail your method of making a vaginal examination.

To what points would you pay special attention in making a vaginal examination of a patient in the first stage of labour?

3. State the chief causes of "glove-finger protrusion" of the membranes.

What complications may arise after the rupture of membranes which protrude in this shape?

4. What is meant by "Inertia of the Uterus"?

How would you recognise it and what are its dangers?

5. How would you deal with the umbilical cord from the moment of birth till its separation from the child?

What dangers to the child may arise if proper precautions are not taken?

6. What is the meaning of "Involution of the Uterus"?

What causes will lead to delay of this process, and how would you recognise this complication?

## Salting Babies.

The strange custom of salting new-born babies is, says the *Dietetic and Hygienic Gazette*, quoting from a contemporary, still practiced in certain regions of Europe and Asia. The method varies with the different nationalities of the peoples employing it. The Armenians of Russia cover the entire skin of the infant with a very fine salt. This is left on the baby for three hours or more, when it is washed off with warm water. A mountain tribe of Asia Minor are even more peculiar in this regard than the Armenians, for they are alleged to keep their new-born babies covered with salt for a period of 24 hours. The modern Greeks also sprinkle their babies with salt; and even in certain portions of Germany salt is still used on a child at birth. The mothers imagine that this practice brings health and strength to their offspring, and serves as well to keep away evil spirits.

Dr. Herman states that in puerperal eclampsia the position of the patient is very important, as if she is left on her back there is danger of the air passages becoming clogged with secretion, etc. She should be put in the semi-prone position with the left hand behind her back.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,179.

SATURDAY, NOVEMBER 5, 1910.

XLV.

## Editorial.

### A CANKER AT THE ROOT.

From time to time the physical deterioration of the nation is discussed in the public press, but so far few practical steps have been taken to touch the root of the evil. These subjects are unpleasant, they are ignored. We must keep the youth of the nation innocent—innocence being in the minds of many synonymous with ignorance—so in our midst a festering sore saps the life blood of the nation, while those who might help are silent. But it is time for all false prudery to be put aside, and for every one who has the love of humanity at heart to do all in his or her power to make known that disease, terrible, insidious, unmentioned, is rampant.

This fact has been forcibly brought home to us by the report, published in a new paper for women, *Mrs. Bull*, that at the Hospital for Sick Children in Great Ormond Street, two little girls who were admitted to the hospital for other diseases were sent home suffering from a foul discharge, and incidentally with dirty heads. The charges were so serious that we considered it essential to call at the hospital and ask for precise information, which was willingly given to us by the Secretary, Mr. E. Stewart Johnson.

We learn that two children admitted to the hospital have undoubtedly developed gonorrhoeal vaginitis. One who was sent to Cromwell House, Highgate—the Convalescent Home—was readmitted to the hospital, the second was found on her return home to be suffering from an unnoticed discharge, and it is suggested as just possible, though scarcely probable, that it may have come on after the child left the Home. As to the charge that

the children were sent home with their heads in a dirty condition this is absolutely denied. The head of every child admitted is combed daily with a fine comb, and, if lice are found, appropriate remedies are applied.

But the most important and appalling revelation in connection with this matter is not even that cases of vaginitis have occurred in the hospital, but the condition of the children outside the wards. "We live," said the Secretary, "in constant dread of infection. In the out-patient department this disease is the commonest possible; it is perhaps a *façon de parler* when one of our medical officers says that 'every other little girl seen in the out-patient department is suffering from it'; but it is a fact that we constantly have to refuse to admit sick children to the wards because they are suffering from this contagious disease." Asked what became of these children, the Secretary said he supposed they went home. "Of course," he added, "in case of an acute illness we have to admit them, open a special ward, and isolate them. Our present trouble is due to the fact that an acute appendicitis case was admitted, and the discharge present was supposed to be connected with her illness. The routine practice of the hospital is that when a child, admitted the wards, is found to have a suspicious discharge, an infectious card is put over her bed as a precautionary measure, a swab taken, and if it is found that she is suffering from an infectious disease she is at once isolated."

How infection spreads is uncertain, but the Medical Superintendent considers that the thermometers used in taking rectal temperatures may be a source of danger. Do we realise what it means? The little girls of the poorer classes of the metropolis—the future mothers of its citizens—infected in

early childhood with so terrible a disease, infected manifestly from towels, bed-clothing, etc., used by parents already infected; or a more horrible possibility still, by direct infection. It is a revelation of a canker in our midst of incredible danger, needing strong measures to eradicate.

## Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.

### CONSTIPATION.

This is, of course, a very wide subject, inasmuch as there is probably no complaint which is more common at all ages of life, or about which so many mistakes are made at one time or another in treatment: moreover, it is a condition for which the patient generally treats himself—with rather unsatisfactory results, except in so far as the dividends of the patent medicine companies are concerned.

Constipation is both a disease, and a symptom of other diseases, that is to say, while it is sometimes itself the cause of many ailments with which it might not, at first sight, seem to be very closely connected, it is also not infrequently due to other diseases, it being then necessary to treat the original malady, and not only the constipation itself.

In this article no attempt will be made to give an exhaustive list of the diseases of which constipation is a symptom, but some of the more common causes of the condition itself will be described in so far as they bear on the methods which are employed for its treatment.

Constipation may be defined as an inability on the part of the patient to empty his lower bowel, and this defect may be either occasional or habitual—incidentally, a very important distinction. Before we go any further, it will be necessary to note, firstly, how the normal contents of the bowel get there, and then, how they get out again.

In theory, and under ideal conditions, there should not be any contents of the lower bowel at all. If we could always eat nothing but what was completely digestible and absorbable, and in the exact quantity necessary to maintain life and satisfy the requirements of the body, by the time the food had reached the lower bowel, it would all have been made soluble and have passed through the walls of the small intestine into the blood. This, however, is manifestly impossible, and we all err as regards our food in two directions; we eat matters that are not useful to the body at all, and we do not take the ideal quantity of nourishing things,

so, by the time the food has reached the large intestine there is a mass, which consists of entirely indigestible residue, together with the excess of nourishing matter which is not at that particular time required. Under normal conditions there should be just enough water in this mass to soften it so that it can easily pass out through the rectum.

For the expulsion of the feces, it is necessary that the intestine itself should be moving with sufficient vigour; so it is obvious, therefore, that retention of matter in the lower bowel may be due either to the mass being too hard and dry to be easily passed, or to the bowel itself being in a sluggish condition and not moving sufficiently quickly or strongly to expel its contents: sometimes both causes are present together.

In practice the first of these conditions is the most common, and we may say at once that the real reason for this is not very evident. Water is excreted by a healthy person in two ways, by the kidneys and by the bowel, and in people who suffer from habitually dry bowels, the quantity of urine passed is almost always excessive, so there is a want of balance between the two methods by which water leaves the body: further than this, however, we cannot go; we do not know why this should be, though there have been many reasons given for the occurrence.

Deficiency of movement may occur in many states, the most common of which is anæmia, but tight lacing, pregnancy, and deficiency of general muscular movement also cause constipation, and are responsible for the fact that the condition is very much more common in women than in men. Women who do not wear corsets, and who take exercise, do not suffer from constipation, and effete men, who are wearied by a walk of a hundred yards, do. Deficiency of intestinal movement is also sometimes due to organic disease such as a narrowing of the bowel itself from a growth or adhesions (as in pelvic inflammation) or to paralysis from disease of the brain or the spinal cord.

Coming now to the results of the retention of feces in the large bowel, it is important to remember that the numerous ills which constipation brings in its train are due to absorption of the excess of nutritious matter, and not to the mere retention of the useless part of the food in the large bowel; beyond distending the gut, and weighing it down into the pelvis so that it becomes weaker, no very great harm is done, but the effects of the absorption into the blood of more nutritious material than the body wants are very grave indeed, because, instead of being used up for replacing tissue, and for the production of heat and energy, it is

converted into various toxins which circulate all over the body, and have poisonous effects on the various tissues. Of this toxæmia, the symptoms are primarily dyspepsia, vomiting, and giddiness; later on the patient passes into a melancholic condition, so that his life is a nuisance to himself, and by reason of the parading of his real and imaginary ailments in which he almost invariably indulges, to his fellows also. We all know the sallow, morose individual, with a muddy complexion and a turned tongue, and a firm belief that he or she is suffering from heart disease or cancer, who bulks so largely in our medical out-patient departments, and who seems to exist on a nourishing diet of tea and ill-natured scandal. There is, after all, something to be said for Mrs. Squeers' method of compulsory purification of the blood, though in this respect there should also have been a female department at Dotheboys Hall.

Many symptoms of seemingly obscure origin are really due to constipation. It is one of the forerunners of high arterial tension with its attendant evils, and in babies is often responsible for convulsions, which are usually erroneously attributed to teething. In older children, night terrors are generally due to this cause also.

The treatment of constipation is usually undertaken in the first instance by the sufferers themselves, and takes the form of investing in boxes of patent pills. So long as these are taken only for occasional constipation, no damage results, as they generally contain nothing more harmful than aloes and soap, with a little ginger, which may or may not have the desired effect, but if the constipation is of the habitual variety, no good is done, but rather harm, in that the bowels get into the habit of not acting without them, and the treatment come to rather resembles the equally popular method of relieving mental depression by repeated doses of whisky and soda. The remedies that are suitable for the occasional constipation are distinctly harmful when the trouble is chronic.

Let us take occasional constipation first: there are three remedies which are useful, and the first is castor oil, which, as an occasional purgative, still holds its own, amidst the multitude of substitutes which have been devised for it. It has the advantage that it can be given at all ages and to all types of patient, but it is undoubtedly nasty; to children it may be given mixed with honey, and adults can often take it easily if it is floated on the surface of a small cupful of strong coffee. If the constipation is due to a sluggish liver, calomel, preferably given in small doses of half a grain

repeated until two or three grains have been taken, is a very useful drug. The third measure, which is especially suitable when the others have failed, is a simple enema, which may often be usefully preceded by a few ounces of olive oil given also per rectum.

In chronic constipation, the first essential is to discover the cause of the trouble, and then to remedy it, if possible, by modifying the habits of the patient without recourse to drugs.

Two factors are often at the bottom of the trouble: the patient takes too little exercise, and drinks too little fluid with his meals. It is also imperative that he should make an attempt to empty the bowels at a stated time each day, preferably after breakfast. The modern practice of including in the diet articles like brown bread and oatmeal porridge, which act as gentle irritants to the intestine (though useful for a short time, and for some persons) has the grave disadvantage that the insoluble residue in the bowel is increased often to a considerable extent, and that the bowel very soon becomes accustomed, and fails to respond, to the additional stimulus.

But we cannot always modify the habits of patients, and attempts to do so often resemble the efforts of the newly elected house physician who advises the mother of the out-patient baby to give it two pints of fresh milk per diem, when she herself has fifteen shillings a week and a family of six children! So we are often driven to the use of drugs, and the first essential is that they shall be varied, so that the bowel does not get accustomed to any one of them. We have two indications to fulfil, to increase the amount of water excreted by the bowel—as opposed to the kidney—and to strengthen the movements of the intestine. For the first purpose, the most generally useful drug is sulphate of magnesium, or Epsom salts, and for the second, strychnine, or nuxvomica; they must be combined, as either alone produces griping. Cascara may be substituted for the strychnine, especially in excitable people. If the patient is well to do, we send him to a spa, where the interjections appropriate to the nauseous taste of the water are silenced by the strains of a brass band. If he cannot afford this, we advise him to take the aforesaid combination of drugs on rising, in a tumblerful of hot water, and to satisfy his craving for music at other times. The name of laxative drugs is legion, but they all fall into the two divisions I have described, so that a variety in prescribing is possible and indeed essential. The important point is to treat the individual patient, and not only the complaint from which he is suffering.

## The Matrons' Council of Great Britain and Ireland.



A meeting of the Matrons' Council was held at 431, Oxford Street, on Wednesday, October 26th. The President, Miss Heather-Bigg, was in the chair, there was a good attendance of members, and some twenty members wrote regretting their inability to be present.

The first business was the annual election of the Hon. Secretary, and as Miss Mollett consented to act again, she was unanimously re-elected.

Four ladies were nominated, subject to their consent to act, to fill the additional positions as Vice-Presidents provided for under the new Bye-laws.

The meeting then discussed the attitude of the Matrons' Council with regard to the proposed memorials to Miss Florence Nightingale.

Those present were unanimously of opinion that the first care of trained nurses must be that a statue of Miss Nightingale shall be placed in a prominent position in the Metropolis, and that any further memorial should be of an educational character, as most suitably commemorating Miss Nightingale's life and work.

It was decided to forward the following Resolution to Mr. J. G. Wainwright, Treasurer of St. Thomas's Hospital.

### RESOLUTION

The Matrons' Council of Great Britain and Ireland is of the opinion that the Nurses' Memorial to Florence Nightingale should take the form of a statue, to be erected in some suitable position, as a permanent Memorial and a lasting sign to future ages of the admiration and appreciation of the Twentieth Century nurses for the great Foundress of their Profession. The Matrons' Council deprecates the idea of placing in the forefront of the Nurses' Memorial a scheme, however praiseworthy, for the personal benefit of nurses themselves.

It was decided that the January meeting of the Matrons' Council should be held in London, and the April and July meetings in the provinces.

The business meeting then terminated.

M. MOLLETT,

Hon. Secretary.

After an interval for tea, Miss Mollett opened a discussion on The Supply of Probationers.

### THE SUPPLY OF PROBATIONERS.

The discussion of this question was suggested under two heads:—(1) Whether the women who offer themselves for training at the present time are less suitable for the Nursing Profession than those who applied ten or fifteen years ago. (2) If so, what is the cause and the remedy?

In opening the discussion, Miss Mollett related a story of Charles II., who requested the Royal Society to decide why a fish weighed more in water than out of it. The question was discussed with due solemnity until one member discovered that it weighed the same in both instances.

One point to be considered, said Miss Mollett, was that "there is more of the pro." Thirty years ago very few hospitals took probationers and professed, or pretended, to train them. Now every hospital, big and little, was full of probationers. It was sometimes thought that the present type of probationers was not as good as it used to be, because now there were so many other openings for women. Miss Mollett was of opinion that this did not affect the nursing profession so much as was sometimes thought, as it was counterbalanced by the fact that so many more women than formerly wished to work.

In regard to the qualities desirable in a probationer, every Matron had her ideal, which certainly included excellent health, physique, good appearance, suitable temperament, and aptitude, which implied the "born nurse," for without such aptitude no amount of training would make a woman a really good nurse.

Then she should have a fair education. A hospital was neither a national school nor an infants' school. In the future no doubt the nursing profession would be able to establish tests of preliminary education. Another essential quality was good breeding, not that confined to any particular class, but good manners and refined ways should be learnt when young; they could not be taught for the first time when a woman entered a hospital. She was not referring to poverty, but to the type of woman who appeared in Merry Widow hats and handsome dresses and had only two changes of under-linen.

One member said that she had great and increasing difficulty in filling vacancies for probationers with women of a type whom she cared to take.

Amongst the present day characteristics mentioned by another speaker were an alteration in the national character. She thought that generally there was less sense of duty, lower ideals than formerly, and this was shown in the training school by the desire for as much time off duty as possible.

Mrs. Bedford Fenwick said that as Superintendent of a Co-operation of private nurses she interviewed nurses from the majority of London hospitals, and some of them appeared to be very poor stuff. That the type of probationer was changing was due in part to evolution, which was bound to have some effect upon both men and women. For instance, the young women who took a daily constitutional in the past did not come back in the same frame of mind as the one who now skims away on a bicycle. Then character was not built up in the home in the same way as formerly; few daughters now had any home duties.

Mrs. Fenwick did not think nurses were treated entirely justly with regard to their training, too much was expected of them. The curriculum of their education was often not devised to meet their requirements. In reply to questions, nurses holding three years' certificates had told her that therapeutics had something to do with operations. They did not know the meaning of *materia medica*, could not repeat the scale of weights and measures, or say what was used to disinfect a room. On the whole, the raw material was probably as good, but required different manipulation in the home and the hospitals.

Miss Waind suggested that one of the reasons why the right type of probationers did not apply for training was that Matrons often dissuaded their best nurses from taking up private nursing. If second rate women were sent into private houses, then the daughters in those homes were not inspired to adopt nursing as a profession. She thought private nursing should be regarded as valuable experience for nurses, and that they should be welcomed back to their training schools either to take up posts, or for post-graduate work.

Amongst the points raised by other speakers were the lack of professional status, the poverty of outlook, and the lack of ideals.

Miss Mollett said that the outcome of the discussion seemed to be the clay was just as good as ever, if not better, different but just as trainable, but that the training was not as good as it should be. The President said that she thought the average of fine characters was higher, and for that reason individuals did not stand out so much.

There appeared to be a consensus of opinion that nurses were not satisfied with their training facilities and economic condition, and that this spirit naturally reacted upon their attitude to nursing generally.

A class must be justly treated if it is to be absolutely loyal.

M. B.

## League News.

The Chelsea Infirmary Nurses' League held their annual meeting on October 26th, and the business meeting was followed by a social gathering, known as the "penny party," as everyone was expected to bring something costing a penny. In the evening the Harvest Festival took place in the infirmary chapel, and subsequently Mr. Head, the Mayor of Chelsea, presented prizes to the nurses who had been successful in the swimming competitions, and in a very happy speech commended swimming as excellent exercise for nurses.

The following prizes were awarded:—

For winning the race for swimming four lengths of the baths: Sister Grace.

For winning the handcap and the race for those who had learnt to swim this year: Miss Kathleen Johnson.

For winning an apple scramble, the competition being to pick up the greatest quantity of apples and put them in a basket at the side: Sister Grace.

For swimming across the baths in fewest strokes: Miss Payne.

For balancing a hat whilst swimming: Miss Nankivil.

For winning the tortoise race: Miss Nankivil.

After that those present voted as to who had brought the best pennyworth in the afternoon. The prize was awarded to the competitor who brought a large platelut of the following goods: A tarding's worth of soda, a farthing's worth of salt, and a halpenny-worth of soap. It was extraordinary how large an amount could be procured for 1d.

### LEAGUE OF ST. JOHN'S HOUSE NURSES

At the General Meeting of the League of St. John's House Nurses, held on Thursday, October 27th, a letter was read from the President, Sister Charlotte, regretting her absence, and expressing her thanks to the members for their loyal support during the past nine years, and asking for the same for her successor, whose election was a part of the business of the meeting.

There were three members nominated for the position of President, and Miss Laura Baker, Lady Superintendent of the Howard de Walden Nurses' Home, received the majority of the votes and was duly elected the future President of our League.

Miss Baker will not assume office until Sister Charlotte leaves St. John's House, as it was the unanimous wish of the members to keep their

President as long as possible. A slight alteration was made in the working arrangements which is hoped will minimise the office work somewhat. A short résumé of the progress of State Registration was given by Miss Brey, who spoke of the proposed Reunion to be held in London in February.

Heartly votes of thanks were passed to the Hon. Officers for their work during the past year, and the meeting resolved itself into a Social Gathering.

M. BURR,  
*Hon. Secretary.*

### Royal Recognition for Nurses.

On Wednesday, the 26th ult., the King and Queen received at Marlborough House Miss Clara Nelson Smith, Matron of the Nursing Home, 15, Welbeck Street, W., in which the late Prince Francis of Teck was operated upon, and thanked her for all she had done. His Majesty bestowed upon her the Royal Victorian medal. The Queen has presented brooches to all the nurses who were in attendance on her brother at the home. The brooches are of dark blue or green enamel, surmounted by a Royal Crown inscribed with the initials "G. and M."

### Conference on Feeding of Nurses.

We understand that the Conference on the Feeding of Nurses, to be held at Caxton Hall on Saturday, November 5th, at 2.30 p.m., has aroused great enthusiasm, and that a large and representative gathering is assured. Miss Rosalind Paget will preside. Matrons desiring to be enrolled as members of the Conference, and individual nurses and others interested, wishing to obtain visitors' tickets, should make early application to the Secretary, National Food Reform Association, 178, St. Stephen's House, Westminster, since the accommodation is necessarily limited.

### The Food and Cookery Exhibition.

The 21st Universal Food and Cookery Exhibition was opened at the Royal Horticultural Hall, Westminster, S.W., on Tuesday, Nov. 1st, and will remain open until Saturday, November 5th. The invalid trays shown by trained nurses are not to be on view until Thursday and Friday, too late to be described in this issue. A number of dainty trays were exhibited on Tuesday and Wednesday, in Class 33, and some nurses competed in this general class, and also in Class 33A, restricted to meatless dishes.

### Work in a Home and Foreign Hospital Contrasted.

The first of a series of five lectures on "A Nurse's Equipment for Service at Home and Abroad," organised under the auspices of the Nurses' Missionary League, was delivered on Tuesday morning last at University Hall, Gordon Square, by Miss C. F. Tippet, who is now working at the Wilson Memorial Hospital, at Pingyangfu, Shansi, N. China. The hospital is a memorial of Dr. William Millar Wilson, his wife Christine, and their infant son, who suffered martyrdom at Taiyuanfu in the Boxer rising in 1900.

Miss Tippet spoke as follows:—

I have been asked to speak to you this morning on the contrasts in the work of a home and foreign hospital, and at Pingyangfu, in Northern China, where I work, the contrast is very great. At some of the hospitals on the coast the conditions approximate more nearly to those at home, but not in the interior. First there is *environment*. We are foreigners in a foreign country, a huge, tremendous country it must be remembered, and one of our first difficulties is that of transport. Then there is the dust; we have terrible dust storms, and sometimes when everything in the theatre is ready for an operation a dust storm comes on, and there can be no operation because every crevice of theatre, and our own mouths, ears, and noses are filled with it. Again, there are the Chinese manners and customs to be considered; it is not wise or right to ride roughshod over these. To insist upon the observance of our own customs in unimportant matters is to damage and interfere with the work.

In regard to the climate it is a very fine one for those whose heads can stand it, but the high altitude causes sleeplessness with some people.

The language is one of our difficulties, but it is exceedingly interesting, and I have never known anyone sent back on this account. God's commands are His enablings, and if He calls you to work in China He will help you to speak to the people in their own tongue.

As to the people, they are very ignorant and very dirty, but those are conditions not unknown at home, and you must remember that water is very scarce; in the hospital we have to buy every drop of water, which is brought to us in a cart, and when I am doing district work it is a real consideration whether I shall wash my face once or twice a day, especially when there is a drought.

The people, then, are ignorant, dirty, superstitious, fearful, they hear strange tales of us, of our scooping out eyes, and taking out hearts,

but when once they trust us they are very grateful, faithful, and lovable, and splendid material to work amongst. This is important when we remember that the future doctors and nurses of China must be fashioned from it. Once you gain the confidence of the people they are easy to train.

The hospital in which I have worked for years has been a native building adapted for the purpose. In China the men and women's work must be kept absolutely distinct, and one of my great responsibilities is to see that no man enters the women's hospital, for it we did not conform to the national custom, the hospital would get a bad name, and then the patients whom we want to get hold of would not come. The patients sleep on a brick elevation, a kind of brick bed known as a *k'ang*. On one side of the ward is the fireplace, on the other the chimney, between them the *k'ang*, and underneath, connecting flues, by which means the *k'ang* is heated. On it are placed the mats covered with felt, which serve for beds, but the patients must be exceedingly ill to lie upon them, they are much more comfortable sitting up crossed legged. For the new hospital wooden beds are provided, but we should never get a Chinese patient to sleep on a spring bed.

One of the greatest contrasts between work at home and in China is the difference in the provision of hospitals, doctors, and nurses for the sick. In Shansi, which is as large as Great Britain, with its 12,000,000 people, we have four hospitals and a small dispensary; remember, too, there are no railway communications, and yet Shansi is supposed to be fairly well provided for.

In the hospital where I work, which serves a population of 3,000,000, and to which our patients come in spring carts, on donkeys, or in mule litters which swing and jog, our staff consists of Dr. and Mrs. Carr and myself.

There are native doctors, but they need not necessarily have had any training. Their chief implements are needles, which may be of gold or silver, but more usually are of rough steel. With these they puncture the body, there being 200 spots where such punctures are made. In one case a native doctor treated a patient by puncture, pocketed his heavy fee, and gave instructions that the man was to be kept absolutely quiet, and no one was to go near him. When the friends at last went in they found the patient dead with a puncture in his heart. Recognising what he had done the doctor had secured time for his escape.

In their confinements the women are cruelly treated; they are seated upon straw, not allowed to go to sleep, and are held up during

labour by their hair. Most of the women in the hospital date their illnesses from their confinements. Only the child is considered valuable; the mother's life is unimportant. In addition, the midwives are a terrible class, with long nails, never cut or cleaned, so that if the mission doctor is called in to a case it is generally septic first. Ah, nurses, China needs our sympathy and help.

Again, there are no asylums in the interior, so very often lunatics are put out of the way, or chained to mill stones and left. The more acute their mania, the more harshly they are treated. They also need our help.

In China it is the young women who have a hard time. The old women rule the roost.

As to treatment, our patients really love a plaster—anything that sticks; also ointments, gargles, and tonics.

At the hospital in Pingyangtu the outpatients attend twice a week, and the medical mission work is the most powerful of evangelistic agencies. In the outpatient hall all sorts and conditions of women, and of diseases, are to be found—ladies in elegant silks, shopkeepers' wives, countrywomen, and slave girls. It is worth going to China to see them listening to the old, old story. We have a wonderful Bible woman, Mrs. Han, who is worth her weight in gold, and who gives each patient a numbered strip of bamboo on arrival and endeavours to keep order and send each in in her turn. How are all these suffering people to be attended, helped, saved? The cry of China is ringing over the land, and until the Church of God at home realises the need, many will suffer needlessly because there is no one to help them. If once you do go the need will be burnt into your heart for ever. There are the women with their poor bound feet, often rotten, the blind who are literally made to see, and the lame to walk. Is it not worth while?

Again, there is the opium refuge work. The women come in opium sots, emaciated, with contracted pupils. After a stay of a month, and treatment with liquor morphia acetate, sometimes 300 to 400 minims a day at first, and gradually lessened—they go out with the habit broken, and many of our best Christians are former opium patients.

Would to God nurses would wake to the awful need of China and to their own responsibility, to the joy of carrying there the Word of Life and the Gift of Healing. I thank God I was called to China; if I had twenty lives they should all be spent there. Do you not hear the call: "Whom shall I send and who will go for us?" Will you not answer: "Here I am, I, send me!"

## Mme. Jacques' Farewell to her Pupils.

We have received from Mme. Jacques, late Matron of the Nursing School at the Salpêtrière Hospital, Paris, a copy of her Farewell Letter to the Association of the former certificated pupils of the School. Mme. Jacques wrote as follows:—

*Madame President of the Association of Former Certificated Pupils of the Nursing School of the Assistance Publique.*

DEAR MADAM,—I have addressed a Farewell Letter to your young comrades still resident in the School of which I have the pleasure of enclosing a copy.

Mesdemoiselles and dear pupils,—I have left the

sideration of those with whom you come in contact, and who see you at your work, without discipline. That is external, that is on the surface, but there is another point which must not be neglected, and that is feeling. A nurse whose soul is hard is not a nurse at all. You may care for your patients perfectly, scientifically, but you will never truly nurse a sick person if you have not strengthened his mind at a time when ebbing courage leaves him without elasticity, tired of life.

But to accomplish this task—noble above all others—it is necessary that you should have within you a will, a force, constantly sustained and renewed. I should at this point like to recall to you the admirable lectures of M. le Professor Darlu in order that his words may be engraved on your minds, for they form a pure catechism of goodness which alone can make your consciences tranquil and happy.



MADAME JACQUES.

Late Matron of the Nursing School of the Assistance Publique, Paris.

Nursing School of the Assistance Publique to resume my profession (of midwifery) which I relinquished for a time.

From respect for tradition I do not wish to fail in addressing to you some counsels, and at the same time to express my thanks to you. That which more than anything else has produced the results which we have obtained is discipline. It is very difficult for a French girl of twenty years of age to submit to discipline, but it is nevertheless necessary for you to understand that without a strict rule, observed by all, it is impossible to have a school, you cannot have that professional worth by which you will be everywhere recognised, you cannot have the respect and con-

To conclude my thanks to you, you have given me great joy at those times when you have not shrunk from extraordinary effort in order to accomplish your work. For that I thank you with all my heart. I pursued an end. You have helped me to attain it to the extent which I desired. For that I thank you once more.

Do not, I beg you, banish from your young heads the remembrance of the excellent ethics which we have repeated together for the last time.

And I conclude by addressing to all of you the assurance of my affectionate regards.

To you, Madame, who represent the former pupils, I have something more to add. It seems to

me that between you and me there must be something more, for together we have struggled through the difficult hours which have led at last to your graduation.

And then I must speak briefly of your duties as seniors. Treat your juniors with consideration. Remember always your own joy during your term of training, where you found a sympathetic person to guide and help you, without brusqueness, to take the first steps in the hard profession which is yours.

Ever keep before you the necessity for setting an example, and remember always those who have been martyrs to duty, for, alas, your School has already paid its contribution.

I wish, with all my heart, to everyone of you, a happy life, and that those amongst whom you work will say of you "these are good nurses."

With kindest regards,

I am, dear Madam,

Yours sincerely,

M. JACQUES.

## Progress of State Registration.

Lord Ampthill will preside at a meeting of the Central Committee for Registration on the 19th of November, to be held in the Council Room, at the British Medical Association's Offices, 329, Strand, London, W.C.

## Justice to Fever Nurses.

In pleading for a separate Register for Fever Nurses, Dr. A. Campbell Munro, Medical Officer of Health, Port Glasgow, stated in a letter in our columns recently that he had entered upon the registration controversy simply to see fair play and in a spirit of loyalty to his colleagues in the Public Health Service and to fever nurses.

In our opinion, the only "fair play" so far as Fever Nurses are concerned is to give them a thorough theoretical and practical training in general nursing, supplemented and combined with the same advantages in the nursing of infectious diseases. This would qualify them to carry out the directions of medical practitioners—and especially those in the Public Health Service—who have themselves been professionally educated in general medicine, for the safety of sick persons.

"Fair play" for nurses engaged in the care of infectious diseases, does not consist in training them in one special branch of *medical nursing alone*, and thus disqualifying them from earning their living in competition with general trained nurses. The nursing, like the treatment, of infectious diseases, must be based on general principles. Dr. Campbell Munro speaks of a separate Register as "a boon to

fever nurses," and accuses those, *pace* ourselves, who oppose it of a narrow-minded desire, "in whatever cloud of words they cloak their intentions, to keep fever nurses in a humble and subordinate position." With all due deference to Dr. Munro, this is untrue. The only means by which workers can be kept in a subordinate position is by half educating them, when their services will only be worth half price. A Fever Nurses' Register would place the insufficiently trained women on it at an economic disadvantage, and at the mercy of Municipal bodies who govern fever hospitals, who are not nursing experts or educationalists, and whose duty is to provide a staff of nurses to care for the patients in their charge only, without reference to nursing standards as a whole.

Dr. Campbell Munro is under a misapprehension in stating that the position of fever nursing is "ambiguous," as provided for in the Nurses' Registration Bill. It quite clearly claims power for the registration of a fever nursing qualification, in addition to, or in conjunction with, a general nursing qualification.

Nursing is the practical handmaid of medicine; it must be based educationally on the same principles. Until the General Medical Council institutes a special Register for fever practitioners, let us be sufficiently liberal minded in organising nursing standards to protect nurses working in infectious diseases hospitals from such disadvantageous legislation as a restrictive special Register.

E. G. F.

## Proposed Imperial Memorial to Miss Florence Nightingale, C.M.

The public meeting convened to consider the proposed Imperial Memorial to the late Miss Florence Nightingale was held at Grosvenor House on October 28th, by permission of the Duke of Westminster.

It was previously announced in the public press that "the Imperial Memorial is being organised to render pecuniary assistance to aged hospital nurses, or those incapacitated through ill health from continuing their nursing career," but the Provisional Committee evidently recognised the weight of a letter which appeared in the press on Thursday, October 27th, signed by the Duke of Devonshire, the Earl of Pembroke (son of Mr. Sidney Herbert, afterwards Lord Herbert of Lea, the Secretary at War at the time of the Crimean War), the Earl of Crows (one of her trustees), and Mr. L. H. Sturt Nightingale (her nephew). These gentlemen pointed out that "Those who are acquainted with the views of Miss Nightingale as to pensions for nurses, and those, on the other hand, who have considered the sum of money required for the estab-

lishment of a pension fund on an effective scale, will have grave doubts as to the success of this project on any lines which Miss Nightingale would have approved." Then they suggested that "the Grosvenor House meeting would be more likely to carry the purpose of its promoters to a successful issue if they would, in the first instance, proceed only to appoint an impartial, representative committee to consider and report on the best method of commemorating the life and work of Miss Nightingale. The proposal then put before them might be ultimately adopted, but only after full consideration and comparison with other means of effecting the object in view."

Admiral Lord Charles Beresford, K.C.B., G.C.V.O., who presided, explained that the object of convening the meeting was to endeavour to formulate a practical and appropriate scheme by which to honour the memory of Florence Nightingale, one of the greatest women ever born to the Empire. To this end it was suggested that an impartial committee should be formed to consider and report upon the various schemes proposed. The Committee for the Imperial Scheme thus practically adopted the suggestion contained in the foregoing letter.

The first speaker was Mrs. Josephine Bagot, R.R.C., who most eloquently explained why Miss Nightingale was worthy of a great national tribute. She demonstrated how her genius showed itself in everything she undertook, whether in organisation of the Crimean hospitals, where, solely thanks to her strength of character, trouble and demoralisation were averted, or in her subsequent work for nursing education, by which the whole system of nurse training had been raised.

What nurse was there, she asked, in the whole Empire, who did not admit that Miss Nightingale was her ideal? It was the thought of her which inspired nurses in the terrible typhoid epidemic during the South African war, and many a little nurse drew her last breath still smiling because of Florence Nightingale. You may say, concluded the speaker, that she has immortalised herself, but don't you want to have a hand in commemorating, in a permanent and humane way, one who was first of all a woman, and after that the greatest genius who adorned the Victorian Era?

Major Mark Sykes, in supporting the memorial, said that in the Crimea Miss Nightingale saved thousands of lives. In the last fifty years she had saved millions through the better system of nursing which she inaugurated.

Mrs. Dacre Craven, who said that she was the oldest living Nightingale probationer in the world, related that the late Empress Frederick of Germany had once said to her that Miss Nightingale did not belong to England but to the world. She quoted extracts from letters she had received from her great leader showing her keen interest in all that concerned nursing, and the maxims sent by her in a time of discouragement that "degeneration, not disappointment, is to be feared."

#### RESOLUTION

The following resolution was then moved from the chair by Lord Charles Beresford:—

"That an impartial representative committee should be formed to consider and report on the various projects recently put forward to perpetuate the memory of the late Miss Florence Nightingale,

and that the wishes of the nation should be ascertained by inviting deputies from public bodies to attend."

In moving the resolution he paid a warm tribute to the work of the Sisters of the Royal Naval Nursing Service, who had saved many lives by their unselfish, unwavering attention. There were heroes and heroines of the medical and nursing professions of whom very little was heard. He owed his own life to the skill and care of trained nurses, and they had his sincere gratitude.

The Resolution was seconded by Sir William Treloar, who said that all would agree that the memorial should be an Imperial one, that it should be something for the benefit of nurses who were in want in their old age appealed to him more than any other object, and he asked those present to do their best for those who had been nurses all their lives.

Sir Joseph Dimsdale said that the meeting had come together to consider a worthy and Imperial memorial to Miss Nightingale, but Sir William Treloar's speech pointed to a particular object. He then read a letter from Mr. H. Bonham-Carter saying that having regard to the difference of opinion amongst those whose opinions deserve consideration, he considered it premature to appeal to the public on behalf of a special object. Also a letter from the Earl of Pembroke, stating that he was strongly of opinion that those promoting the scheme should be guided by the advice of Mr. Bonham-Carter, and from Mr. Shore Nightingale, who pointed out that many schemes had been proposed and suggestions made, and that it was "going too quick" to give sympathy to any special scheme at present. Sir Joseph Dimsdale proposed as an amendment that a committee should be formed comprising Mr. Haldane, the Earl of Crewe, the Earl of Pembroke, the Earl of Selborne, Sir Thomas Barlow, Mr. Butler, Mr. Shore Nightingale, and Miss McCaull.

Sir William Treloar criticised the remarks of the last speaker and objected to a cut-and-dried list of names being sprung upon the meeting.

Sir Dyce Duckworth said he thought the motion by Sir Joseph Dimsdale had clarified the atmosphere. There was no animosity intended, and no clashing; he therefore seconded the amendment, proposing at the same time the addition of the names of Lord Charles Beresford, Sir Joseph Dimsdale, and Sir William Treloar.

Mrs. Bedford Fenwick proposed that the words "with power to add to their number" be added to the second resolution constituting a committee. As President of Nurses' Societies comprising upwards of 5,000 trained nurses, she claimed that before the character of the memorial was decided upon the views of the nurses should be ascertained. She reminded the meeting that the £30,000 bestowed upon Miss Nightingale by the nation in recognition of her great national work during the Crimean War was not used by her for any scheme of philanthropy, but with it she founded an educational institution—the Nightingale School for Nurses in connection with St. Thomas' Hospital surely an indication of work in which she was primarily interested. The speaker said that many self-respecting nurses objected to any scheme advanced

in the name of Florence Nightingale calculated to pauperise their profession, it was entirely contrary to all her teaching. If nurses were better educated for their work, and better paid, they would not be found in the workhouse.

The nurses most ardently desired that a statue of the Founder of Scientific Nursing should be erected in a prominent position in the Metropolis. There could be nothing imperial in devoting the Fund raised throughout the Empire to the relief of indigent nurses in the United Kingdom.

Muriel Viscountess Hensley seconded the amendment and expressed the opinion that the names of women prominent in the nursing world should be added to those proposed.

The motion was adopted, and a vote of thanks to the very genial chairman terminated the proceedings.

## Meeting at St. Thomas' Hospital.

An influential private meeting was held on Tuesday, November 1st, in the Court Room, of St. Thomas' Hospital, to consider the establishment of a Memorial to Miss Florence Nightingale.

Telegrams were received expressing regret at being detained from the meeting from Lord Sandhurst, Treasurer of St. Bartholomew's Hospital, Lord Chylesmore, Chairman of Brompton Hospital, and from Lord Goschen, Treasurer of Guy's Hospital.

The following ladies and gentlemen connected with London hospitals and Government services were present:—Mr. J. G. Wainwright, Treasurer, St. Thomas'; Mr. Holroyd Chaplin, Chairman, Royal Free; Miss R. A. Cox-Davies, Royal Free; Miss E. H. Becher, Q.A.I.M.N.S.; Miss Mabel H. Cave, Westminster; Miss A. McIntosh, St. Bartholomew's; Miss M. L. Davies, St. Mary's; Mr. Edmund Boullnois, Nightingale Training School; Miss A. Lloyd-Still, Middlesex; Miss A. Macnab, Brompton; Miss I. C. Bennett, Metropolitan; Miss L. V. Haughton, Guy's; Miss D. Finch, University College; Hon. Sydney Holland, Chairman, London; Mr. Henry T. Butlin, President, Royal College of Surgeons; Miss E. Harter, Royal Hospital, Haslar; Sir J. Wolfe-Barry, K.C.B., Westminster; Miss G. Payne, Hospital for Sick Children; Sir Henry C. Burdett, K.C.B.; Mr. W. Austen Leigh, St. Mary's; Miss A. M. Hall, Seamen's; Mrs. Florence Lucas, Nurses' Co-operation; Sir James Porter, Inspector Director General, R.N.; Surgeon-General W. L. Gubbins, Director General, A.M.S.; Mr. Percival A. Nairne, Seamen's; Mr. A. William West, St. George's.

Mr. J. G. Wainwright, in a few introductory remarks, said that it was certainly wonderful that unaided by anyone, if Mrs. Wardroper were excepted, Miss Nightingale was gifted with the power and foresight to initiate, construct, develop, and lay down the right lines for nurse training. He proposed, and it was unanimously agreed, "That a fund for providing a Memorial to Miss Florence Nightingale, O.M., be established, and that contributions be invited from all parts of the Empire."

On the motion of the Hon. Sydney Holland,

seconded by Mr. H. T. Butlin, P.R.C.S., it was then unanimously agreed: "That a statue shall be erected as a part of the Memorial."

On the motion of Miss Hamilton, seconded by Miss McIntosh, a Sub-Committee was appointed to carry out the above resolution and to consider what further form the Memorial to Miss Nightingale shall take.

On the proposal of Sir James Wolfe-Barry, seconded by Mr. H. T. Butlin, it was unanimously decided that this Committee should confer with the Committee recently appointed by a meeting held at Grosvenor House, which aims at establishing a Memorial to Miss Nightingale, with a view to combination, and, if possible, a common course of action.

The following were nominated to serve on this sub-Committee: Mr. J. G. Wainwright; Sir Thomas Barlow; Mr. H. T. Butlin; Sir J. Wolfe-Barry, K.C.B.; Mr. A. William West; Sir James Porter, K.C.B.; Surgeon-General W. L. Gubbins; Miss McIntosh; Miss L. V. Haughton; Miss Lückes; Miss Hamilton; Miss Becher; Miss E. Harter; Miss Sidney Browne.

A cordial vote of thanks to Mr. Wainwright for calling and presiding at the meeting was passed.

## Miss Nightingale's Will

The net personal estate of the late Miss Florence Nightingale is sworn at £35,649. Nothing is bequeathed to charitable institutions, but subject to numerous specific and pecuniary bequests in favour of relatives and friends the residue is left to the children of the late Mr. William Shore Nightingale in equal shares.

Among the legacies are the following, as reported in the *Times*:—

To J. J. Frederick, Secretary of the Army Sanitary Commission, £300.

To Mother Stanislaus, Rev. Mother of the Hospital Sisters in Great Ormond Street, for her objects, £250.

To the Mother Superior of the Devonport Sisters of Mercy, £250.

To Miss Crossland, late Home Sister of the Nightingale Training School at St. Thomas' Hospital, an annuity of £60.

To Miss Vincent, late Matron of St. Marylebone Infirmary, an annuity of £30.

To Miss Styling, late Matron of Paddington Infirmary, £100.

To Mme. Caroline Weyckner, who nursed the French prisoners in the Franco-German War at Breslau, £100.

To the Managers of the Reading Room at Herbert Hospital or at Netley or at Aldershot, or at some other place where soldiers may see them, as the executors may decide, the jewels from Queen Victoria and the bracelet from the Sultan, and the other medals and orders, together with an engraving of the ground round Sebastopol.

To her executors for division amongst the Nightingale Training Schools for Nurses and those connected therewith, as the executors may decide, all her prints, framed or otherwise (not otherwise).

disposed of), including those of Queen Victoria and Prince Albert, given her by the Queen at Balmoral in 1856, and of Landseer's Highland Nurse.

To the said J. J. Frederick such Blue Books, War Office, India, and Statistical and Hospital Reports and books as he shall choose.

To the said Mother Stanislaus, certain Roman Catholic books in English or French.

To the Managers of the Reading Room at Herbert Hospital, or at Netley, or Aldershot, or elsewhere, as aforesaid, the bust of her given to her by the soldiers.

## Our Guinea Prize.

We have pleasure in announcing that Miss Maud Earl, Theatre Sister, St. Bartholomew's Hospital, London, has won the Guinea Prize for October.

### KEY TO PUZZLES FOR OCTOBER.

- No. 1.—Izal.  
Eyes—haul.  
No. 2.—Frame Fowl.  
frame food.  
No. 3.—Clinical Thermometer.  
C—line—eye—C—awl  
TH—arm—O—meat—ear  
No. 4.—Old False Teeth Bought: Fraser,  
Old Falls, Tee—TH B—ought [O]  
F—razor.

The following competitors have also solved the puzzles correctly:—E. A. Leeds, London; B. Sheard, Chislehurst; B. Howard, London; T. Foster, Abney; C. C. D. Cheshire, Woking; W. Haviland, London; M. Tooth, Morehampton; H. V. Villiers, Longsight; E. M. Dickson, Bromley; E. Tompkins, Hull; E. Kinsey, Greenwich; S. S. Sills, Oakham; M. Poole, Chester; R. Rafferty, Dublin; E. Burnett, Pontypridd; M. Dempster, Ealing; T. Macdonald, Greenock; C. C. Longcroft, Guildford; A. Massey, Limerick; A. G. Layton, London; R. Scott, Edinburgh; L. C. Cooper, London; F. Sheppard, Tunbridge Wells; T. Burrell, Harrogate; E. Macfarlane, and N. Hunter, London; E. Wilson, Lewisham; — Deverill, Birkdale; E. Lane, Ventnor; M. Chester, Brighton; E. M. Snow, Eltham; F. Bonchurch, London; H. S. Duncan, Edinburgh; V. Taplow, Sheffield; A. M. Shoesmith, Durham; F. Macnaughten, Liverpool; B. Atkins, Brighton; R. Conway, Bournemouth; J. Cook, Portland; C. Rae, Glasgow; E. Dinne, Harrow; M. Kemp, Petersfield; C. A. Money, London; H. Mackintosh, Glasgow; M. Woodward, Redhill; P. White, Maybole; H. Cobb, Attleborough; C. Dumas, Belfast; A. Jary, Fakenham; E. M. Walker, Putney; D. MacAlister, Edinburgh; M. H. McCosh, Rutherglen; M. Tweed, Manchester; F. Lang, London; C. E. Mackay, Aberdeen; P. Douglas, Carlisle; E. Marshall, London; M. C. Munro, East Ham; F. Coster, Newport; A. Clinton, Northampton; D. Day, London; C. M. Dent, Teuro; P. F. Masters, Norwich; E. Trueman, London; B. Langham, Nottingham; S. O'Connell, Maryborough; W. Ward, Belfast; K. Conyers, Margate; H. Dudley, Gloucester; C. Glynn, Dublin; B. F. Brown, Leeds.

The Rules for Prize Puzzles remain the same, and will be found on page xii.

## Appointments.

### MATRON.

**Victoria Infirmary, Northwich.**—Miss Alice Keeble has been appointed Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, where she held the position of Ward Sister for three years, and of Theatre Sister for a similar period. She has also been Matron of the Cottage Hospital, Tetbury, for three and a half years.

### NURSE MATRON.

**Cottage Hospital, Moreton Hampstead.**—Miss A. M. Fulham has been appointed Nurse Matron. She was trained at the General Hospital, Altrincham, Cheshire, where she has held the position of Sister. She has also held a similar position at the General Hospital, Great Yarmouth. She is a certified midwife.

### ASSISTANT MATRON.

**Royal Infirmary, Bradford.**—Miss Margaret H. Crooke has been appointed Assistant Matron. She was trained at the David Lewis Northern Hospital, Liverpool, and has held the position of Ward Sister, Night Sister, and Home Sister in the same institution.

### SISTERS.

**Belvidere Hospital, Glasgow.**—Miss Anna J. Armstrong has been appointed Sister. She was trained at the Infirmary, Falkirk, and the Belvidere Hospital, Glasgow.

**Royal Albert Edward Infirmary, Wigan.**—Miss Lucy M. Dashwood has been appointed Sister. She was trained at the Middlesex Hospital, and has held the position of Sister at the Alexandra Hospital, Queen Square, and of Sister at the Infants' Hospital, Vincent Square, London. She is a certified midwife.

### MASSAGE SISTER.

**Fulham Infirmary, Hammersmith.**—Miss Sophie Bevan has been appointed Massage Sister. She was trained at Guy's Hospital, where she worked on the private nursing staff for two years, and holds the Guy's medal. She also is a certificated masseuse and a certified midwife.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The under-mentioned ladies to be Staff Nurses (provisionally): Miss Evelyn Griffiths, dated October 15th, 1910; Miss Gladys St. George Horne, dated October 15th, 1910; Miss Isabel Mary Whyte, dated October 15th, 1910.

Miss E. Ferguson, Matron, is placed on retired pay (November 1st). The undermentioned ladies to be Staff Nurses (provisionally):—Miss M. L. Scott (October 15th), Miss C. W. Mann (October 20th).

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

*Transfers and Appointments.*—Miss Mary Simpson, to Manchester (Ardwick), as Assistant Superintendent, Miss Ada Gibson, to Hastings, as Superintendent temporarily; Miss Jeanie Main, to Beccles; Miss Constance Doring, to Norwich; Miss Lily Boyden, to Darlington; Miss Isabel Joly, to Haslemere; Miss Jenny Jones, to Västalyföra; Miss Ellen L. Wells, to Southampton; Miss Lena Milford, to Coln St. Aldwyn; Miss Mabel Knight, to Neath.

## PRESENTATION OF MEDALS AND CERTIFICATES

Mr. Morgan Thomas presided at the meeting of the Cardiff Mental Hospital Committee on Thursday, 27th ult., when Sisters Beatrice Taylor, Elsie Drew, and Beatrice Jenkins, Nurse Kate McGovern, Attendants Sidney Miller, D. G. Williams, George Fluck, and Edgar Francis were presented with the Medico-Psychological Association's medals (silver) and certificates, having successfully passed the qualifying examinations.

In making the presentations and congratulating the successful candidates, the Chairman said the Medical Superintendent (Dr. Goddall) made a point of encouraging all his staff to pass this examination, with the result that they got the best class of nurses and attendants possible, besides adding to the reputation of the institution. The benefit was also felt by the patients in receiving better and more intelligent treatment, and the ratepayers stood to gain by quicker and more sound cures, with early discharge of patients chargeable to the rates.

## PRESENTATIONS.

Miss Bremner, who has been for a number of years Matron of the Nairn Hospital, N.B., has been presented with a handsome solid silver tea service on the occasion of her resignation. Mr. J. S. Robertson, Chairman of the Directors, presided, and in presenting the gift in the name of the medical officers and directors, referred to the excellent work done by Miss Bremner during her connection with the hospital, and wished her every happiness in her future life.

At the opening ceremony of Aberfeldy's new Cottage Hospital, which has been built at a cost of £2,300, Lady Breadalbane performed a very interesting ceremony—the presentation to Miss MacLeod, the Matron of the Hospital, of a handsome writing table and a purse of sovereigns subscribed by friends and patients in gratitude and appreciation of her twenty years' devoted and untiring service as Matron of the Cottage Hospital. In a graceful speech Lady Breadalbane remarked that they all knew the enormous and valuable work performed by the nursing profession, and now in almost every district of the United Kingdom they would find those excellent ladies doing good service. Miss MacLeod had discharged her duties with tact, kindness, and helpfulness.

## THE PASSING BELL.

We record with sorrow the death from septicaemia poisoning of Miss Gertrude Annie Talbot, a young probationer at the Northwich Infirmary, where she has only been working since last March. Some weeks ago she acted as assistant during the nursing of an accident case in which poisoning had set in, and probably removed the soiled bandages. About a week afterwards she found she had a little sore in her thumb. She sterilised a needle, picked it, and used antiseptic dressing. Septicaemia supervened. Everything medical science could do was done to save life, but all remedies failed. Her loss is deeply deplored by all her fellow workers.

## Nursing Echoes.



We have received several letters from nurses interested in the formation of an Elizabeth Fry League, with the object of improving the nursing in prisons. Mrs. L. M. St. John, R.R.C., the Hon. Treasurer of the Penal Reform League, writes that she is in sympathy with our suggestion that the Matrons of prisons should be trained nurses.

The general object of her excellent society is "To interest the public in the right treatment of criminals; and to promote effective measures for their cure and rehabilitation, and for the prevention of crime." The fifth item in its programme provides "For better selection and training of staff, and general raising of their status and ideals." Perhaps, if this Society, which has such work in hand, organised a meeting to discuss how to carry out effectively Clause No. 5 on their present programme, some beneficent progress might be made.

The Nurses' International Club, 8, Portchester Square, W., last week received an informal visit from the Duchess of Marlborough, who inspected the whole building from the top storey to the basement. Her Grace expressed herself as delighted with the arrangements of the Club.

At a meeting of the Carmarthen District Nursing Association, at which the Mayor (Ald. Walter Lloyd) was in the chair, Dr. Bowen Jones, Medical Officer of Health for the borough, stated that an agreement with a view to co-operation ought to be entered into between the nursing association and the midwives. Infant mortality was too high. In the colliery district it might be explained by the conditions of life there, but it ought not to exist in the rural districts. The great cause was a want of knowledge in the matter of the feeding and clothing of infants. Children were being dressed up in a ridiculous number of garments. He would like to see a prize offered at the National Bristledoll for the best set of clothes for a baby.

At Friday's meeting of the Chichester Board of Guardians the Chairman read a letter from Probationary Nurse Knagges, who stated that she should not think of wasting three years at the institution. There was no training what-

ever, and she thought it was "an abominable shame" for the Board to advertise for probationers. The advertisement was deceiving. Several of the Guardians considered the letter very impertinent, but Councillor Butler remarked that he did not know what the nurse would have said had she come there when the probationers were charged £5. He said he was very glad such a letter had been written, and suggested that the Board should insert it when again advertising for probationers, and add: "I have told you for years that it is a swindle."—Mrs. Webb: "A very rude letter."—Councillor Butler: "A very just letter."

All such discussions would be at an end if there was a central nursing authority to discriminate between institutions which can train nurses and those which cannot, and to define the curriculum required. At present it is cheap to nurse patients with probationers, and every institution, whether suitable or not, assumes the status of a training school.

The *Queen's Nurses' Journal* for October has as frontispiece a lifelike portrait of Miss Cowper, Superintendent of Scottish Branch, Queen Victoria's Jubilee Institute, which many friends will like to possess. The *Queen's Nurses'* tribute, a chaplet of flowers sent to the funeral of the late Miss Florence Nightingale is also reproduced. Nothing could be more instructive than the letter from Miss Nightingale on the Establishment of the *Queen's Institute*, written from South Street, in 1896, to the Duke of Westminster, one of the Trustees. She writes:—"We look upon the District Nurse, if she is what she should be, and if we give her the training she should have, as the great civiliser of the poor, training as well as nursing them out of ill health into good health. Health Missioners, out of drink into self-control; but all without preaching, without patronising, as friends in sympathy. But let them hold the standard high as nurses."

Surely if this means anything it means that District Nurses should be highly cultured women as well as highly trained—a standard, more's the pity, which has been sadly lowered by the craze for cheap philanthropy where the rural poor are concerned.

The Magazine is full of good things, and we should have imagined inspired as it is with a high ethical tone, full of excellent articles, news, and helpfulness, and the four issues only costing 1s. 6d., including postage—that every *Queen's Nurse* in the world would subscribe for

it, and yet how disheartening to read the Editor's note to the effect that the future fate of this most excellent magazine is uncertain. "There is again a deficit this year, and the position will have to be seriously considered." We do most earnestly advise those interested in District Nursing to send a postcard to the Editor without delay, informing her that they intend to become subscribers. Clondeboye, co. Down, Ireland, will find her.

There is to be a great *Healtheries* Exhibition held in Dublin next May. The section dealing with District Nursing is to be one of its chief features, and will no doubt be a great success. The Exhibition will be known as *Um Brailis—the Isle of the Blest*—the presumption being that where the laws of sanitation and hygiene rule there will be found a healthy and happy community.

The *Australasian Nurses' Journal* says that Miss Amy Hughes, who has returned to England, left Australia before she was able to see the initiation of the proposed District Nursing scheme, and although Miss Hughes' visit has not had all the result that was hoped, all those who know the work she has done agree that in all parts of Australia much has been learnt from her of District Nursing, its methods, uses, and possibilities. "It is not an easy thing to found an Association which shall be acceptable to, and workable in, a number of States covering a whole continent and differing so widely in conditions. It seems probable that the simpler way will be for each State to establish a County District Nursing Association of its own, using as a basis the rules and regulations which have been so thoroughly thrashed out by those working with Lady Dudley during the last few months, and for federal union to follow and combine such kindred associations instead of preceding them."

The *Journal* promises to keep the nurses informed as soon as any authoritative body is formed in any State.

The public generally fear the great expense entailed by the organisation of a Federal District Nursing Association, on just economic principles, as the *Nurses' Associations* are determined to maintain the three years' standard of training, and it is estimated that each nurse would cost at least £150 a year instead of £90, her salary to be estimated at £100 instead of £35, as in the United Kingdom; moreover, no underselling by insufficiently trained women, with a few months' experience only, is to be permitted.

## Reflections.

## FROM A BOARD ROOM MIRROR.

Prince Alexander of Teck has accepted the invitation of the Governors of the Middlesex Hospital to succeed his late lamented brother as Chairman. As it was the ambition of the late Prince Francis to raise an endowment fund adequate to meet the annual expenditure of the hospital, such a fund will be raised to his memory. Prince Alexander is determined to carry out the work which was so dear to his brother, and has already received donations of £105 from the King and £100 from the Queen.

Amongst the representatives of the Middlesex Hospital invited to attend the funeral of the late Chairman, Prince Francis of Teck, at Windsor, by command of the King, was Miss A. Lloyd Stoll, the Lady Superintendent. Miss C. Nelson Smith and the nurses who attended the Prince at 15, Welbeck Street were also honoured by the same command.

The King has become patron of the West London Hospital, Hammersmith Road, W.

We are asked by Sir William Treloar to remind our readers of the distribution of Christmas hampers and clothing to poor crippled children in the Metropolis through his Little Cripples Christmas Hamper and Clothing Fund, donations toward which may be sent to him, addressed to the Fund, at 69, Ludgate Hill, London, E.C. Every year for the last sixteen years Sir Wm. Treloar has, at Christmas time, entertained some 1,200 poor children at the Guildhall, and despatches the welcome hampers to his little clients on the morning of the day when the Annual Banquet is held. His Majesty the King is again this year continuing his annual subscription to the fund.

At the quarterly meeting of the Governors of Leicester Infirmary, at which the Chairman, Sir Edward Wood, who has done so much for the institution, presided, in the Recreation Room or the Nurses' Home called by his name, the House Governor, Mr. Harry Johnson, reported that the "Gertrude Rogers Ward," named after Miss G. A. Rogers, who for 26 years had served the institution most faithfully as Lady Superintendent, had now been opened for the reception of surgical cases.

Mr. C. J. Bond, who supported the adoption of the report moved by the Chairman, remarked that the only way in which the enormous expense of keeping up a large hospital could be limited was by providing more home hospitals for patients of moderate means.

The Dundee Woman's Hospital Bazaar has brought in a tidy sum for the benefit of the institution. The total drawings for the two days were £1,743 11s. 8d.

The delegates to the Fourth International White Slave Congress, held last week at Madrid, had a most courteous welcome, being received at the Royal Palace by the King and Queen. The next Congress will be held in London in 1913.

## Our Foreign Letter.

## CALAMITOUS LEGISLATION IN NEW YORK.



DEAR MADAM,  
For a long time I have been trying to snatch the time to send you some word about the extraordinary piece of re-

action that we have had here in social matters. Your recent editorial shows that you have received printed matter relating the story of the calamitous legislation which was enacted last winter by the New York Legislature—nothing more or less than State regulation and certification of prostitution for the City of New York. As yet it only applies to this one city.

Is it not a severe reflection on the boasted intelligence of our people that we are able to learn nothing from the experience of other countries? It does seem as if the testimony on state regulated vice was strong and ample enough to permit its classification as a fact, no longer disputable, such as that fire burns, water drowns, etc. But this is not the case. It is true that this piece of legislation was somewhat surreptitiously introduced; nevertheless, a good many social workers did know about it, and some tried to stop it, but the stupifying thing was that a number of the most prominent philanthropists, including settlement workers, women and men, and almost all of the Charity Organisation Society leaders, approved and supported it warmly, and still do so, although a hot fire is pouring upon them. So it is actually true that this vile legislation, passed to the joy and comfort of vile elements, and received with the greatest satisfaction by "men about town," has owed its success to the support of some of the most influential workers for what is called "social betterment." Is not that a strange situation?

This instance confirms a belief I have long held—namely, that all that is bad and wrong in the world is the fault of the good people. Good people are pusillanimous, or dull, or conceited, or illogical, and therefore they block real progress, and are entirely unable to prevent the strongly selfish but perfectly logical and systematic progress of those who work frankly for what they want, irrespective of theories or "social uplift."

Another lesson that has been vividly borne in upon me is the warning against taking one's self too seriously. A specialist in one line, becoming gradually convinced of his own infallibility in that line, presently thinks he is capable of infallibility in every other line, whether he knows the subject or not. I am sure now that one of the highest developments of intelligence is in knowing upon what subjects one is not an infallible expert, and in having the information of where to look for the particular kind of expert that is needed in a given case.

For myself, I do not claim to be an expert in this subject, but I do humbly believe that my studies last summer in the library of the British Museum taught me where to look for the authoritative message upon this sad subject. Our Charity Organisation people think that things will work out differently in this country—the same things that have always worked one way in other countries. That was also claimed for England when she established her Contagious Diseases Acts. Because we are America results will not logically follow causes, but something different will happen. As a matter of fact the fulfilment of the law so far shows a horrible logic of results, as you will see by a report which I shall soon send you. Last Friday a large meeting of women from various organisations was held to consider steps for attacking the clause of the law that provides for the medical inspection. Little or little the opposition will be well organised and will gain momentum. A legal contest is first being planned for. Our woman lawyer is at work preparing to attack the constitutionality of the law; a Legislative Committee is formed to carry on work of repeal in the Legislature; women's clubs and organisations are being aroused, and there will be opportunities continually to speak before them. They are passing resolutions against the clause and are calling upon the medical profession to come forth openly in a campaign of education.

None of the daily papers will print out letters or articles of explanation about the opposition to the prostitute's examination, nor will they report the meetings of discussion or give publicity in any way to the movement. One or two weekly journals of radical or progressive tendencies alone will mention the subject at all. This, I suppose, has been experienced everywhere.

The pamphlet prepared by the nurses of the Social Union at Taunton, for private circulation among nurses as an educational leaflet, has found a great demand. I have daily requests for it, and the last consignment of fifty copies has not nearly reached around. It is admirably done and fills a deep need. Their nurses are everywhere arousing to the vital necessity, and are anxious to prepare themselves for giving help to mothers and young persons. I have asked for another hundred to be sent over, as I know they will be rapidly taken up.

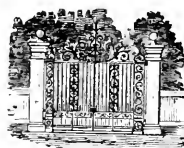
LAVINIA L. DOCK.

#### THE CARE OF CRIPPLED CHILDREN.

The requirements and care of the invalid child are receiving ever-increasing consideration, and we are pleased to bring to the notice of the kind and wise people who earnestly desire to brighten the lives of those poor handicapped children, a little publication, "The Care of Invalid and Crippled Children in School," by R. C. Elmslie, M.S., F.R.C.S., and issued at 1s. by the School Hygiene Publication Co., 2, Charlotte Street, W. It contains four lectures which were delivered to the School Nurses attached to the London County Council Invalid Schools. The subjects discussed were (1) Disease and Deformity of the Spine, (2) the Hip Joint, (3) of the Nervous System, and (4) Rickets, Heart Disease, Chorea, etc.

## Outside the Gates.

### WOMEN.



The Women's Local Government Society have issued in pamphlet form, price 2d., the speeches made at the Local Government Section at the Japan-British Exhibition in June. It is full of most valuable information for all concerned in social service.

Speaking at a meeting in Wynyard Park in connection with the scheme for providing, under the auspices of the British Red Cross Society, voluntary medical aid detachments for the Territorial Forces, Lady Londonderry said the ideal state of things would be for every man to learn to defend himself, and for every woman to be a trained nurse or a cook. We could wish that every woman could also be taught to defend herself in time of war. Why not?

Lady Frances Balfour, speaking in support of Woman Suffrage at Guildford last Saturday, poked fine fun both at the despotic male "anti" and at the subservient women who attend meetings to hear their sex and intelligence depreciated. The anti-Suffragists declared that women were on a pedestal and politics (the science of government) were beneath them! Then Lord Cromer came along and told them they were not good enough to have any part in government "because they were given to vague generalisation and weak sentimentality." How thoroughly the women who attended his meeting must have enjoyed it!

The Manchester City Council after a full debate has decided by a four-fifths majority to petition Parliament in favour of the Conciliation Committee's Suffrage Bill. It was urged in the course of the discussion that a city council is direct representative of women ratepayers, that this Bill aims at conferring the Parliamentary vote precisely on this class, and that while the council refuses to intervene in party politics, this Bill, promoted as it is by suffragists of all parties, could not be regarded as a party measure. Similar petitions have already been sent up to Parliament in favour of this Bill by the Dublin Corporation, the Glasgow City Council, and the town councils of Dundee, Perth, Hawick, and some 11 of the smaller Scottish burghs. Notice of motions to move for similar petitions are before a number of other town councils. The motion in Glasgow, Dublin, and Dundee was carried unanimously.

Lady Wernher has issued invitations for a private view of dolls dressed for the Children's Happy Evenings Association which is to take place on Tuesday, November 8th, at Bath House, Piccadilly. The Exhibition itself will be opened on the following day. The Queen is greatly interested in this association, and always sends a number of beautifully-dressed dolls for the show, which are afterwards distributed amongst the children.

## Book of the Week.

## THE REST CUR\*.

A book that grips. Mr. Maxwell draws with consummate skill and decisive strokes the history of John Barnard, and it is to the marvellous personality of this man that the book owes its power.

John Barnard, M.P., on the road to make a fortune in rubber, "full of health, full of strength, full of confidence, he almost wished the world was larger, so that he might have more to conquer. At the close of his life he confesses: "It was all for myself—not greediness for money—but a selfish, blind delight in the personal struggle."

At thirty-five "he lived in spacious rooms, belonged to good clubs, enjoyed a steadily expanding income, and had saved exactly ten thousand pounds."

He gave the ten thousand pounds as a free gift to his mother. And he could be happy after this in comfortably reflecting that he had fulfilled an obligation. It was fine in a sense, because the gift of all his hoard showed such resolute self-confidence. It left him again with nothing—except his brain and his health. But with these possessions he felt absolutely safe.

After his mother's death, "when she reposed mutely under the granite slabs and iron chains paid for by him, he felt he had finished the business. "If he ever thought of his family again the thought need be no more distracting than when he remembered some docketed, pigeon-holed, stamped and receipted account."

His sheer masterfulness compels Lord Rathkeale, an Irish peer, to consent to his marriage with his daughter, Lady Edith.

"I promise you," he said, with conviction, "that Edith shan't be ashamed of me if she gives me time to work out the career that lies before me."

"Really," said Lord Rathkeale, "you must not speak of her as Edith, don't you know, as if implying your right to do so had been in any way countenanced. No—honestly, I am afraid you mustn't think of that idea any more."

"But I assure you I shall never think of anything else."

"My dear fellow, dismiss it from your mind. Not to be thought of. Go to any parent of an attractive girl like Edith—brought up as Edith has been brought up—with certain advantages—well, of birth, and so on—and tell him you can only offer a settlement of—what was it? Eighteen thousand pounds?"

"No," said Barnard, firmly. "I never offered to settle anything. That is my working capital."

But he marries Edith all the same.

During the honeymoon at Montone, we are told "that everyone seemed instinctively aware of the touch of a masterful hand." They liked him, these humble folk. He might be abrupt, or angry, or really rude, and they bore him no malice."

The lust of work grows on him and slowly but surely estranges the wife, to whom he is really devoted, from him. The severe strain on his nervous

system from the high pressure at which he lives ends in a complete breakdown, from which he emerges a physical wreck, "like a tattered race-horse, a run-down clock, a stove-in boat, like anything broken, worn out, and utterly done for."

The incidents relating to the close of his life are related very touchingly. Lady Edith and he are once again united, and all their early love restored, but in his dying agony she is constrained to confess to him that which his amazing intuition has already suspected: that she has been unfaithful to him.

He remained passive in her arms, with his head against her neck.

"Jack, do you hear me?"

"Yes."

"Am I forgiven? Do you forgive?"

"Yes—yes." The word was a faint whisper, repeated again and again as he drew the faint breaths.

"Edie, I'm so tired. . . . Give me rest. Let me rest."

She was holding him as a mother holds a sick child, and his breathing was like a child's—very rapid, very faint.

"Yes," she whispered; "rest, my darling—rest."

H. H.

## COMING EVENTS.

*November 1st to 5th.*—Cookery and Food Exhibition, Royal Horticultural Hall, S.W. Nurses' Invalid Trays on view on 3rd and 4th prox.

*November 4th.*—National Council of Nurses of Great Britain and Ireland. Annual Meeting, 431, Oxford Street, London, W. 4 p.m. Tea.

*November 5th.*—National Food Reform Association. Conference on the Feeding of Nurses. Caxton Hall, S.W. 2.30 p.m.

*November 5th.*—Nurses' Missionary League. Lecture: "Difficulties and Possibilities in a Nurses' Life," by Miss Haughton, Matron, Guy's Hospital. University Hall, Gordon Square, W.C. 7.15 p.m.

*November 9th.*—Royal Infirmary, Edinburgh. Lecture on "Surgical Nursing outside of Hospital," by Mr. John D. Dowden, F.R.C.S.E. All trained nurses cordially invited. Extra-Mural Medical Theatre, 4.30 p.m.

*November 19th.*—Meeting of the Central Committee for Registration of Nurses, Council Room, British Medical Association Office, 329, Strand, London. The Right Hon. the Lord Ampthill, G.C.I.E., will preside, 3 p.m.

## NURSES' MISSIONARY LEAGUE.

The Sale of Work will take place at 52, Lower Sloane Street, S.W., on 19th November, 11.30—6 p.m. Parcels are already coming in; but articles need not be sent till November 12th. The General Secretary, Miss H. Y. Richardson, will be grateful if all members will do their best to send things for sale, and to come themselves, and bring their friends to buy.

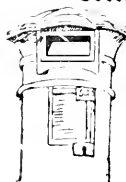
## WORD FOR THE WEEK.

More pain is inflicted in the slaughter-houses in one day than in the laboratories in a year.

DR. OSLER.

\* By W. B. Maxwell. (Methuen and Co., Ltd., London.)

## Letters to the Editor.



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

### A LITTLE LOPSIDED

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—Being very keenly interested in the proposed memorial to the late Miss Florence Nightingale I attended the meeting convened at Grosvenor House on Friday last. Whilst entirely approving of the resolution which was passed, to the effect that an Imperial Memorial should be organised, I could not help smiling at the constitution of the Committee nominated. Ten or eleven men and one woman to decide upon a suitable memorial to a woman, and which is presumably to be used for the benefit of women!

It is to be hoped that representative women will not be excluded from the Committee of Management of any scheme to honour the memory of the most noble of their sex; in my opinion they should predominate upon it.

I remain, dear Madam,

Yours faithfully,

MARY BURN.

### THE NURSING PROFESSION.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—I notice it is stated that the Matrons composing, or in part composing, various committees to arrange national memorials, are described as "representing the nursing profession." It is a little difficult to understand how a self-elected committee represents anybody. Further, as the Army authorities have had to learn that the Army consists not only of generals and officers, but of the rank and file also; so perhaps in time the "heads of the nursing profession" will appreciate the fact that to be a head you must have a body or be head of, that our profession does not consist solely of matrons, and that nurses also are entitled to express an opinion as to the form which they desire the memorials to which they subscribe to take. Or will the matrons who exclusively manage these memorials finance them also? So far the existence of the certificated nurse seems to be ignored.

Yours, with some curiosity,

A MEEK NURSE.

### THE NURSES' GOSPEL LEAGUE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM, A correspondent asks for opinions as to the formation of a Nurses' Gospel League, "for the free distribution of the Gospel and Gospel literature to the patients in hospitals." It must, however, be remembered that the patients in a hospital include those of many branches of the Christian Church, Non-conformists, Established,

Roman, etc., and the free distribution of literature is no part of a nurse's province. All hospitals have their duly appointed chaplains, beyond which it is the duty of a nurse to ascertain if her patient desires to see any special priest or minister, to acquaint any such with his desire for their services when expressed, and do her utmost to secure their ministrations, but proselytising on the part of a nurse is neither desirable nor permissible. Short of this, however, "if there be first the willing mind," there are many ways in which a nurse can help the patients in her charge.

Yours faithfully,

WARD SISTER.

### REFORM IN SLAUGHTER-HOUSES.

*To the Editor of the "British Journal of Nursing."*

MADAM,—Everybody knows that the advantage of the public over the private slaughter-house has been repeatedly demonstrated in this and other countries, and very important recommendations in favour of well-ordered abattoirs have repeatedly been made, for instance, by the Royal Commission on Tuberculosis, the Admiralty Commission on Humane Slaughter, the Public Health Committee of the London County Council, and like authorities. The establishment of properly registered abattoirs under the inspection of veterinary officers and open always to the observation of humane people, is indeed the only possible way of securing the merciful slaughter of animals; yet, owing to the unaccountable apathy of the general public, the realisation of a rational method of slaughter is apparently no nearer coming to pass than it was 25 years ago, when the late Sir Benjamin Ward Richardson first urged its adoption, and we still remain the only civilised people in Europe, if not in the world, without a genuine abattoir system. "It is astounding," writes Mr. C. Cash, B.A., in his comprehensive book, 'Our Slaughterhouse System' (which all who are interested in this important humanitarian question should read), "that in a country where there is so much sensitiveness—we might say hyper-sensitiveness—with regard to animal suffering, where, for instance, the law has interdicted to prohibit traction by dogs on the score of cruelty, the needless and systematic cruelty of our slaughtering methods should have been ignored."

In this connection it is to be regretted that no more definite recommendation was made by the Admiralty Commission with regard to the use of some more modern and less barbarous appliance than the pole-axe, which is put to shame by the splendid equipment and mechanical contrivances now in use in many Continental abattoirs, and we should do well to follow their lead in this as in other particulars.

Yours, etc.,

JOSEPH COLLINSON.

## Notices.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Prevention of Infantile Mortality.

Dr. H. Lowenburg, in a lecture delivered before the South-East Branch of the Philadelphia County Medical Association, and published in the *Dietetic and Hygienic Gazette*, says in connection with the problem of infant mortality, and the physician's responsibility in preventing it, that his responsibility antedates the birth of the child. It often has to do with its parents, if not its parents' parents. He supports the dictum of an eminent neurologist that "it pays to come of good stock," and thinks that there should be less sentiment and more practical sense in the matter of mating, that the State should control marriages, and should withhold its license until both parties present a clean bill of health, as certified to by a competent medical attendant. The purpose of marriage is, he says, to increase and multiply not tuberculosis, not syphilis, not dwarfs, not criminals, not the insane, but robust, healthy, disease free men and women, and in order to accomplish this we must have healthy infants, and to have healthy infants we must have healthy parents.

With the birth of the child the physician's fight against disease and death begins with the proper care of the umbilical cord and the eyes. It may be worth our while to consider for a moment the most frequent causes of death as they are operative in infancy and childhood. Ten per cent. of all infants born succumb during the first month of their existence from causes varying from general debility, pneumonia and diarrhoea to the various congenital deformities and malformations of the internal organs. According to Holt, one-fourth of all deaths occurs during the first year and one-third during the first two years. The first two years constitute the most dangerous period of existence. During the first year the vast majority of deaths amongst both the rich and the poor are due to gastro-intestinal diseases and marasmus, which are dependent directly upon dietetic mistakes or infections produced by food. Next follow the acute diseases of the respiratory tract and the acute infectious diseases, of which pertussis is the most fatal, with measles following as a close second, though it is comparatively rare at this age. Tuberculosis is not a frequent cause of death during this period. During the second year

gastro-intestinal and pulmonary diseases still head the list, followed by the acute infectious diseases, especially measles, diphtheria, and whooping cough. General tuberculosis and tubercular meningitis occur more commonly during this time. Those children who suffer from rickets, itself a disease of malnutrition, succumb rapidly to the acute infections. From the second to the fifth year the majority of deaths are due to the infectious diseases, especially diphtheria and scarlet fever. Tuberculosis occurs not infrequently during this period.

Contemplating these statements with reference to mortality, we as physicians can come to but one conclusion as to in which direction our duty lies and as to what are the means at our command to remedy the condition. Proper nutriment and the prevention of infection constitute our only prophylaxis. Theoretically it should be an easy matter to secure both, but practically it is decidedly difficult, as will be seen as we proceed. Proper nutriment means maternal milk during the entire first year, and, this failing, properly adapted clean cow's milk. Briefly, it may be stated without fear of contradiction that if every infant were breast-fed infant mortality would at once be reduced 50 per cent. Therefore our responsibility is plain. We must do everything within our power to conserve the maternal milk supply. Before delivery, at the very beginning of conception, the medical attendant must inculcate within the mother a keen desire to nurse her young. She must be taught to look upon this act as a privileged joy to be sought, not a burden to be shunned.

### IGNORANCE, SUPERSTITION, AND FILTH.

Dr. Lowenburg points out that the greatest enemies to the prevention of infantile mortality are ignorance, superstition, and filth. He advocates the formation of physician's clubs, to which the poor should be specially invited. The physician should teach that poverty is no excuse for filth, and the advantages of household and personal cleanliness. In their true etymologic sense the majority of poor foreigners suffer from hydrophobia and aerophobia—the fear of water and of air. Northrop's description of how to kill a baby with pneumonia well illustrates this. How often are we, who do hospital and dispensary work among the poor, asked whether it will hurt to bathe the baby, when the poor, suffering youngster is covered with filth and has a crust of inspissated epithelium upon its pate

a quarter of an inch thick. At these public lectures we could teach the poor the danger of contagion and of overcrowding, the value of the daily bath, the good of hospitals, and at times the need for urgent surgical operation. They must be taught the necessity for isolation and the fallacy of the idea that because one baby of a large family has measles, or pertussis, it is the correct thing to expose the rest of the children to it by putting them all in one room. We must make clear to the mother the danger of food contamination, especially in summer, and that after she receives clean milk for her babe she must keep it clean and not contaminate it with dirty nipples and bottle, long nursing tubes and infected water. These and a thousand and one other methods of prevention could be taken up at these meetings, and in a brief space of time much could be accomplished. In order to arouse the enthusiasm of the people, a great wave of enthusiasm must take hold of the profession in this matter of education, which though at best slow is the only means at our command of bettering the physical and moral conditions of the poor.

#### THE MIDWIVES' ACT AMENDING BILL, No. 2.

We have received from the Incorporated Midwives' Institute a Memorandum in which it defines its strong objection to certain Clauses in the new Bill, which cannot fail, in the opinion of the Institute, to minimise the good which has resulted from the working of the present Act. The Clauses are (7) Fees for keeping name on Roll, (11) (1) Notification of Practice, (13) Power of Local Supervising Authorities in regard to Grants, (15) Powers of Entry, (17) Payment of Fees to Medical Practitioners called in on the advice of midwives.

#### A BABIES' CONVALESCENT HOME.

The Superiress of the Convalescent Home for Invalid Babies, Bury St. Edmunds, pleading in the press for financial help, writes:—

Would you perhaps draw the attention of your readers to the need there is for a convalescent home entirely for infants—infants of the very poor, who, on leaving hospital after a serious illness, for their frequently one-roomed homes, have no prospect of nursing, fresh air, and good food to recover strength?

It is over a year now since a London doctor told me there was no convalescent home in England exclusively for infants, or where the latter could be sent, unless accompanied by their mothers; and having had some experience with cases of paralysis and rickets, we few nursing sisters began to take in some invalid babies from Hoxton. Twenty-one are here now, but the house is unsuitable, in a street and with only a yard for out-door treatment.

I have seen a very good locality at Hunstanton, an ideal place for such cases as ours; but, alas! we are greatly in want of funds for the move and the initial expenses for open-air shelters. Dr. Stork, the Medical Officer of Health in Bury, and also Dr. Cornish, of Kew, will be perfectly willing to give information with regard to our work.

## A Midwives' Bill for Scotland.

It will be remembered that at the Annual Congress of the Incorporated Sanitary Association of Scotland, held in Elgin in September, a resolution was proposed urging the advisability of a Midwives' Act for Scotland. We understand that a Bill has now been drafted by the Society of Medical Officers of Health in that country. It is, of course, impossible that midwives in Scotland should remain unorganised when those in England and Ireland are registered under State authority, but we hope that Scottish midwives will study the proposed bill very carefully, and take steps to protect their own interests by securing representation on any Central Authority set up to control their profession. English midwives are feeling keenly their disabilities from the lack of direct representatives on their governing body, and it will be very regrettable if this mistake is made in framing an Act for Scotland.

## Inspection Under the Midwives' Act.

Amongst the interesting speeches made at the Local Government Section of the Women's Congress at the Japan-British Exhibition, in June last, and now published by the Women's Local Government Society, 17, Tothill Street, Westminster, in pamphlet form, price 2d., was one by Miss Burnside, Senior Inspector of Midwives in Hertfordshire, who said that the work of inspecting midwives was at present very much in its infancy. She rightly considered that the chief qualification for an Inspector of Midwives should be that she was a qualified and trained midwife, having had practical experience of the work to enable her to realise the many difficulties with which midwives have to cope. It was also a great advantage if she were a trained nurse and had had experience in sanitary work and health visiting. By far the most important duty of an Inspector of Midwives was "to report from time to time as to the sufficiency of the provision of midwives, and the methods to be adopted for improving and training the midwives already in practice, and for obtaining such increase in the number of midwives as may be necessary," a duty placed upon her on her appointment.

Miss Burnside pointed out that an Inspector has women of all classes, ages, and degrees of education to deal with. Many of those in bona-fide practice prior to July, 1901, can neither read nor write. She has had to teach these women to scrub up and disinfect their hands before her, and in several cases had to take the scissors and cut their nails afterwards. The chief fact proved in Hertfordshire is that a living cannot be gained by midwives in agricultural counties. The fees charged vary from 2s. 6d. to 21s. One old woman in a scattered district, who charges the former fee, and is required by the Act to visit her patients daily for ten days, some of whom are three miles distant, has thus to walk 60 miles, besides doing all the work, to earn that 2s. 6d.

A difficulty in connection with the investigation of charges of malpractice was that people would not make a statement and stick to it.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

---

No. 1,180.

SATURDAY, NOVEMBER 12, 1910.

XLV

## Editorial.

### CO-OPERATIVE CATERING.

The present age is one in which the individual worker must join hands with others if he is to maintain his efficiency, and in no sphere of work is the need for this more evident than in the catering departments of our hospitals. On the purity of the food supply the nutrition of the patient depends, and his adequate nutrition may determine the balance between life and death. The health of the resident medical, nursing, and domestic staffs also depends greatly upon their proper nutrition, and therefore the importance of this department cannot be over-rated. Yet it is generally considered sufficient in smaller hospitals that the Matron—usually a very overworked official, responsible for the supervision of the nursing, the training of the nursing staff, and a multitude of other duties—should also act as housekeeper, and be responsible for the catering. In the largest hospitals an Assistant-Matron, Home Sister, or Housekeeper may relieve her of the details of the work, but in few cases have these officials had adequate instruction in food values and dietetics, in the art of catering, and in the pitfalls which beset the most conscientious amateur by the supply of worthless substitutes. Three months' insight into the housekeeping department of a hospital is usually all the house-keeping experience available for a trained nurse taking up such a position, and her subsequent value as housekeeper, is equivalent to that of a three months' probationer in the wards. In the wards the Matron is provided with highly trained Sisters as expert assistants, why not with skilled helpers on the housekeeping side? If food is to be pure, and a caterer successful and economical, a thorough apprenticeship is essential.

We print in another column the report of an interesting Conference convened by the National Food Reform Association, and in a recent issue we published an address by Mr. John Foot, Chief Inspector for the Borough of Bethnal Green, before the National Pure Food Association, in which he showed the exceeding difficulty of securing an unadulterated food supply. Thus "high class" jams are adulterated with the pulp of apples, turnips, and marrows, Demerara sugar with crystals coloured with aniline dye, pepper with rice flour, white flour is ground in a way which deprives it of its chief nutriment, and mixed with alum, ground bones, and sometimes plaster of Paris, while boracic and salicylic acid are in constant use as preservatives, so that with almost every meal in milk, cream, butter, sausages, corned beef and other articles of diet, we are being drugged by the butter factor, the grocer and other tradesmen from whom we obtain our food supply.

Why should not the hospitals of the Metropolis co-operate to obtain a pure food supply through a central expert agency, supplied with home grown meat, with poultry, milk, eggs, and jams from the products of its own farms, and with bread, cakes, flour, groceries and other necessities, the purity of which has been, in the interests of the hospitals committees, tested and guaranteed by trained experts at the central depot?

We commend to notice the action of the Committee of the Infants' Hospital, Vincent Square, S.W., who—in order to obtain the pure milk supply, which is the staple food of the little patients—have arranged for its supply from a farm established by the Treasurer, Mr. Robert Mond, under the direct control of the Committee and Medical Staff. Why should not this principle of securing pure food be applied to all

charitable institutions. From whence will arise the philanthropic Moses who will organise this great commissariat department?

## Medical Matters.

### HOSPITAL TREATMENT OF THE INSANE

At a clinical meeting of the Northern Counties of Scotland Branch of the British Medical Association, held at the District Asylum, Inverness, Dr. T. C. Mackenzie, Medical Superintendent, presented an interesting paper on the above subject, which is published in the supplement to the *British Medical Journal*. He said, in part:—

The treatment of the certified insane in our public asylums is a subject with fairly well defined limits, and I should like to offer the following few remarks upon the hospital treatment of the insane as it affects (1) the patient, (2) the nurse, (3) the physician, (4) the public.

If it is asked what is meant by the hospital treatment of the insane, the answer is that the patient on admission to an asylum is put to bed in a ward staffed by trained nurses, that his physical condition is carefully examined and recorded, and also his mental state. Thus he is placed in the circumstances most favourable to the study of the particular requirements of his case, and obtains the most suitable means of treatment at the hands of skilled and careful attendants.

Treatment in bed is desirable in all such cases and is possible in most. The rest in bed is good in itself.

It is not, however, only the acute and recently admitted cases of mental disease that are interested in and benefited by the hospital treatment of the insane. The sick ward is intended for such, but its usefulness extends to two other quite distinct and separate classes of asylum patient. There is first the patient who is permanently enfeebled in mind but able-bodied, and who suffers from some intercurrent organic disease, such as an attack of lobar pneumonia, lumbago, etc., or who sustains some injury, such as a broken leg, that requires confinement to bed, with careful nursing and supervision. Such a patient is also given his or her place in the sick ward, and there receives exactly the same treatment as would be provided in the wards of a general hospital or infirmary.

The actual carrying out of treatment in such cases is liable to be complicated and often rendered more difficult by the mental condition of the patient, but such difficulties are not

allowed to frustrate or prevent the endeavour to treat the case as it deserves.

Food may be refused or it may be rejected after it has reached the stomach. A case who has been operated on for appendicitis may require physical restraint in some form to prevent the removal of bandage dressings and stitches, and a man with fracture of both bones of the leg may remove his splints and jump out of bed and give some trouble before he is caught, as I once saw happen in the case of an epileptic patient. Such difficulties, however, only call for high qualities in the asylum nurse and attendant, and are not allowed to interfere with the proper treatment of the patient.

The second class of patient who benefits is to be found among those who are subject to recurrent attacks of mental disorder associated with some change in their bodily condition. There is a patient in this asylum who periodically becomes acutely excited and dangerously impulsive. Associated with this change in conduct there is always to be found, if it is looked for, a very foul condition of the tongue and breath, and the best treatment for the case, and the best sedative for the excitement, is a large dose of castor oil.

There is yet another and apparently increasing class of asylum patient whose position has been improved since the introduction of hospital methods into asylum practice. I refer to the senile insane, many of whom are bed-ridden. If the doctor can do little for them, the nurse can do very much. I have been assistant physician in an asylum in which the aggregate age at death in twelve consecutive deaths amounted to 900 years—an average of 75 years per patient. The declining years of these patients were soothed and their sufferings diminished by the devotion and attention of nurses who were dealing with one of the most trying and exacting class of patients with which any nurse can have to do—the complaining and falling and querulous old man or woman.

There is a further aspect of the hospital treatment of the insane as it affects the patient that merits attention. It is what I may be allowed to call the reflex effect upon the patient if he or she is sufficiently conscious to be capable of appreciating their surroundings. They realise that they are in bed; that their surroundings are those of a hospital; that they are attended by nurses, and that they have fellow-patients, that they have a medical attendant who takes an interest in them individually; and that, in short, they are treated as patients and not as prisoners.

It is a fallacy, it which the public mind is not yet altogether disabused, that there is but little difference between an asylum and a prison. The tendency of asylum development is towards the hospital and away from the prison. To what extent the prison should follow the asylum is another question, but the time is past for any such idea as that the two are much the same.

The development of the hospital idea in asylum work has produced almost equally far-reaching changes and improvements in the duties and training of the asylum nurse and attendant.

The principles adopted and practised in the hospital and sick wards of the asylum, and the training received therefrom by the members of the staff, made their influence felt throughout the whole institution, and have a most important bearing upon the health of every member of the asylum community, both patients and staff. The advance of medical science in the department of mental disease now requires the successful asylum attendant to possess high qualifications in technical knowledge and training as compared with the requirements of twenty years ago, but something else, even more important, is essential, and must not be lost sight of. Nothing, I think, can ever take the place in asylum work of such qualities as good temper, cheerfulness, unwearying patience and forbearance, constant watchfulness and forethought, sagacity and kindly sympathy, etc. If these are absent, it is of no avail to know the number of red blood corpuscles per cubic centimetre, or to write learnedly on the structure of the cerebral cortex or the nature and use of antiseptics. The ideal asylum nurse or attendant requires the double qualification.

### Ugly Facts.

We quote the following paragraphs from *The Dietetic and Hygienic Gazette* for the benefit of hospital managers generally, and more especially for those responsible for the poor little patients in the Children's Hospitals.

WHEN IS A SYPHILITIC NOT DANGEROUS?

It goes without saying that the patient with an open lesion is infectious. The virulence and the possibilities of contagion lessen with time and treatment. It is a safe rule to regard all cases as dangerous during the first two years.

—E. O. SMITH.

ONCE SYPHILITIC, ALWAYS SYPHILITIC.

Once you are syphilitic, you will always live syphilitic, you will die syphilitic, and on the day of judgment your ghost will be syphilitic.

ZEPHSE.

### The Feeding of Nurses.

A Conference on the Feeding of Nurses was held at Caxton Hall, on Saturday, November 5th, under the auspices of the National Food Reform Association. Miss Rosalind Paget presided, and proved "an inspiration to reluctant speakers."

Miss Paget first called on Mr. Charles E. H. Blair, the courteous secretary of the National Food Reform Association, to read apologies from those unable to attend, including a telegram from Miss Vilhers (Matron, Park Hospital) who was to have taken part in the discussion, but was detained owing to an unexpected visit from Mr. John Burns to the hospital.

In a few introductory remarks, Miss Paget said that the object of the Conference was to discuss Diet Reform on the broadest lines, not to hear the views of faddists. The Chairman said she had great sympathy with the aims of the Conference, as she had for a time performed the duties of House Sister in a large London hospital, and knew the awful responsibility of providing 200 meals in the 24 hours, and remembered her repulsion to viewing the cold remains next morning. A good deal was heard at the present time about "made dishes," the taste of nurses might have altered now, but on one occasion when she offered a nurse a helping from a made dish the reply was "No thank you, Sister; I like to know what I am eating."

Miss Musson, who had prepared an exhaustive paper, which was in the hands of many of those present, emphasised its principal points in the following paper:—

#### FOOD IN HOSPITALS.

The question of food in hospitals is one to which most of us devote many anxious hours. Lest there should be any misunderstanding, I should like to say that the opinions, which I have endeavoured to express, though in very sketchy and incomplete form, in the paper you have before you, are based upon 17 years' personal experience in four hospitals, varying in size from 60 to 670 beds, and have been confirmed or modified by the reports of Matrons and Nurses from other institutions, and by notes kindly supplied to me by Miss Laurence and Miss Bam. As I am at present so fortunate as to have an assistant who gives most of her time to the catering, and as the kitchens and store rooms at the hospital of which I have the honour to be Matron are modern and convenient, I am conscious of advantages which many of my colleagues do not enjoy, and am able to speak with all the greater freedom of some difficulties, because they are no longer

my part, and all the rest. I have tried to write from a general point of view.

There is no room for exaggeration in the matter, it is one for calm and sane consideration, and though sore that in many hospitals the nurses are not fed really well and *adequately*, I do not believe that there are many now in which they are fed *badly*.

That the food is not always satisfying is shown in eagerness to obtain other food, the frequency with which it is supplemented even by nurses with very little money to spare. Hunger does not seem to be really appeased and the same nurse who has groaned at "everlasting beef and mutton" at mid-day, may be heard towards evening to express a craving for a "good meat meal," grown women appear to return to their school-days, when a hamper from home was eagerly looked for.

That it is not always to the taste of the consumers is shown by the great pleasure given by an occasional luxury, and by the addition of pickles, sugar, and large quantities of pepper, salt, and mustard (or with puddings, sugar) to "help it down." It is remarkable how much sugar will sometimes be taken by women who have formerly had no liking for sweets.

No one in hospital deserves more sympathy and encouragement than does the house-keeper, and no one receives more undeserved blame than she, undeserved because she is often expected to do the impossible, *i.e.*, to please everyone, in spite of inconvenient kitchens, inefficient kitchen staff, and limited expenditure.

I like to think, and I am sure is fact, that the improvement which has taken place of late years is due in very small degree, if at all, to complaints from nurses themselves. They are usually wonderfully contented, and loyal to their training schools. It is due much more to the fact that for some years past Matrons have been fully trained nurses themselves, and remember the strain and fatigue of the three or four years' training at the places where the "shoe pinched" nurse. We have come to a stage when we may, with advantage, seek to direct public opinion on the matter, for until we have improved the idea that nurses can be adequately fed, we something considerably less than 1s. a day per head, we cannot do very much more. I say *adequately* because it is, of course, possible to feed a woman on less, but is it doubtful that she can do really well for one who expects to exert mental and physical energy for 12 hours as does a nurse in a busy hospital?

I believe that a good and well-organized nursing home should get the rate of 1s. a day per head at a private hospital, but this is a pro-

vided the house-keeper has time to devote to inspection and supervision, and that the cook knows how to cook and has time to do it properly. Some think 1s. a day too much, but, taking all the drawbacks of a nurse's life into consideration, I cannot think so. A nurse has to perform duties which tax each muscle and strain every nerve, not on one occasion, but day after day. She begins her training with the ordinary strength of a girl of 20 and odd years, and with absolutely no knowledge of the theory or practice of nursing. Muscle and brain must alike develop rapidly if she is to attain to even a moderate standard of efficiency in three years. She therefore requires a greater amount of nourishment than she would had she remained at home, leading an ordinary quiet home life. A man who is preparing for great exertion in the way of sports or races is carefully trained and dieted. He would be thought foolish to compete otherwise. The same sort of consideration, in modified degree, should be devoted to the physical training of a probationer. As to what kind of food would be most suitable for this purpose, how should I dare to give an opinion on a matter where doctors disagree. One advocates "more proteid," another "less proteid," another an increased supply of "carbo-hydrates," and while one says "give plenty of fats," another says "reduce them." One advises light, easily-digested meals given frequently, and another briefly expresses the opinion that nurses should be fed "like fighting cocks." We might, however, study with advantage some of the modern works on dietetics, written by men who have devoted themselves to the subject, and whose theories have been confirmed by chemical and physiological research. With scientific knowledge added to common sense we might arrive at more satisfactory results, and the study is an interesting one.

It is well known that the new probationer thinks that she does the lion's share of the work of a ward, but we know that she is really not doing as much as the senior nurses. Her muscles, being thobby, she finds it hard, and does it slowly, and she has no energy to spare for developing her mental powers, so that she is usually found to be forgetful and unobservant. As her physical powers become accustomed to doing the work more easily and quickly, her powers of observation and memory begin to develop. The mental strain and the responsibility increase with each promotion, and nurses are often observed to get thinner as the final examination draws near. The output of energy at the time is very great.

After reading some treatises on food, we can almost imagine that as we become more en-

lightened and scientific, there might be a modification of the diet during training, and that tables for muscle-making pros, and tables for brain-working Sisters and Staff Nurses might become the order of the day, or that nurses who did badly in examination might be treated to a special diet. Meanwhile, the best thing to do is to supply a varied diet and leave the individuals to use it as required. I think we require variety in *kind* of food, as well as in dishes, and it is the recollection of nurses with a tendency to rheumatism, biliousness, and other affections who are told not to eat much red meat, which turns my thoughts to nourishing dishes made with little or no meat. At present this class of dish is represented almost entirely by macaroni cheese, which is generally popular. Foreign cookery would not be altogether suitable for our climate, but we have a good deal to learn in the use of macaroni, spaghetti, maize, rice, etc., from the French and Italians, and also, I am told, from the Americans. We also make very little use of our vegetables, both green and root, compared to the use made of them by our Continental neighbours. From the Germans we might also learn something of sweets. A real *sweet* would sometimes be better than an ordinary pudding.

Very little is usually given in the way of sweets, and it is often noticed that nurses eat a great deal of sugar, so much so that it is evidently a want in the dietary. Old established ideas as to the relative expense of certain ingredients are in need of modification. Some are looked upon as luxuries quite unnecessarily, and one can but think that in the making of dishes, the cook often "spoils the ship for a ha'porth of tar." The saving of an egg here and a little butter there is not worth while if the dish is to be less appetising, or, if by adding them to cheap food like beans or macaroni, a tasty nourishing dish can be made and the meat bill reduced.

The cooking is more at fault than the ingredients, as it is in hundreds of private houses. I have lately seen a suggestion that hospital managers might learn that "quite uninstructed women" could be taught to prepare delicious dishes. No doubt, but not in a busy hospital, there is no one at liberty to teach, and the diners cannot wait while the cook learns her work. In no place is a small error in cooking more disastrous, for it affects so many people, and the small failure which is passed over in courteous silence in a private house may be the occasion of much trouble in a large institution.

I am sure that better cooking is the thing most required, and that it will be best obtained

by employing more highly educated women as head cooks. More hands are also needed to prepare it, and more time in which to consume it. Better instruction in the art of eating should be available, for those who take up institution management, and more time for supervision, which is the only way to prevent wastefulness.

I am ready and willing to adopt any justifiably good and real economy, and nurses do not expect luxuries, but I am sure that it is false economy to relieve one section of the community at the expense of the health of another.

#### DISCUSSION.

MISS COX-DAYES, Matron, Royal Free Hospital, who opened the discussion, said that the consideration of the daily diet sheet so that it might give variety without increasing expenditure occupied a great deal of a Matron's time. From some statements in the Press it would almost appear that the public believed that nurses were fed on almost prison diet, and that the Matron of a hospital was a lazy official. She believed few nurses were not ready to say that the food supplied to them was as appetising as that they were accustomed to at home, but the point was that their work was so exacting that they required better food. She referred to the difficulty of serving food daintily, quickly, and efficiently, and contrasted the service of the present day with the meal provided in a small provincial hospital twenty-one years ago, where black-handled knives and forks were supplied to eat the cold potato-pie and the loaf was placed on the table-cloth. The comment of the staff nurse to the new probationer was, "It's no good to look dainty; what is good enough for me is good enough for you, and if you don't like it you can go without."

She spoke of a useful piece of work by the Ladies Committee at the Royal Free Hospital, which provides the hospital with hampers of fresh vegetables daily from a circle of forty-five country friends. The scheme has now been working admirably for four years, and the speaker suggested that included in such schemes might be the supply of new-laid eggs and home-made jam.

MISS BARTON, Matron, Chelsea Infirmary, said that under the Poor Law the officers had rations, and the higher the position of the official the larger his supposed appetite; thus the Matron was supposed to eat much more than the probationers. The food was good, and there was plenty of it, but in many Poor Law institutions the catering was done in the steward's office, and nurses' food was a woman's question. At Chelsea Infirmary a slate was placed on the mantelpiece inviting suggestions from the nurses as to variations in their diet, but they did not often make them; it was easier to grumble than suggest.

MISS E. M. BOGGS, Superintendent, Q.V.A.I., Shoreditch, said that the feeding of district nurses approximated to that of a private family. She had nurses from many hospitals, and the general testimony was that the food was admirable; but there was some monotony, and good food might be badly cooked. All nurses needed a good meat dinner in

the middle of the day, either a joint or a made dish. She thought more made and vegetable dishes would be appreciated. In the East End fruit and vegetables were cheap, and at the Shore ditch Home they always had two vegetables every day.

She concluded with a story of her probationer lays, when a wonderful pudding was served. The Matron ate her portion without comment, the Sisters did their best, and the probationers vainly struggled with theirs. Afterwards they instituted inquiries as to the composition of the pudding and found that the plaster of Paris tin had been relegated to the store-room as the driest place, and its contents had been used in mistake for ground rice.

MISS MORGAN, M.A.B. Matron, said that the dietary scale in Metropolitan Asylums Board hospitals was a liberal one, and the post of housekeeper an important one. She agreed that more made dishes were desirable, but if a choice of dishes were offered all the nurses often went for the same one and there was not enough to go round.

MISS BAXX, M.A.B. Matron, thought that nurses should be educated in food values; the subject was very much neglected.

MISS MARQUARDT, Matron, Camberwell Infirmary, thought it would be helpful if the Committee of the National Food Reform Association would form a list of meals outside those to which nurses were already accustomed, at a cost which could be afforded by institutions.

MRS. BEDFORD FENWICK said, presumably, in the future, when a curriculum for Matrons was defined, they would be expert dietitians as well as nurses; but for Superintendents of educational establishments to attend in detail to the duties of caterer and steward appeared excessive, although the Matron should certainly be the Superintendent of every domestic department in a hospital. Economy played so important a part in the organisation of charitable institutions that the cook was seldom adequately paid to secure first-class service. She suggested the possibility of making some central society, expert in the catering and culinary arts, responsible for the catering and cooking in our large public institutions. Such work should be done by experts and not by amateurs.

MISS HEATHER BRIGGS, Charing Cross, said that Matrons were much handicapped by the provision of inferior food by contractors. Even if a cook were fairly good she could not obtain satisfactory results with inferior material. The food should be as good as was compatible with necessary economy. She thought the rivalry between institutions to show an economical balance sheet had a prejudicial effect upon the food; and a later speaker (Miss Hinton) emphasised the same point.

MISS HARRINGTON, Guy's Hospital, said variety was difficult when 200 to 300 people had to be catered for. Dishes which took much time to prepare were impossible.

MISS BUCKINGHAM, Queen's Hospital, Birmingham, Miss CURTIS, Q.V.I.I. Superintendent, Hammersmith, Miss E. C. LAURENCE, Chelsea Hospital for Women, Miss HULME, Lady Superintendent, Nurses' Lodge, Mrs. PARNELL, Lady Superintendent, Home for Mothers and Babies, Walswich, Miss HINTON, who has acted as Home

Sister at the London Temperance Hospital), and Miss DODDS (Bethnal Green Infirmary) also took part in the discussion.

MISS MRSOX then replied to the various points raised with admirable lucidity, and said that the ideal of a Matron should be to send out nurses at the conclusion of their training as strong as when they entered it as probationers.

The meeting terminated with votes of thanks to the Chairman and to Mr. Hecht.

## The Isla Stewart Oration.

The report of the Annual Meeting of the National Council of Nurses of Great Britain and Ireland, at which much interesting work was considered, will appear in full next week. We may announce, however, that the suggestion made by the President from the chair that the life's work and fragrant memory of Miss Isla Stewart be kept before coming generations of nurses, by instituting an annual Oration in her honour, was received with the warmest sympathy, and agreed to by those present. It was agreed that the Oration should be given annually, for which an honorarium of £5 would be donated, and that this special Memorial, by the National Council of Nurses, should be endowed.

## A Nursing Pageant.

The proposal that a Registration Reunion should be held in London early in the new year and that registrationists should demonstrate their wishes in spectacular form, appears to commend itself to the nurses' societies. The possibilities of a Nursing Pageant appear extraordinarily interesting. At meetings of the Matrons' Council and the National Council of Nurses, the suggestion has been warmly approved. It means no end of work. The Editor will be pleased to hear from those willing to help to make such a function a success, and hopes that every registrationist will book the evening of February 2nd, 1911 as an engagement which should be cancelled only by professional duty.

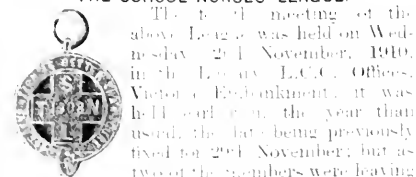
## Irish Nurses' Association Lectures

The Irish Nurses' Association held its usual monthly meeting on November 5th, and the following programme of Lectures, arranged to be given in November and December, was approved.

1. "The Resistance of the Body to Microbial Invasion," by W. M. Crofton, Esq., M.B.
2. "Some Points of Interest in Throat, Nose, and Ear," by T. O. Graham, Esq., M.D.
3. "Massage and Its Use in Common Affections," by E. Douglas Good, Esq., M.D.
4. "The Spinal Cord," by E. E. Gordon, Esq., M.B.

## League News.

## THE SCHOOL NURSES' LEAGUE.



The 10th meeting of the above League was held on Wednesday, 24th November, 1910, in the Library, L.C.C. Offices, Victoria Embankment. It was held earlier in the year than usual, the date being previously fixed for 29th November; but as two of the members were leaving it was arranged for the 24th to enable them to be present. After a very welcome tea, which was thoroughly enjoyed by all the early comers, the President, Miss Pears, addressed the members, calling attention to the special importance which the evening had, in that Miss Griffin, who had been Secretary since the formation of the League in 1908, was leaving to take up new work in Kent, but as she would not be very far off we should all hope to see her amongst us again. The other members we were losing, Miss Poffitt, was going to be married, and then leaving for Australia, so that we could not hope to have occasional visits from her; however, everyone wished them to be very good luck.

Miss Griffin, as Hon. Secretary, then read the minutes of the last general meeting, and these were unanimously passed and signed by the President.

The voting sheet was then passed round for the election of the new Secretary, each nurse affixing a cross to one of the four names of the chosen candidates. When the count was told, it was found that Miss Downing had successfully carried the poll, on a round-hand-clapping she took the secretary's order, and began her new duties.

The President then proposed that, as there was also a vacancy for a delegate on the National Council of Trained Nurses, Miss Downing should also be asked to fill this position, as there was much to be done for the next International Congress of Nurses to be held in Cologne in 1912, which could only be done by the Secretary. This was also unanimously carried, and in a few well-chosen words, Miss Downing accepted the post offered. The business

then concluded, Miss Pears, the President, then gave a very pleasant personal address, and a few much pleasant remarks to many members of the League, and the two presentations. Firstly, of a beautiful gold watch, gold watch, inserted into the minutes "L.C.C. Council," and presented by the S.N.L., 2nd November, 1910, inside, to Miss Griffin, secondly, of a very beautiful leather bag with fittings to Miss Poffitt.

The gifts gave, with pleasure to all the recipients, who returned and spoke a few words of thanks, to those assembled.

The members dispersed after having spent a very enjoyable evening.

A.G.L.

## LEAGUE OF ST. JOHN'S HOUSE NURSES.



MISS LAURA BAKER,  
President-Elect, League of St. John's  
House Nurses.

Miss Laura Baker, who has been elected President of the League of St. John's House Nurses, was trained and apprenticed by St. John's House, and gained her practical experience at the Metropolitan Hospital, Knightrid Road, the North-Eastern Fever Hospital (M.A.H.), and University College Hospital. In 1895 she joined the Nurses' Co-operation, 8, New Cavendish Street, in connection with which, until 1903, she had a wide experience of private nursing, and during the South African War nursed in the Refugee Camps. Since 1903 she has been Home Sister at the Howard & Walden Nurses' Home, Langham Street, W., the Residential Home

of the nurses of the Co-operation, an office which she has discharged with conspicuous ability both on the nursing side, and with regard to the comfort of the nurses.

Miss Baker is interested in the movement for State Registration of Trained Nurses, and is a member of the Society formed to obtain it. It is, indeed, essential that members of the St. John's House League should be registered, as one of the objects of the League is to promote such Registration. We congratulate the new President on her election, and wish her all success. She will assume office when the present President, Sister Charlotte, C.S.F.N., leaves St. John's House, 1, Sister Charlotte founded the League, and it is with the keenest interest in its welfare that we contribute to the present time.

## The Difficulties and Possibilities in a Nurse's Life.\*

By Miss L. V. HARGREAVES.

*Matron of Guy's Hospital.*

In speaking to you this evening I have no intention of enumerating all the difficulties in a nurse's life. Let us rather consider why we have so many, though not more probably than other working women. Is it not often because we will not or cannot rise above the pettiness of our own selfish natures, because we will not take a broad outlook, because we will not realise with Browning "God's in His Heaven, all's right with the world."

In our training we prepare ourselves to become servants of the public, rich and poor, it matters not whether our patients are in hospital or in their own houses, whether they are black, white, red, or yellow in colour, we are set apart to help them in their hour of need, an hour which comes surely and certainly to each one of us, no matter what our station in life may be.

In living this life of service among our fellows we are placed in many different and difficult positions, and we must strive to do our duty honourably and well. As private nurses we are brought into the closest possible relationship with our patients. On the regular staff of a hospital our difficulties lie not so much with the personal life of the patient as with our often apparently fruitless endeavours to get really good work out of the nurses in training, whom we are teaching. By good work I do not mean driving them to fit the largest possible amount of manual labour into the hours on duty, but I do mean the difficulty of making each woman realise how much she is capable of doing in the best way; of developing her good points until we can honestly feel we have made the best of the material given us to work with. Then, in district work we get a real insight into the lives of the poor, and how often they make us ashamed of our own actions by their unselfishness and kindness to each other!

We have chosen to train as nurses in order to help many different kinds of sick people to become good citizens, and incidentally to earn our own living. It behoves us to remember that it takes all kinds to make a world, for many difficulties arise because we forget or ignore this fact, because we want those with whom we come in contact to think and live as we do.

The power of adaptability to the ways and environment of others is a most valuable asset for a nurse, and a knowledge of human nature and of the world is of the greatest possible use, and should be cultivated by reading well-written books describing modern life, and by using every opportunity for mixing with people of all social positions at home and abroad. Few nurses can afford expensive holidays abroad, but they often get the chance of taking a patient on the Continent or of getting an appointment in the South of France, Italy, or Egypt for the winter. Thus they are able to see some of the beautiful places on God's earth, and to learn more of the wonders of nature. One way and another I have travelled a good deal, and the knowledge thus gained has been a great help to me. Have you ever read the Psalms with the idea of finding out what David thought of the wonders of God as shown in Nature? David lived in a comparatively small country where the hills are not very high nor the rivers very large, but when he says, "I will lift up my eyes unto the hills from whence cometh my help" he shows how the hills in their dignity and majesty may also help us. To enable us to think little of our difficulties and to increase our possibilities of successful work, we should take every opportunity of studying the world in its Divine beauty in the places where man cannot spoil it.

This year I spent some time in the Highlands of Bavaria, where the people are charmingly delightful, and I felt I could learn many lessons from their cheery good temper and uniform politeness.

I do not intend to enumerate all the possibilities any more than all the difficulties in a nurse's life, but they are enormous. I do not think most nurses realise while training that the possibilities in their after life will be so great as we know them to be, and the consequent necessity for stern preparation if they are to be ready to meet them. Also the public undoubtedly expect a higher standard of nurses than of other people, and little things which would be passed unnoticed in others are censured in a nurse. A nurse is expected to be absolutely upright and thoroughly honest in all she says and does, and it not only harms her own hospital, but her whole profession if she falls short of what is expected of her. As the ways of our life open out to us we realise increasingly its great possibilities, and if we assimilate Charles Kingsley's maxim, "Do the work that's nearest, though it's dull at times," we shall find that the possibilities before us in our chosen profession are practically endless.

\* Read before the Nurses' Missionary League, November 8th, 1910.

## In Honour of Florence Nightingale.

A special meeting with this object was held, by the kind permission of Mrs. Denebas, at her house at 31, Elgin Crescent, La-Brooke Grove, on Wednesday, November 2nd, under the auspices of the Women's Freedom League.

Mrs. How Martin presided.

The audience had the pleasure and privilege of listening to Surgeon-General Evatt, who was a personal friend of Florence Nightingale. He held the attention of his hearers by the impassioned way in which he spoke of the genius and the understanding heart of this wonderful woman.

What was the secret of her success? he asked. Pathily came the answer:

"She knew her job." This was his text, and from it he showed that education and efficiency are the mainstays of success.

Florence Nightingale was highly educated; she had a brain and knew how to use it; her success was due to her education rightly directed. The speaker insisted, with great vigour of thought, upon the value of efficiency and accuracy. General Evatt had asked her what was her chief impression at Scutari. The reply had been: "*The absence of an authority that knew anything.*" In order to infuse some of his own earnest admiration for Florence Nightingale into his hearers, he made use of some distinguishing metaphors. "She was like an ice-breaker; she was like a torpedo, thrusting her way through the darkness, bringing light and space. The stupidity of those in authority caused the blunders that she had to rectify." But the very essence of this good woman's work was her practical sympathy, which made her realise the importance of the value of the "ultimate man." Officialism and red-tape appear to have been of more value than human life. This she could not tolerate.

Twenty thousand soldiers died, and only three thousand from their wounds.

Why did the men suffer so terribly from dysentery? Because they were so brutally fed.

Why did they drink? Because they were so abominably housed.

Into the midst of this mass of stupidity and ignorance Florence Nightingale came, bringing *Light and Life and Space*, the products of sympathy, common sense, and education.

General Evatt cleverly adapted the word Scutari to symbolise official middle and disorder; he reminded his hearers that we still have our "Scutari" among us to-day, and, lest we should be unduly puffed up with the complacent thought of accomplished reform, he added, "*If thy do infants die?*"

Why, indeed? To a great extent because as civilisation increases the instinctive knowledge which enables primitive races to rear and protect their young diminishes, and, so far, the education which should replace it is miserably inadequate.]

Miss Hare also spoke.

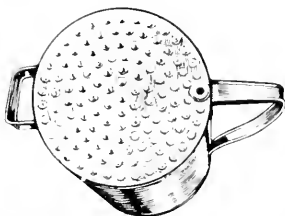
After the meeting dainty refreshments were served by the kind hospitality of the hostess.

B K

## Practical Points.

### A Hand Shower Bath.

We commend to the notice of our readers the Muller Hand Shower Bath, illustrated on this page. Shower baths are not infrequently ordered, and are found to be of considerable therapeutic value in certain cases, but are not always readily available. The present bath obviates the difficulty. The vessel



depicted is strongly made of metal, and can easily be filled with water of any temperature desired. By merely inverting it the contents escape in a well formed shower. It is supplied by Messrs. Ewart, Seymour, and Co., Ltd., 12, Burleigh Street, Strand, W.C.

### Baby Carrier. A Simple Sling.

I think few maternity nurses know of the "Baby Carrier." It is simply a sling, worn by the nurse, in which the baby lies. The sling supports the baby from under the arms to under the knees; the nurse supports the baby's head with her left arm, leaving her right hand free to carry a parasol, or hold up her dress over a muddy crossing. The weight of the child is all on the nurse's shoulder, over which the sling passes; and this is much less fatiguing than the usual way, when the arms have to carry all the weight.

The sling is not seen at all, the strap passing over the nurse's shoulder being hidden by her cape. The net in which the child lies is covered by the cape of its cloak, or the end of its shawl can be draped over it.

M. H

### Massage for Tired Feet.

The old East Indian method of giving scientific massage to the feet has been taken up again, and is considered of great value to those who are fatigued.

First—The hands are moved upward, one after the other, on the raised feet, so that the blood is driven upward.

Second—The hand is moved in a rotary way from side to side, beginning at the toes and stopping at the middle of the calf.

Third—The palm of the hand and the tips of fingers are applied in a rotary movement with great force and pressure.

Throughout all the massage the feet must be raised and supported. It is useless to do it when they are on a level with the head.

When the feet are burning, alcohol is one of the best tonics for them. It cools the skin and stimulates the muscles.

### Treatment of Phtisis by Intratracheal Injections.

A manual issued to those professionally interested in the medical uses of Izal includes an abstract of a paper by Dr. Colin Campbell on the treatment of phtisis by intratracheal injection of a solution of Izal in glycerine. Dr. Campbell points out that the fact that open an cannot in itself kill the bacillus is proved by the course of lupus; the object of the treatment is the destruction of the tubercle bacilli in their hatching place. He explains that glycerine, when injected through the trachea, causes a greatly increased flow of pulmonary secretions. He finds that it is possible to inject one, two, or even three ounces of fluid at a single sitting. Referring to the researches of Delepine on the bactericidal action of Izal, he shows that Delepine and Counts used emulsions of Izal oil in the strengths of 1 in 25, 1 in 50, 1 in 125, and 1 in 250, mixed in equal parts (save in two cases) with sputum teeming with tubercle bacilli, and the mixture was injected into guinea-pigs after one hour. It appears that up to 1 in 125 Izal oil is capable of destroying tubercle bacilli in one hour. The application of this drug for intratracheal injections in the hands of Dr. Colin Campbell has given excellent results. He finds that, although three ounces of fluid can be injected at a single sitting, it is not necessary to administer more than from 6 to 16 drachms at a sitting. After the dose has been administered, he directs his patients to take deep inspirations. This is followed by a sensation of heat travelling through the lungs, and later by a greatly increased flow of expectoration. In this way, the lungs wash themselves out, by the action of the vehicle—glycerine. In conclusion, he states that it is best to give two injections a day—one to wash out the lungs, and the second "to go to the bottom." He claims that by the destruction of the germs in the lungs he not only disinfests the sputum before it is discharged, but actually gets a curative effect at one and the same time.

### Disinfection of Hands.

According to the observations of Prof. Schumburg, a surgeon on the general staff of the German Army, reported in the *Deutsche Medizinische Wochenschrift*, washing the hands with strong alcohol is a most effective means of removing all infection and rendering any bacteria innocuous. This author states that 200 c.c.m. of alcohol applied with a pledget of cotton wool are sufficient to disinfect the hands to the extent of 99 per cent. or more of the bacteria present. Ordinary methylated spirit is quite effective. It is found that bacteria which still adhere to the hands after they have been washed with soap and water are easily removed by this method.

## Prizes for Invalid Cookery.

The Invalid Cookery Section (Class 32) at the Food and Cookery Exhibition, held last week at the Royal Horticultural Hall, is open only to certificated nurses, but it would seem more accurate to say it is open to those in training also, since many of the competitors are probationers.

There were thirty-six entries in this class, many of the trays were daintily arranged, and the food looked appetising and was attractively served. On each tray a few choice flowers were arranged, and in some instances these were renewed each day. The uniform dark green trays sent by the London Hospital nurses had in each instance dainty little etchings of bears as menu cards.

**Gold Medal.**—The Gold Medal was awarded to Miss M. Gregory, of Charing Cross Hospital, who selected as her exhibits Scotch broth, which, seen cold, was a solid jelly containing pearl barley and vegetables, the wing of a boiled chicken covered with white sauce, decorated with fragments of the yolk of a hard-boiled egg passed through a sieve, potato croquette, spinach on tiny circles of toast, baked custard, and barley water. The meal was served on white china with a green border of oak-leaf and acorn pattern, and the flowers selected for decorating the tray were a few deep crimson carnations.

**Silver Medals.**—Silver Medals were awarded to the following nurses:—Misses N. Cooper (Westminster), L. A. Paul (diabetic tray), K. Hodgkinson, M. Mackenzie Kennedy, M. McLaren, and R. Oldshaw (all of Guy's), M. Marston (diabetic tray) (London).

**Bronze Medals.**—Misses Y. Govanlock (Charing Cross), F. Jagger (Guy's), E. King, M. Waller, and G. Roberts (London).

**Certificates of Merit.**—Misses E. G. Gower (St. Bartholomew's), M. Spedding (Charing Cross), E. Schlagentweit, and E. Grant (Guy's), R. Gordon, H. Lugg, M. Langford, F. Jewitt, L. McKinley (London), and A. B. N. Hadfield (Westminster).

The hospitals from which nurses competed in this section were Guy's, Westminster, St. Bartholomew's, Charing Cross, and the London. St. Thomas's Hospital has a class in invalid cookery for its pupils, who are subsequently examined by Mr. C. Herman Senn, Managing Director of the Universal Food Association, but they did not send exhibits to the Cookery and Food Exhibition.

The two diabetic trays were of special interest, and would certainly tempt any invalid. Miss Paul (Guy's), selected Haugh tea, mutton chops, salad, savoury custard, light pudding, and imperial drink as her exhibits, and Miss M. Marston (London) Clear soup, fish mayonnaise, egg jelly, diabetic bread, and lemonade. Taken as a whole the excellence of the trays certainly equalled, if they did not excel, those of preceding years.

The Naval and Army Cookery Competitions between cooks in H.M. Navy and cooks of the Army Service Corps, and some of the Military Hospitals, excited considerable interest. The School Children's Cookery Competition was also a very popular one.

Class 33 of the Invalid Cookery Section, in which the exhibits also consisted of invalid trays, was open to general competition. Private Blinell won a Silver Medal in this class, and Miss E. Osmond, Charing Cross Hospital, a certificate of merit.

In Class 34 (meatless invalid trays) the following nurses gained distinction:—Miss L. Stroud, the Gold Badge, and Miss C. Graham, the Silver Badge, given by the Vegetarian Association. Miss Dorrill was also awarded a Bronze Medal.

## The Gertrude Rogers Ward of the Leicester Infirmary.

Subsequent to the weekly meeting of the Committee of the Infirmary last week Mrs. Fielding Johnson, at the request of the Committee, performed a pleasing ceremony when she unveiled the tablet to Miss Rogers which had been placed in the ward dedicated to her.

The tablet is of polished Hopton Wood marble, upon which the inscription is cut on the surface of the stone. It is surrounded by a dark polished, mottled Ashburnham marble border, and was designed by the architects and cut by Mr. Agar, of Syston. The following is the inscription:—

"The Gertrude Rogers Ward. As a permanent memorial of valued service the wards on this floor were named after Miss Gertrude Anna Rogers, Lady Superintendent of this Infirmary from 1883."

## Prizes at the General Hospital, Bristol.

The prizes awarded annually at the Bristol General Hospital to third year nurses were presented to them last week by the President, Mr. J. Storrs Fry. The prize-winners were:—Miss Edith Willmore (gold medal), Miss Mary Pattick (silver medal), and Misses Annie Jones, M. Parsons, and Annie Wright (certificates of efficiency), Agnes Morgan (first prize surgical nursing), Violet Perry (second prize surgical nursing), Agnes Morgan and M. Lansdown (first prize for examination in medical nursing), Kathleen Delsley (first for anatomy), B. Taylor (second for anatomy), Kathleen Delsley (first for physiology), Rose Ayland (second prize).

## Queen Alexandra's Imperial Military Nursing Service.

The following ladies have received appointments as Staff Nurse:—Misses R. C. S. Carleton, E. M. Moore, I. McE. Beaton, I. J. Taunton, M. E. Davis, L. E. James.

*Transfers to stations abroad.*—Sisters, Miss M. S. Ram, to South Africa, from Royal Herbert Hospital, Woolwich; Misses K. Coxon and G. S. Jacob, to South Africa, from the Alexandra Hospital, Cosham; Miss G. M. Allen, to South Africa, from Cambridge Hospital, Aldershot. *Staff Nurses:* Miss M. Tedman, to Malta, from Military Hospital, Curragh; Miss L. A. Ephgrave, to Malta, from Military Hospital, Cork; Miss J. H. Congleton, to Malta, from Military Hospital, Tidworth.

## Appointments.

### MATRONS.

**Croydon Hospital, Felstowe.**—Miss Matjose. Be has been appointed Matron. She was trained at the General Infirmary, Chester, and has held the positions of Staff Nurse at the Norwood Cottage Hospital, and Theatre Sister at the West Norfolk, and Lynn Hospital, King's Lynn.

**Charterhouse Almshouse, Hull.**—Miss Henrietta Whitford has been appointed Matron. She was trained at the London Hospital, and has held the position of Sister at the Colonial Hospital, Gibraltar, and the East Dulwich Infirmary. She worked in the typhoid epidemic at Maidstone, and has seen active service in the Greco-Turkish and South African wars. She has also done private nursing in London and the provinces.

**Town and County Hospital, Nairn, N.B.**—Miss Ruby Meikle has been appointed Matron. She has recently held the position of Night Sister at the Royal Hospital, Chelsea.

**West Bromwich District Hospital.**—Miss Mary Hawkins has been appointed Matron. She was trained at the North Staffordshire Infirmary, Stoke-on-Trent, where she subsequently held the position of Sister. She has also been Sister at the Royal Victoria Hospital, Belfast, and since June 1893, Assistant Matron at the Birmingham and Midland Hospital for Women.

### SISTER-IN-CHARGE.

**Training Ship Cornwall, Purfleet.**—Miss Blanche Kim has been appointed Sister-in-Charge. She was trained at the London Hospital, and has worked on the Private Nursing Staff of that institution.

### NIGHT SISTER.

**Royal Hospital, Chelsea, S.W.**—Miss Marion Paul has been appointed Night Sister. She was trained at St. Thomas' Hospital and was for four years Sister at the Chelsea Infirmary, after which she returned to St. Thomas' Hospital and nursed in the Home for private patients. She has since been Night Sister at the Infants Hospital, Vincent Square, S.W.

**General Hospital, Cheltenham.**—Miss Hannah Malhison has been appointed Night Sister. She was trained at the Royal Infirmary, Derby, and has held the position of Sister in the Children's Ward at the Essex County Hospital, Colchester, and of Sister in male and female medical and surgical wards at the General Hospital, Yarmouth.

### SISTERS.

**Guest Hospital, Dudley.**—Miss B. Crowley has been appointed Sister. She was trained at Brownlow Hill Infirmary, Liverpool, and the West-End Hospital, Welbeck Street, London, and has held the position of Sister on both day and night duty at Brownlow Hill Infirmary. She is a certified midwife.

**District Hospital, Yeovil.**—Miss Hannah Cartmish has been appointed Sister. She was trained at the Middlesex Hospital, London, and has held the position of Sister at the Surrey Warren Infirmary, Southampton, of Night Sister and Dispenser at Lord Mayor Trehear's Copples Home and Cottage, Alton, and of Home Sister at the Middlesex Convalescent Home.

## SCHOOL NURSE.

**County of Kent Education Committee.**—Miss L. M. Griffin has been appointed School Nurse in the County of Kent. She was trained at the General Hospital, Wolverhampton, and was for two years Sister in the Children's Department. She has had experience of private nursing at Eastbourne, and in connection with the Nurses' Co-operation, London. She has also been Charge Nurse at the Western Hospital, Fulham, and School Nurse, first in connection with the original London School Nurse Society, and for the last seven years under the London County Council. She has also been Secretary of the School Nurses' League since its foundation.

## SANITARY INSPECTOR AND HEALTH VISITOR.

**City of Chester.**—Miss Ethel Margaret Cohen B.Sc., and an Associate of the Royal Sanitary Institute, London, has been appointed Sanitary Inspector and Health Visitor. She was trained by the National Health Society, the Royal Sanitary Institute, and King's College, London, and has done voluntary work in Tottenham, as Health Visitor and Sanitary Inspector, under Dr. Butler Hogan, and has been Health Visitor under the Kettering Urban District Council for the last two years.

## QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Lizzie Varley, to Glossop; Miss Mary McGrath, to Hanley; Miss Jeanie Mann, to Beccles; Miss Isabel Saily, to Welwyn; Miss Angelina Roberts, to Stockport; Miss Wilhelmina Matheson, to Aillington; Miss Harriet Athley, to Manchester (Harpurhey); Miss Dorothy Kingspark, to Westminster; Miss Jane Workman, to Lumsfield; Miss Lucy Marshall, to Ashford; Miss Emily Whitehead, to Hungerford; Miss Clara Still, to Chatham; Miss Catherine Wilcox, to Norton-in-the-Moors; Miss Ada Pauli, to Swansea (as Milwife); Miss Ada Milner, to Great Harwood.

## Progress of State Registration.

The Bill for the State Registration of Trained Nurses in Denmark has been approved by the Commission appointed to consider its provisions. Among the principles incorporated in it are (1) the restriction of the use of the term "registered sick nurse," and the limitation of State recognition to those who have obtained the State certificate; (2) only women holding the State certificate may be appointed to responsible positions in institutions which are training schools for nurses. The curriculum includes two months' preliminary training and three years in an institution connected with one of the State-recognised hospitals. It provides for a two years' period of grace after the passing of the Act, and for its revision within five years of its passing. The working of the Act is placed in the hands of Committees of Public Health. The Bill at present recognises a year's hospital training as a qualification in addition to preliminary training for district nurses, but we hope this may be altered before it becomes law, and the same standard be adopted for all nurses.

## Nursing Echoes.



Among the recent additions to the National Portrait Gallery is a small portrait in oil by Augustus Egg, R.A., of Miss Florence Nightingale, apparently painted about the year 1840. It has been presented by Mrs. William Rathbone, of Liverpool, in accordance with the wishes of her late husband. In this case the Trustees agreed to waive their usual rule as to the expiration of ten years from the date of decease. The picture is now placed on a screen in Room XXII., where no doubt many nurses will pay it a visit.

Further extracts from Miss Nightingale's will have appeared in the press, amongst them several touching references to friends now dead. It will interest nurses to know how deep was her innate love of science, which is proved by the following clause in her will:—

"I give my body for dissection or post-mortem examination for the purposes of medical science, and I request that the directions about my funeral, given by me to my uncle, the late Samuel Smith, be observed. My original request was that no memorial whatever should mark the place where lies my 'Mortal Coil.' I much desire this, but should the expression of such wish render invalid my other wishes, I limit myself to the above-mentioned directions, praying that my body may be carried to the nearest convenient burial ground, accompanied by not more than two persons, without trappings, and that a simple cross with only my initials, date of birth and of death, mark the spot."

The decision of the Committee which met at St. Thomas's Hospital last week to erect a statue to Miss Nightingale will have given great satisfaction throughout the nursing world. From the beginning nurses have claimed that whatever other form of Memorial was selected a statue they would have. It will be well to keep the schemes separate, so that those who subscribe will have the choice of giving to the scheme of which they approve.

The London County Council has received an offer from an anonymous donor, through Mr. W. Runciman, M.P., to erect a statue of Elizabeth Fry, and has accepted the gift. The site selected is the shallow garden close to the Tate Gallery on the site of the old Millbank Prison. There is a peculiar appropriateness in this position, as it was the scene of many of Elizabeth Fry's prison ministrations. Mr. Alfred Drury, A.R.A., is the sculptor selected, and it is to

be cut rather larger than life size from one block of marble. The figure will be in Quaker dress. Elizabeth Fry was lovely and great, and many will be the worshippers at her shrine.

At a meeting held to discuss the after-care and employment of consumptives from sanatoria, held at Denison House, S.W., Dr. Jane Walker, of Mallings Farm Sanatorium, said that the process of curing consumptives did not end with their residence in sanatoria, but practically only just began there. No sanatorium was doing its duty unless it was giving paramount importance to the future of the consumptives. She thought that the best work was that they had been doing before. For

men, motor-driving seemed an excellent occupation, and she also suggested gardening and laundry work. Dr. Burton Fanning, of the Kelling Sanatorium, Norfolk, stated that absolute hard manual work formed an excellent part of treatment, and the very best percentage of maintained arrested disease had been in the case of people accustomed to indoor work who had now gone on to the land. Other experts stated that the difficulty was to get there, as

many patients used to indoor employment have no knowledge of the work. Dr. McGuire, of Brompton Hospital, expressed the opinion that the infection scare had gone too far.

Our illustration of Miss C. F. Tippet, of the Wilson Memorial Hospital, Pingyangfu, will be appreciated by many members of the Nurses' Missionary League, to whom she is well-known. Miss Tippet, with her native "body-guard," appears in native dress, which she finds very suitable for hospital work, and which

inspires confidence with the Chinese women. On her left is Mrs. Han, a native of the port, now an invaluable Bible-woman, who suffered for her faith in the Boxer riots of 1900, and had a cross scarred on her forehead, so she remained faithful to the sign made on the forehead of those admitted to Christian baptism. "In token that hereafter they shall not be ashamed to confess the faith of Christian crucified." The old man, with the exception of the doctor, is the only man admitted within the precincts of the women's hospital.

The Walsall and District Hospital must always have an exceptional interest for nurses from the fact that it was in that institution that

the late Sister Dora rendered such devoted service. It is, therefore, sad to learn that two new wards, presented to the hospital some two or three years ago, have had to be closed for lack of funds with which to maintain them. Recently the Countess of Bradford opened a "Historic Bazaar at the Town Hall, not, we regret to say, to provide funds for reopening the wards, but to pay off the debt of £2,049 on the management fund principally attributable to the expenditure

the new wards entailed. In addition, the committee hope for £1,000 to be placed to the credit of the hospital for future use, including, if possible, the opening of additional beds.

The Countess of Bradford, in declaring the bazaar open, said that although more than a generation had passed since Sister Dora rendered such devoted service to the hospital, her name still lent enthusiasm to any work in connection with it. She would be remembered for



MISS C. F. TIPPET,  
Matron, Wilson Memorial Hospital, Pingyangfu, Shansi, North  
China, and the Hospital Staff.

all time as a model of self-sacrifice, self-devotion, and saintliness. The hospital was an everlasting memorial to Sister Dora, whose example still inspired others to make sacrifices for it.

An informal Association of Matrons for consultative purposes has been formed in the counties of Warwickshire, Worcestershire, and Staffordshire. We feel sure their meetings will result in furthering nursing interests.

According to the quarterly report just issued of the work of the Scottish Branch of Queen Victoria's Jubilee Institute, there are now 345 Queen's Nurses in Scotland working under 216 district nursing associations affiliated to the Scottish Branch of the Institute. The Scottish Council are directly responsible for the staff, for the superintendence, training, and inspection of all the nurses who have passed through the Scottish District Training Home; also for four Queen's Nurses and twenty-one Queen's candidates who are at present undergoing special training in district nursing. Eight candidates during this period completed the six months' special training, and were engaged by committees of affiliated associations at Strachur, Maud, Fraserburgh, Lochave, Elgin, Kildonan (Islay), and Inverness, and a nurse was appointed to work as Health Visitor in the Middle Ward of Lanarkshire under the direction of the Medical Officer of Health. An immense amount of good work has been done in Edinburgh from the Central Home, and we are glad to note that "One who has helped the Institute before" has given a donation of £1,000, as the necessary expenditure exceeds the receipts.

Bray will have the distinction of being the first district in Ireland to promote a movement for the protection of infantile life by providing a nurse specially trained in the feeding of babies for the district. In recommending the scheme to a meeting at Old Connought, Lady Plunket said that thousands of pounds were spent in hospitals, asylums, and unions in patching up and mending constitutions that were born healthy and normal, and which had been ruined by the ignorance of mothers in feeding in infancy. The idea was to have in the district a fully qualified Catholic nurse trained in Vincent's Children's Hospital, London, who would give her whole time to the babies of Bray, and teach the mothers how to feed them. All the speakers agreed that the percentage of infantile mortality in civilised countries was absolutely indefensible, and wished St. Monica's Baby Club every success.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Princess Henry of Battenberg visited the Queen's Hospital for Children at Hackney, recently, when a meeting of the Ladies' Association Work Guild was held. Mr. Charles Port, Chairman, stated that sufficient clothing had been given for the wants of the hospital for the year, a great saving to the general funds. This excellent hospital is greatly in need of financial support—there is a debt of £8,500 and great need for a new out-patients' department.

A meeting was held at the Town Hall, Maidstone, at a recent date, to consider a Memorial to his late Majesty King Edward. The Memorial proposed is a scheme to extend the West Kent General Hospital, and to increase the accommodation from 67 to 100 beds: with a suggestion that such additional building, or beds, should be called the "King Edward Wing," or the "Edward Beds." The hospital receives patients from ninety parishes, comprising a population of 82,000 persons. A sum of £20,000 is necessary for the building and endowment of the new wing. Several substantial sums were promised at the meeting.

It has been decided to build a new out-patients' department at the Royal South Hants Hospital, Southampton. About £7,000 will be required for the purpose.

We sympathise entirely with the views of Lord Ilkerton in a letter to *The Times* in which he severely takes the Government to task for its refusal to take part in the International Congress of Hygiene, to be held in Dresden in 1911.

That the exhibition is to be truly international is shown by the fact that Russia is building, at a cost of some £20,000, a national pavilion, which is afterwards to be removed to Moscow as a permanent museum. France has also voted a considerable sum of money for a national pavilion, as have Austria, Switzerland, Italy, Japan, China, and, indeed, every civilised State of importance, save Great Britain!

Lord Ilkerton says the true reason of the refusal of the Government to spend money on this exhibition seems to be simply its failure to recognise the claims of science on public support. This action on the part of the English Foreign Office is tactless and obtuse, and has aroused ill-feeling in Germany.

By the death of Henri Dunant, founder of the Red Cross movement, the world has lost one who has done more to mitigate the horrors of war than any other individual, unless it be Florence Nightingale. Under the banner of the Red Cross, doctors, nurses, civilian helpers, and sick and wounded were accorded protection on the battlefield by the signing of the famous Geneva Convention. Of ample means in his youth, he lost his fortune in later life, and was only relieved from poverty by the award of the Nobel Prize in 1901.

**"An Bhrasail."**

The organisation of "An Bhrasail," the great Health and Industries Show in connection with the Women's National Health Association of Ireland, in the grounds of Ballsbridge, Dublin, from May 24th to June 7th, 1911, is already making satisfactory progress, and a comprehensive programme is being arranged. The Countess of Carriek has consented to be general manager, and has enlisted valuable voluntary helpers to assist her at the head office, and Mrs. Owen Lewis has undertaken the position of General Secretary of the Attractions Section.

The general idea is to organise a show where all movements and enterprises which may conduce to the health and prosperity of Ireland will be illustrated, as well as a programme of amusements and attractions which will add to its popularity, and thus raise a substantial sum for the Central Fund of the Women's National Health Association.

The Exhibition will include the following sections: Health, Industrial, Local Government Board Exhibits, Department of Agriculture and Technical Instruction Exhibits, Congested Board District Exhibits, Industrial Schools, Attractions Section, Sports Section, Conferences, Town and Village Entertainment Competitions.

The Health Section will include a series of attractive object lessons bearing on the various departments of health work under the following headings: (1) *Babies*.—Babies' Clubs, Babies' Foods, Babies' Nursery Appliances, Babies' Clothes, Babies' Toys, etc. (2) *Milk*.—Production, distribution, and preservation; pasteurised, humanised, and dried milk; models of dairies and cowsheds; exhibits illustrating milk supply and distribution in different countries. (3) *Nursing Exhibit*, showing all that bears upon the training and work of Hospital and District Nurses, and models of cottage hospitals and nurses' cottages. (4) *Food*.—Exhibits of all kinds bearing upon wise selection and attractive preparation of inexpensive, nourishing foods, and especially those which can be grown at home. (5) *Cooking*, including the cooking of inexpensive menus, with utensils of the simplest description. (6) *School Meals*.—Exhibits and Demonstrations of how to prepare and distribute inexpensive school meals. (7) *Cleaning and Disinfection*.—Exhibits showing simple and effective methods of cleaning and disinfecting, applied to homes, schools, sanatoria, clothing, etc. (8) *Home-making*. Exhibits showing how all homes, including the simplest, can be made bright, healthy, and comfortable. (9) *Model Houses and Cottages*, together with labour-saving appliances and exhibits, showing sanitary and water supply, provisions for dwellings. (10) *Models of Inexpensive Sanatoria*, Shelters, Chalets and Appliances for Home Treatment of Tuberculosis Patients. (11) *Clothing*. (12) *Schools and School Appliances*. Models of healthy schools and school appliances, and furniture suitable for children, contrasted with unsuitable school surroundings and furniture. (13) *Demonstrations of Open Air Schools*. (14) *School Gardening*. (15) *Boys' Health Battalions and Girls' Guilds of Good Health*. (16) *Little Mothers' Schools and Classes*. Demonstrations.

**Vermin and Plague.**

At a meeting called by the Society for the Destruction of Vermin, which dealt with vermin and plague, it was agreed that ruthless and relentless war on all vermin was a matter of national rather than local importance. Rats in particular must be destroyed simultaneously throughout the country. Dr. F. W. Sanborn, who has devoted much research to tropical medicine and parasitology, exhibited on the screen a remarkable series of pictures illustrating the parasitic carriers of disease and the methods by which the virus of contagion is transmitted to the human subject. These processes frequently involve transmission from animal to animal before the bacillus finds its "host" in the human organism. The common house-fly, Dr. Sanborn said, is now known to be the means of the conveyance of a large number of diseases, including enteric fever and cholera. Yellow fever is an insect-borne disease, and fleas convey tape-worm as well as the bacillus of plague. Cats and dogs, said Dr. Sanborn, were extremely useful to keep down the number of rats, but they were not useful in an area where the virus of plague had entered into the body of the rat, because the cats and dogs became infected themselves, and as domestic pets brought disease direct into the homes of the people. In the Middle Ages, when plague was rampant in this country, cats and dogs were destroyed wholesale. Certain fleas were parasites peculiar to the rat, and a flea on a plague-infected rat was capable of conveying the virus to man if it should find a lodgment on his body. Although *pulex irritans* was generally recognised as the flea which attacked the human subject, other fleas which had been in contact with animals infected with plague might attack man as a "host."

**The Bacteria of Consumption.**

"More than one-seventh of all the people who die are carried off prematurely by consumption or tuberculosis," says Dr. F. Mitchell Prudden in his little book, "The Story of the Bacteria and their Relation to Health and Disease," of which Messrs. Putnam have just published a second edition, revised, enlarged, and illustrated. Unfortunately, this is a statement which cannot be denied; but the renewed effort which is being made to stay the advance of the ravaging bacilli should do much to break the dread power of this relentless scourge. Dr. Prudden's book will prove of considerable use to the doctor, while the sound and sensible advice which the author offers in non-technical language makes it highly valuable to everyone. This will be obvious, judging from the titles of some of the chapters:

"The bacteria as man's invisible foe."

"Typhoid fever and its relatives."

"Pneumonia, Influenza and Colds."

"Safe-guards for the body against disease."

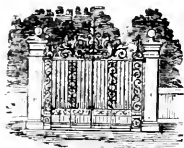
"Water and ice as sources of infection."

"Hazards of the air," etc.

The book is published at 3s. 6d. net. To secure publicity cannot be given to this work.

## Outside the Gates.

### THE SOCIETY OF WOMEN JOURNALISTS



The Society of Women Journalists held the sixteenth annual meeting, followed by a delightful reception at Essex Hall, W.C., on Thursday, the 3rd inst. Lady McLaren, the retiring President, was in the chair, and Mrs. Willoughby Hodgson (the Hon. Secretary) presented a most hospitable report. Forty-one new members have joined the Society during the year, bringing the membership roll to upwards of 300. One feature of the year's events has been the members' teas at the quaint old rooms at Clifford's Inn, where the office of the Society is located. The list of hostesses and speakers includes the names of many of our leading women journalists. The resignation of Miss Mary Fraser, one of the Hon. Secretaries, who for the past four years has spared no pains to advance the interests of the Society, was received with regret, and she was elected a member of the Council.

Lady McLaren introduced the new President, Mrs. Bedford Fenwick, and in her smiling and gracious manner transferred the President's Badge of Office to her successor. She then delivered an earnest farewell address, in which she touched on questions of vital interest to women to be found incorporated in "The Women's Charter" legislative measures by which she hopes to lessen the imperfections of the exceedingly complex social organisation of modern days.

Lady McLaren said she wished to recommend to every woman journalist the women's cause. The more attention they gave to this question the more they saw the pressure of injustice upon women. A great part of their struggle was not due to incompetence or want of talent, but to prejudice against sex. She hoped every woman journalist would study the law and see where it pressed hardly upon women, and that they would not rest until those laws were amended. They had such power with their pens that she hoped they would do their best to bring those injustices into the light of publicity, and when they were so expounded there was at least a good chance that those wrongs might be redressed. The attention of women should always be directed to any unfair attack made upon them. Remarks had recently been made about the attendance of women in court and the dress they wore there. She urged them to attend the courts and to study the administration of justice; and, in regard to dress, they did not need sackcloth and ashes to hear a prisoner tried. If there was one ridiculous head-dress in court, it was not worn by a woman, but by a judge, and she was sure the severity of counsel towards witnesses and their anger towards each other were due to the fact that their brains were

unduly heated by their head-gear. She advised a wet towel as a substitute for a mass of horse-hair in members of the Bar felt it necessary to cover their heads. Lady McLaren said she should remember with the sincerest pleasure her association as President with the Women Journalists' Society.

Mrs. Bedford Fenwick said how deeply she appreciated the signal honour which had been conferred upon her by her election as President of the Society of Women Journalists, and that it would be her pride and pleasure during her year of office to do all in her power to reciprocate the kindness of her colleagues. Her election was a surprise, because she had not instinctively adopted the honourable work of journalism as a profession, but as a means to an end. She had become a journalist because she desired to see the profession of her choice—Scientific Nursing—elevated and legally constituted by Act of Parliament, and, without a voice in the press dedicated to the education of the public, the views and aspirations of trained nurses could find no expression. There at once one realised the power and value of journalism, in which she had become intensely interested. The responsibility and pleasures of journalism were manifold—and women were peculiarly adapted for it, as they possessed so many faculties the profession demanded. Women had in journalism a profession of illimitable possibilities—scope for all carefully cultivated talents, a profession worthy of a thorough probation, without which no work was worth a row of pins.

Let junior journalists be encouraged to study deeply, to become founts of accurate information. They would then obtain access to the press because their work would be of economic value.

The Society of Women Journalists, which in the past had done so much to place high ideals before its members, would in the future continuously increase its sphere of usefulness. "Let us believe," said Mrs. Fenwick, "in ourselves and our destiny. We women journalists must take spacious views of the world generally and realise that the affairs of the whole world are ours."

The vote of thanks to the chair was proposed by Miss Nora Vynne in a very happy vein.

### THE RECEPTION.

The Reception held later brought together many members and their guests, and the dainty tea and delightful entertainment were greatly enjoyed.

The Ladies' Army and Navy Club Trio is a unique and most musical band, the recitations of Miss Elsa Davis, who possesses a delicate art all her own, the cello solo of Mr. Frank Kimey, and the fine singing of Mr. H. Hilliard, gave unqualified pleasure to all present.

There appears to be a very happy and useful future before this society of talented women.

On the occasion of the Centenary of the political liberation of Chile, the Government Lyceum directed by Miss Lina Mollett, was awarded a first prize diploma and gold medal. Miss Lina Mollett is sister to Miss Mollett, of Southampton.

## Book of the Week.

## THE OSBORNES.\*

A prosperous Sheffield merchant and his family, with all their vulgarities and little weaknesses mercilessly exposed, are the subject of Mr. E. F. Benson's book.

True, at the conclusion he invites us to look below the surface and see the real sterling worth underlying their impossibility, but as throughout the volume he has made them targets for his satire, it is asking rather much of us to believe that Lady Dora is satisfactorily mated with Claude Osborne, albeit he has been educated at Eton and Christ-church. Before their engagement she was able to criticise him as follows:

"It is coming to a crisis, you see. Mr. Osborne's call on mother is of a formal nature. He is going to ask permission for Claude to pay his addresses to me; he will use those very words. And then I shall have to make up my mind. He thrills me. Isn't it awful? But he does. Thrills! I don't believe any boy was ever so good-looking. And then suddenly, in the midst of my thrill, it all stops with a jerk, just because he says somebody is a very 'handsome lady.' Why shouldn't he say 'handsome lady'? He said he thought mother was such a handsome lady, and I nearly groaned out loud. And then I looked at him again, or something, and I didn't care what he said. . . . Am I in love with him? For heaven's sake, tell me." After the dinner party given by Claude's parents in honour of the engagement, the bride-elect's mother and brother discuss their future connections in a way that is peculiarly Mr. Benson's own, and the summing up by Jim exactly hits them off.

"I find Mr. and Mrs. O. quite delightful," Jim said. "I do really. There isn't one particle of humbug about them, and they have the perfect ease and naturalness of good breeding." Lady Ansell tossed her head. "That word again," she said. "You seem to judge everybody by the standard of a certain superficial veneer which you call breeding."

"I know; one can't help it. I grant you lots of well-bred people are rude and greedy, but there is a certain way of being rude and greedy which is all right. I'm rude; I don't get up when you come into the room and open the door for you. Claude—brother Claude—does all these things, and yet he's a cad."

"I consider Claude a perfect gentleman," said Lady Ansell. "I know that 'perfect' is exactly what is the matter with him," said Jim, meditatively. "Now Mr. Osborne is a frank cad, and Claude a subtle one. That's why I can't stand him. He simply bristles with good points, but he gives one such shocks. He goes on swimmingly for a time, then says that the carpet is 'tasteful' or 'superior.' Now Mr. Osborne doesn't give one shocks; you know what to expect and you get it all the time."

\* By E. F. Benson. (Smith, Elder & Co., London.)

One cannot be surprised that, where the test of months of married life had passed, Dora could look undazzled at the materials out of which her romance had been constructed and analyse them. There was his character, which was sterling; his qualities, which were excellent; his kindness, his safety, his wealth, and his vulgarity.

"The word was coined. Her thought for the first time definitely allowed it to pass into currency, and she had to reckon with it."

Yet in spite of this dangerous frame of mind, a turn of the wand convinces her that it was Claude who said and did all that was symbolised under the title of "handsome lady," and, since it was Claude, it was a thing to be kissed, though laughter came, too."

We confess we cannot understand this attitude to a husband.

The old Osbornes are delightful people, and their accession to the peerage fills them with unaffected joy and pride.

"My lady," he said, across the table to his wife, "this'll interest you. List of honours: Peerages, Edward Osborne, Esq., M.P."

"As if by a conjuring trick, he produced from under the tablecloth an all-round tiara of immense diamonds, which had been previously balanced on his knees."

If *fant saluasi*; therefore read Mr. Benson's latest. H. H.

## COMING EVENTS.

November 7th—12th.—Suffrage Week.

November 10th.—Great meeting organised by the Women's Social and Political Union. Chairman, Mrs. Pankhurst. Royal Albert Hall, 8 p.m.

November 12th.—Great united mass meeting of Suffrage Societies. Chairman, Mrs. Fawcett, LL.D. Royal Albert Hall, 7.30 p.m.

November 15th.—Nurses' Missionary League. Lecture: "The Nurse in Relation to Her Patient," by Miss C. M. Ironside, M.B. Lond., 3.15 p.m.

November 19th.—Nurses' Missionary League. Sale of Work, 52, Lower Sloane Street, S.W., 11.30 a.m. to 6 p.m.

November 19th.—Meeting of the Central Committee for Registration of Nurses, Council Room, British Medical Association Office, 129, Strand, London. The Right Hon. the Lord Amptill, G.C.I.E., will preside, 3 p.m.

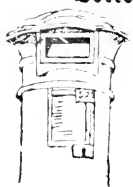
November 21st.—National Union of Women Workers of Great Britain and Ireland. Private Conference on "Hygiene in Relation to Resene Work," Caxton Hall, S.W. Admission by ticket only. 10.30 a.m. to 1 p.m.; 2.30 p.m. to 4.30 p.m.

November 21st.—Association for Promoting the Training and Supply of Midwives. Meeting of the Council, 2, Cromwell House, 423, Cromwell Road, S.W., 3 p.m.

November 24th.—Central Midwives' Board, Caxton House, S.W., 2.45 p.m.

December 1st.—Royal Infirmary, Edinburgh. Lecture on "The Nursing of Neurotic and Hysterical Patients," by Dr. Edwin Broadbent. All trained nurses cordially invited. Extra-Mural Medical Theatre. 1.40 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 CANKER AT THE ROOT.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—The gratitude of all who have the welfare of the nation at heart is due to you for the article, "A Canker at the Root," in your November 5th number. In less than a fortnight I received applications for help in the following cases—two maternity cases of 13 years old, two lock cases of 10 and 12 years, and two children under 14 who had been criminally assaulted. These children, with their knowledge of evil, are "educated" with children from clean and respectable homes. Can we wonder if the evil is spread? The children are innocent of the sinfulness of immorality; no one tells them of this, through a false idea of modesty, but the children will talk of such things amongst themselves, and try to, and on, practise evil.

I have received letters from all parts of the Kingdom from Rescue Workers, giving cases known to them, with ages and other details. The number of cases reported from one town of children who had been assaulted under 16 years of age during three years was 76. From another town the Rescue Worker reported that children would even "solicit." The evil is widespread. We are trying to start special homes for these little ones, but receive little support or help because people refuse to believe what we know to be facts. May your article help us in this campaign—it ought to. Thanking you sincerely,

Believe me,

Yours faithfully,

THOMAS GEO. CRICK,

Hon. Sec., C.P.A., Incorporated,  
Church Penitentiary Association, Incorpd.,  
Church House, Deans Yard,  
Westminster, S.W.

### A HISTORY OF NURSING.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—Our attention has been called to the letter from A. P. Payne in your issue of October 29th, complaining that Miss Dock's "History of Nursing," published by ourselves, has not been properly presented to Australian readers. We are obliged to you for your friendly and sensible comment.

Your correspondent mentions that a copy of the book was sent "to the Editor of the Australasian Nurses' Journal," which is the official organ of the Australasian Trained Nurses' Association, where it was favourably reviewed. We consider that such a review constitutes a satisfactory guarantee, so that it should not be necessary for

further specimen copies of this somewhat expensive book to be sent from London for the examination of the Australasian Nursing Schools.

As a matter of fact, we have filled a fair number of orders in Australia, so that the book cannot, as your correspondent supposes, be entirely unknown there.

We have, as you know, a number of nursing books on our list, by Miss Dock and other authoritative writers. Many of these are issued at popular prices. They are all described in a little circular which we are distributing in large quantities all over the English-speaking world. We are very glad to say that both we and our enterprising Australian representative are encouraged to believe that the profession in Australia is taking a keener interest in these subjects, and we are hopeful that in a short time such a letter as A. P. Payne's will no longer be possible.

Yours very truly,

G. P. PUTNAM'S SONS.

24, Bedford Street, W.C.

### ORGANISED GAMES FOR NURSES.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I am sorry to see the BRITISH JOURNAL OF NURSING advocating organised games for nurses. In my opinion nowadays it is no work and all play. A little more sense of duty and less self-indulgence are badly needed in hospitals.

A NINETEENTH CENTURY MATRON.

[All work and no play makes Jack a dull boy, and has just the same effect upon Jill.—Ed.]

## Comments and Replies.

*Certificated Provincial Nurse.*—Can you not bring your desire, and that of your colleagues, before the Matron of your training school and ask her to take the initial steps in forming a League of its certificated nurses?

### NOTICE.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

## Notices.

### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in the Journal—those on practical nursing are specially invited.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## My Flat Baby.

This summer I had a "Flat" baby. I do not mean that he was flat, quite the contrary; he was a fat, round little man. But he lived in a flat, and one of the drawbacks to a flat is that there is no drying ground, and if all the washing is sent out a baby is likely to prove an expensive treasure, so the only alternative is to have very little washing to do. I have had babies who wore only a flannel binder, a napkin, and a nightgown, but that seems rather scanty. My flat baby wore a flannel binder, a woven woollen vest with long sleeves, a Turkish towelling napkin, a flannel square over that, and lastly a nurse's veiling nightdress made 24 ins. long, with a yoke, and plain straight sleeves drawn in at the wrist with narrow ribbon. His whole wardrobe consisted of 3 vests, 6 flannel squares, 4 binders, 6 gowns, 24 Turkish napkins. The first merit of such an outfit was its small cost, the second the small amount of time spent in making, the binders being simply torn and left with raw edges, the vests are bought ready made, the napkins only require overcasting, the flannel squares were hemmed with a sewing machine. The little gowns took the longest, for they had fancy stitching on the yokes and round the hem, which was 3 inches deep. But the greatest merit of such a wardrobe is the ease with which it can be washed, even in a flat, by quite an amateur laundress. The ordinary cotton gowns will cost for washing from 3d. to 1s. 6d. each. My flat baby did not cost anything, beyond the price of the soap with which his things were washed. If he had worn the ordinary embroidered or be-laced gowns they must have been sent to a laundry, as they never look nice if not properly washed, and very carefully ironed. Then as to comfort, my flat baby was as good as a baby could be, and he never had even the slightest chill. He was from his earliest days a great kicker, I feel sure the ordinary long clothes would have worried him, and prevented him from taking the amount of exercise he thought necessary.

When he attained the great age of 8 weeks, he discarded flannel squares and wore flannel petticoats, and woven woollen belts took the place of the flannel binder. Another point in favour of this method of dressing is that he is still wearing, with the two exceptions above mentioned, his first outfit, although he is now nearly five months old, and nowadays very few babies wear their first clothes for more than three months, many not even so long. Or

course, I would not advise this manner of dressing for a rich baby for laundresses must live and so must the makers of fine baby clothes.

The baby may not be so comfortable in his fine clothes, but he can get a little satisfaction from the knowledge that he or rather his garments are much admired by all his lady friends and relations. True, he may hear the more male person make rude remarks about the length of his clothes, and the shortness of himself, but he need not listen; and after all it may only be envy because the man wears such ugly things.

M. H.

## The Rotunda Hospital, Dublin.

### PRESENTATION TO DR. HASTINGS TWEEDY.

Miss Ramsden, the Lady Superintendent and Nursing Staff of the Rotunda Hospital, Dublin, recently entertained at tea a number of guests prior to a presentation of plate to Dr. Hastings Tweedy, the retiring Master, on behalf of many past and present nurses, by Dr. James Little. They were received by Miss Ramsden and the Master.

Mr. C. L. Matheson, K.C., who presided, paid a warm tribute to Dr. Tweedy's work during his seven years' tenure of office, and Dr. Little, who made the presentation, said he appeared for 210 clients, some of whom were spreading the reputation of the hospital in distant parts of India. He detailed the work done by Dr. Tweedy, and on behalf of the nurses thanked him for the painstaking instruction he had given, and the interest he had taken in their being well and comfortably housed. He had also pursued a most rigorous system of antiseptics, and the diseases which has formerly attacked nurses, sometimes involving permanent ill-health, were now almost a thing of the past. Dr. Tweedy had splendidly and worthily performed the office of Master of the Rotunda.

Dr. Little, on behalf of past and present members of the nursing staff, then presented Dr. Tweedy with a beautiful silver tray of Celtic design, octagonal in shape, an album containing the names of the subscribers, and a watch for Mrs. Tweedy.

"THAT HATED BOARD."

Dr. Tweedy, who was loudly cheered, warmly thanked the donors on Mrs. Tweedy's behalf, and his own. He also detailed the improvements made by the Governors during his term of office. In conclusion, Dr. Tweedy re-

ferred to "that hated Board," the Central Midwives' Board of England. Thanks to Mr. Matheson, he thought the time was coming when they would be able to shake off the yoke of the Board.

Sir William Smyley said that the English promoters of the Midwives' Act Amending Bill would not have Ireland included in the Act, but said they would allow the Rotunda to put its midwives on their Register without undergoing the examination.

Mr. Matheson, who said that he had always regarded the state of affairs with regard to the Midwives' Act as a shocking injustice, announced that the Government had undertaken to pass a Bill for Ireland next year.

### The National Association of Midwives.

The National Association of Midwives, which has its headquarters at 9, Albert Square, Manchester, held a most successful meeting in the Temperance Hall, Temple Street, Birmingham, on Wednesday, 26th October. There was a crowded attendance, and at the close a large number joined.

Mrs. Lawson, the President of the Association, addressed the meeting on the new Midwifery Bill, and pointed out the need of the midwife to be up and doing. She also dealt with the objectionable Clause (17) from the midwives' point of view, and clearly illustrated how the said clause will militate against the employment of the midwife.

Mrs. Eddie (a member of the Executive) also spoke, and pointed out various other objectionable features of the Bill, Clause 7 being one; and although there are embodied in the Bill some recommendations which the National Association forwarded to the Departmental Committee, yet they are not made compulsory. Therefore the evil in the Bill far outweighs the good. Various other business was discussed, and at the close it was resolved to hold another meeting at an early date.

The Ashton and District Branch of the above Association held a tea party and social gathering in the Masonic Hall, Church Street, Ashton-under-Lyne, on Tuesday, October 25th. There was a good attendance, over 90 sitting down to tea. But the feature of the evening was the zest with which the members of this branch entered into the dancing, showing that those in this district know how to enjoy themselves when off duty. Songs were rendered by Nurses Lawton, Bromley, Christian, Britner, Powell, and Mrs. Hickey. A lively sketch in the Lancashire dialect, entitled the Lancashire Lassies, was given by the Misses Chorlton, Clark, Goddard, and Hilton. The President of the Association spoke a few words of congratulation, and hoped the Branch would go on growing as it has done this last year, and that we might have many an enjoyable evening together. After a most successful and enjoyable evening the members dispersed with the audible wish that we should have another as happy before long.

The Social Committee were Mrs. Britner, Mrs. Nuttall, and Mrs. Dunkerley.

E. GILROY, Secretary.

### The Baby's Bottle.

#### THE AGRIPPA TEAT AND VALVE.

When a baby has for any reason to be put upon the bottle every nurse and midwife knows that its perils are greatly increased thereby. First, because no food can ever take the place of the child's natural birthright, secondly because of the difficulty of obtaining a milk supply the purity of which is beyond question, and thirdly, because of the danger arising from the use of unsuitable bottles, and of malformation of the mouth from the infant's efforts to secure sufficient nutriment through an unsuitable teat, and also because most rubber teats will not bear boiling, and therefore sterilisation cannot be assured with certainty, however scrupulous the nurse may be. Further, the effect of strong suction on the part of the infant, combined with the slackness resulting from the constant removal and replacement of the nipple, may be that the teat is detached from the bottle when the contents may be spilled over the infant.

All these points have been appreciated by Messrs. J. G. Ingram and Sons, the London India-rubber Works, Hackney Wick, N.E., who have directed their attention to devising a Band Teat and Valve,



NEW STYLE.



OLD STYLE.

known as "Ingram's 'Agrippa' Band Teat and Valve," which shall be absolutely secure fittings, and which can be applied to any make of feeding bottle; pains have moreover been taken to ensure that the teat, so far as feeding facilities are concerned, shall approximate as closely to nature as possible.

The points to be noted about the "Agrippa" are that it has a deep rubber band which fits round the top of the feeding bottle, which is fitted with a casing subjected to a new process which makes it extremely tough and rigid, and which grips securely. At the base of the teat is a flat cushion of rubber which comes close up to the mouth of the baby like the natural breast. The teat can be repeatedly boiled without injury. Special attention has also been paid to the mechanism of the valve, so that it may regulate the flow of food to perfection.

For these reasons nurses and mothers requiring a feeding bottle should make a point of trying one which is fitted with the "Agrippa" Band Teat and Valve.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

---

No. 1,181.

SATURDAY, NOVEMBER 19, 1910.

XLV

## Editorial.

### THE CARE OF PRISONERS.

The need of trained nurses in prisons, and of some special instruction for warders and wardresses in the care of the mentally afflicted and feeble-minded, is apparent from the Report of the Commissioners of Prisons and the Directors of Convict Prisons, for the year ending March 31st, 1910, recently issued as a Blue Book, from which we learn that the number of prisoners certified insane in local prisons last year was 118—106 men and 12 women. The ratio of prisoners found to be insane on reception to the total number certified, is fairly stationary. Two points are evident in this Report: 1. the need for a better system of investigation of the mental condition of accused persons, in order to minimise the danger and scandal of sending persons who are certifiably insane to prison; and 2. the need for the education of prison officials in the symptoms of incipient and actual insanity, in order that prisoners suffering from mental derangement may not be regarded as refractory and punished for insubordination. The Medical Inspector points out that even with existing machinery much more might be done, if the practice were extended which is increasingly adopted in the larger centres, of remanding prisoners for the expert examination of the prison medical officer.

In the Metropolis, during the period under consideration, the mental condition of nearly 900 accused persons was medically investigated, and a considerable proportion of these were found to be certifiably insane. Further, all prisoners committed to Brixton and Holloway prisons, for trial at assizes and quarter sessions, are specially examined with regard to their mental condition, and

evidence thereon is furnished to the courts. As a result, the proportion of cases in metropolitan prisons in which insanity is not recognised until after the prisoner has been sentenced is far below the average for the country at large.

Thus Holloway is only responsible for 13 per cent. of the cases of insanity recognised after conviction. But over 60 per cent. of the women on remand who were reported as insane to courts of summary jurisdiction were so recognised at Holloway.

Besides the acutely insane, the prison population includes a proportion of feeble-minded, and, during the year reported on in the Blue Book now under discussion, 322 convicted prisoners were dealt with under the modified rules for prisoners so feeble-minded as to be unfit for ordinary penal discipline. It is hopeful sign that the Commissioners announce that, in compliance with the desire of the Secretary of State, they have submitted definite proposals for dealing with the feeble-minded offender, and they propose that the Home Secretary should be legally empowered to transfer mentally defective prisoners to special institutions, on medical certificate that they are unable to take ordinary care of themselves, and are likely to revert to crime on their discharge unless special means are taken for their supervision.

No one who has visited one of our great metropolitan prisons, with eyes trained to see, can fail to realise that the problem of the criminal classes is one which must be solved by the medical as well as the legal profession. Written large on many of the faces is a history of mental instability, of feeble-mindedness, of disease of chronic alcoholism, demanding restraint and treatment under medical supervision and nursing

care, rather than under the strict prison discipline. Were carefully-selected trained nurses, who have passed through a special training to fit them for this important work, appointed to positions of responsibility in our prisons and kindred institutions, they would be able to render most important public service, and to bring some hope into the lives of a most hopeless section of the community.

## Medical Matters.

### ACROMEGALY.

Professor Arthur Keith lectured last week at the Royal College of Surgeons on a disease known as acromegaly, when he said that those who are the subjects of this disease find that their hands and feet increase slowly in size. The face also grows, especially the lower parts, and the ridges over the eyes become more prominent. The necessity for larger sizes in boots, gloves, hats and collars may draw the patient's attention to these changes, but the enlargements usually occur so gradually that the subject is unconscious of them. Attention was first drawn to the disease in 1886 by Dr. Pierre Marie, a well known French physician, and there are probably 50 subjects or more of this disease in London at the present time. The prototype of Punch is, said the Professor, supposed by some to have been subject to this disease; the diagnosis, however, is evidently wrong, for, although the ample nose, the massive lower jaw, projecting chin, and dorsal hump bear some resemblance to symptoms of the real disease, yet the lively humour, small hands, thin lips, and well-fitting teeth are against the theory. Enlargement of the pituitary body, a small gland at the base of the brain, supposed by the ancients to be the seat of the soul, and by many modern persons as a functionless structure, is characteristic of acromegaly. Recently, its form, use, and diseases have been the subjects of many inquiries, and it is becoming evident that its secretion is closely concerned in regulating and co-ordinating the growth of various parts of the body. It is believed that further study of the effects produced by over-growth of this gland will provide a key to many of the factors which determine the physical conformation of the body, and lead to the establishment of physical anthropology on a scientific basis.

We are beginning to discard the assumption that any organ of the body is functionless. Usage may be a crowd of it is at fault.

## Surgical Nursing Outside of Hospitals.

By MR. JOHN D. DOWDEN, F.R.C.S.E.

Mr. John D. Dowden, F.R.C.S.E., lectured to trained nurses in the Royal Infirmary, Edinburgh, on Wednesday, November 9th, taking for his subject "Surgical Nursing Outside of Hospitals."

In opening his lecture, Mr. Dowden said he had drawn up a scheme to assist nurses at private operations. (1) Before and (2) after operation.

He instanced preparation for a major operation—carcinoma of mammae.

### PRELIMINARY PREPARATIONS.

**In Relation to the Patient.**—*General.*—Temperature to be taken four hourly and charted. The importance of this is that the surgeon can then compare the temperature before and after the operation.

*Alimentary System.*—Teeth to be thoroughly cleansed. The nurse to inquire of surgeon what diet and laxative he desires given; also as to the administration of an enema, etc.

*Circulatory System.*—Pulse to be taken every four hours.

*Genito-urinary System.*—Urine to be measured, the amount passed in 24 hours to be recorded, a sample to be put in an absolutely clean bottle, labelled with name and address of patient, then sent to surgeon.

*Integumentary System.*—Patient to have a bath and warm clothing, clean.

*Nervous System.*—If the patient is very nervous, the surgeon will probably order bromid or morphia; if the latter, Mr. Dowden remarked, the patient must not know, as frequently morphia given with the knowledge of patients has caused them to contract the morphia habit subsequently.

*Respiratory System.*—Respirations to be taken and recorded every four hours; room to be well ventilated.

**Local Preparation.**—Area to be cleansed, the whole of chest down to umbilicus, under both arms, the neck, shoulders, and down to lower part of back, method, washing with Lysol, spirits of soap; use a liberal supply of swabs of gauze, throwing the soiled ones away; shave; when the prescribed area is thoroughly cleansed cover with dry sterile towels kept in place with domestic bandages.

**The Operation Room.** When the surgeon has selected the operation room, remove the carpet and all furniture and pictures possible. If the room is dark, hang up white sheets, a clothes horse can be covered with white sheets, and will answer two purposes—to help to give light

and to screen off the bed for patient; the operation table to be covered with blankets; sheets or newspapers to be spread on floor; foot-stools should be provided to help the patient to get on to the table; a tray for soiled dressings must be provided.

**For the Use of the Surgeon and Assistant.**—Three basins should be provided on wooden chairs, two pails for water, table for instruments, covered with clean cloths, two or more basins or deep bowls for lotion. Prepare boiled water to cool for operation.

**Saline.**—Prepare two or more clean quart bottles. Add 1 table-spoonful of salt to a quart of sterile water and label "Saline double strength."

**Lotions.**—The surgeon will say which of the following articles he requires:—Carbolic, corrosive sublimate, lysol, spirits of soap, spirits of iodine, wool, bandages, pins, nail brushes, sterilised towels, wet or dry, gauze (hoil for half an hour).

**For the Use of the Anæsthetist.**—There should be at hand: Chloroform, ether, bicarbonate of potash, chair for personal use, table for accessories, bowl in case patient vomits, towel, table-spoon, sterile water, handkerchief.

#### THE DAY OF OPERATION.

**In Relation to the Patient.**—Teeth and mouth to be thoroughly cleansed. Soup, given if ordered by surgeon, or nutrient enema. See that bladder is empty. Plait hair (if the patient is a woman); see that the operation area is protected; put on warm clothing, including a flannel jacket fastened behind, warm stockings put on early. A nurse should accompany the patient to the operating table, and stay till patient is under the anæsthetic.

**In the Operation Room.**—There should be a fire in the room, which should be provided with a large saucepan of boiling water, a kettle of boiling water, two jugs of hot boiled water. The windows should be thoroughly soaped to render the room private.

**For the Surgeon and Assistant.**—Instruments should be rolled in a towel, and boiled for half an hour; knives must *not* be boiled, sterile gauze soaked in lysol should be wrapped round blades and handles.

**For the Anæsthetist.**—The nurse should ascertain and report whether the patient wears false teeth, and note the condition of the pulse, and if the patient has had hypodermic injection of morphine.

**The Operation.**—At the time of operation, remove covering, stirrups, Mackintoshes; provide bowls of water for cleansing, and spirit and iodine, if required by surgeon.

**The Nurse at Operations.**—The nurse must

wear rubber gloves; she should first wash her hands thoroughly, then dip them in a saucer containing glycerine, and draw on the gloves. If required to get anything not immediately in contact with the operation, she should remove the gloves; she should cover her nose and mouth with a piece of gauze, and her arms should be bare.

**After Operation.**—The bed must be warmed, but hot bottles should be removed before the patient's return to bed. Mr. Dowden spoke strongly on this point, so many serious and fatal accidents were, he said, caused by the use of hot bottles. Warm blankets are useful. Shock may be combated by continuous saline injections.

**Local Hemorrhage.**—The lecturer said that nurses should always inspect the seat of injury, and not be content to feel for hemorrhage; in case of hemorrhage the blood should be driven from the extremities and abdomen (where it collects in large quantities) to the heart.

**General Points.**—If the nurse were questioned by the patient as to the operation, the lecturer suggested she should advise the patient to speak to the surgeon; the chart should not be put where the patient can see it; any rise of temperature should be notified to the surgeon before he sees his patient.

Dr. Dowden gave practical demonstrations of improvising necessities out of simple available materials. His lecture was greatly appreciated.

## The Isla Stewart Scholar.

Miss M. S. Rumble, the "Isla Stewart Scholar" at Teachers' College, Columbia University, New York, has received the unexpected honour of the award of a scholarship of 100 dollars. The news that this had been conferred upon her was communicated to Miss Rumble by the Dean of the College. It is part of a scholarship of 250 dollars, endowed by Mrs. Helen Hartley Jenkins for the coming year, in memory of Mrs. Hampton Robb, and has been divided between an American student and Miss Rumble. It is an honour indeed to hold scholarships endowed in memory of our two noble and revered leaders on both sides of the Atlantic.

#### THE ISLA STEWART ORATION.

Miss Cox Day, the President of the League of St. Bartholomew's Hospital Nurses, and one of Miss Stewart's most distinguished pupils, has consented to deliver the first Oration on Nov. 16th, 1911, if possible.

## The National Council of Nurses of Great Britain and Ireland.

The annual meeting of the above Council was held on Friday, November 4th, at 431, Oxford Street, at 4 p.m.

The President, Mrs. Bedford Fenwick, upon taking the chair, read a letter of regret from Miss Cutler, the Hon. Secretary, expressing regret at not being able to be present owing to hospital duty. Miss M. Breaux then read the minutes, which were confirmed.

Rising, the President said: "Before reporting on the work which was referred to the Council by Resolutions passed at the International Congress of Nurses in 1909, I desire to express our sense of the irreparable loss which has been sustained by the nurses of the world by the deaths of Miss Isla Stewart, Mrs. Hampton Robb, and Miss Florence Nightingale, and I would ask you to signify our sorrow by a rising and silent vote!"

"I hope that this Council will help to perpetuate the memory of Miss Isla Stewart by some special form of commemoration entirely its own."

Those present then rose, and, having resumed their seats, the following Report was presented:—

### THE PRESIDENT'S REPORT.

#### I.

#### INTERNATIONAL STANDARD OF NURSING EDUCATION.

In accordance with a Resolution passed at the International Congress of Nurses, an International Committee for the Organisation of an International Standard of Nursing Education was founded, of which the late Mrs. Hampton Robb was appointed Chairman and Miss J. C. van Lanschot-Hubrecht Hon. Secretary. Miss van Lanschot-Hubrecht has forwarded a memorandum in regard to preliminary education for nurses, concerning which information is sought by this Committee, through the various National Councils, which will be submitted for your consideration at a later stage.

#### II.

#### MENTAL NURSING.

It was proposed that, in view of the introduction of a Nurses' Registration Bill into the House of Commons, those responsible for the education and examination of mental nurses should convene a conference on mental nursing in London. This, so far, has not been done.

#### III.

#### MORALITY AND PUBLIC HEALTH.

The third Resolution advised that in every country there should be a Standing Committee on Public Health. The Hon. Almona Brodrick early in the year accepted the chairmanship of a proposed Committee to deal with the question of morality and public health, but finds it impossible to carry out the duties of this office in conjunction with her

hospital work in the West of Ireland. Great interest, however, has been aroused in this important question. Miss Brodrick's paper on "Morality in Relation to Health," read at the International Congress of Nurses last year, has been reprinted in pamphlet form, and Miss L. L. Dock has published a book, "Hygiene and Morality," admirably adapted for the use of nurses and others interested in this question, which vitally affects the health of the nation. An admirable paper appeared in the *BRITISH JOURNAL OF NURSING* of September 3rd, 1910, on "Nurses as Health Missioners," by Miss M. Burr, and Miss E. L. C. Eden, Central Organiser of the Nurses' Social Union, has also published a pamphlet entitled "Suggestions for Nurses on some Special Points in connection with Moral and Physical Health," which is being eagerly bought at home and in the United States. The question has also been brought before the National Union of Women Workers through its Rescue Committee, with the result that a private conference on "Hygiene in Relation to Rescue Work" is to be held at Caxton Hall on November 24th, for which tickets can be obtained by trained nurses.

The widespread prevalence of gonorrhoeal vaginitis among young children recently revealed in connection with the infection of children at a Hospital for Sick Children shows that this disease is a menace to the national health, and that measures to combat it are an urgent necessity.

#### IV.

#### NURSING IN PRISONS.

In connection with the Prison Nursing Standing Committee, I have been in communication with several ladies on the subject of prison nursing. The Penal Reform League has as its fifth object "Action for the better selection and training of staff and general raising of their status and ideals." It might be advisable to ask this League to co-operate with this Council to carry into effect our suggestion that prison officials should receive systematic instruction in the elements of general and personal hygiene and in the underlying principles of physical and psychological nursing, and that the position of Matron in His Majesty's prisons should be held by a certificated nurse.

Recent legislation has indicated a desire on the part of the Government to ameliorate the condition of prisoners. In this connection the Penal Reform League will hold its annual meeting on November 20th at Caxton Hall, at 8 p.m., when Captain Arthur J. St. John, the Hon. Secretary, who recently attended the International Prison Congress at Washington to study American methods, preventive and reformatory, will give an account of his impressions. As this meeting is open to visitors those interested can be present.

#### V.

#### FORMATION OF NEW LEAGUES AND ASSOCIATIONS.

Since the last meeting of the Council three Leagues of Nurses have been formed, one upon the initiative of Miss Cox-Davies, Matron of the Royal Free Hospital, for Royal Free nurses; one by Miss Elma Smith, Matron of the Hendon Branch of the Central London Sick Asylum, and one by Miss

Leigh, Matron of the Cleveland St. Branch of the Central London Sick Asylum.

In Scotland two Associations have been formed, membership of which is open to registered medical practitioners and nurses, and an Association of Hospital Matrons, entitled the Scottish Matrons' Association, has also been organised.

I am pleased to report that the two Leagues in connection with the Central London Sick Asylum are to-day applying for affiliation with our Council.

#### VI.

##### THE INTERNATIONAL COUNCIL OF NURSES.

Our relations with the International Council of Nurses continue to be most cordial, and next year we shall again come into active communication with the nurses of the world in helping the President, Sister Agnes Karll, with the preliminary organisation of the coming triennial meeting to be held at Cologne in 1912, when it is to be hoped our Council will take as active a part in Germany as the German Nurses' Association took in London in 1909. It is satisfactory to learn that the organised Nurses' Associations in several countries have already notified their desire to enter and affiliate with the International Council of Nurses.

#### VII.

##### AN INTERNATIONAL NURSING LIBRARY.

One of the most important pieces of work which has been undertaken by this Council is the formation of an International Nursing Library to provide for future generations of nurses a complete record of the evolution of nursing in the various countries. This work is in the hands of Mrs. Stahl, as Chairman of the Library Standing Committee, and I am pleased to report that we are receiving copies of a large number of professional nursing journals.

Miss M. M. Curoton has presented a complete file to date of the *BRITISH JOURNAL OF NURSING*, 44 volumes, and your President a complete file of the *American Journal of Nursing*, which she intends to have bound, also a complete file of bound copies of the official organ of the Royal British Nurses' Association, the *Nurses' Journal*, 20 volumes. Personally, I consider this the most important piece of work which the Council has undertaken.

#### VIII.

##### THE WORK OF THE COUNCIL.

The work of the Council during the past year has not been so active as we might have desired, but all forceful movements take long to gain public confidence and support, and the nurses of the United Kingdom have ranged against their justifiable right of association strong and rich vested interests, which have exercised the reactionary pressure which can always be brought to bear upon the economic condition of a class of woman workers.

But, when associated with courage and loyalty to professional ideals, the law of evolution grinds all petty tyrannies beneath its progressive wheel, and it is our duty to ensure that it grinds exceedingly small.

ETHEL G. FENWICK.

The adoption of the report was proposed by Miss Cox-Davies, and seconded by Miss Musson. The report was then discussed.

The President proposed that the Council should institute in memory of their dear friend, Miss Isla Stewart, a yearly Lecture or Oration dedicated to the work to which she devoted her life and splendid talents.

This proposal was most warmly received, and was seconded by Miss Cox-Davies, and supported by Miss Musson, Mrs. Andrews, Miss Kingstord, Miss Forrest, and others, and, having been unanimously agreed to by the meeting, it was also arranged that an honorarium of £5 should be paid to the Lecturer to cover expenses.

Miss Cox-Davies further proposed, and it was agreed, that the Isla Stewart Oration should be endowed, so that its continuance should be secured. It was decided that the Oration should be delivered annually on the anniversary of her lamented death, if possible.

It was agreed that consideration of the communication from Miss van Lamschot Hubrecht should be deferred so that the information desired should be as up-to-date as possible for the triennial meeting in 1912.

##### HYGIENE AND MORALITY.

An interesting discussion took place on this topic, and it was agreed that a short course of lectures should be arranged for nurses on "The Nursing of Venereal Diseases," to be held in London during the winter, the arrangements to be left to the President and Miss Cox-Davies.

##### NURSING IN PRISONS.

It was agreed that the President should communicate with Mrs. St. John, R.R.C., of the Penal Reform League, who had expressed sympathy with the suggestions of the Council on prison nursing reform with a view to co-operation.

##### FINANCIAL REPORT.

Miss Forrest, Hon. Treasurer, presented the Financial Report, which showed a balance in hand of £22 4s. 3d.

The Reports were then adopted.

##### ELECTION OF HON. OFFICERS.

Miss Beatrix Cutler and Miss Forrest were unanimously re-elected Hon. Secretary and Hon. Treasurer respectively.

Mrs. Kilbare Treacy, a retiring Director, was elected Vice-President, and Miss Kelly, Lady Superintendent, Dr. Stevens' Hospital, Dublin, and Miss Cox-Davies, Matron, Royal Free Hospital, were elected Directors in the places of Mrs. Kilbare Treacy and Miss Todd.

##### APPLICATIONS FOR AFFILIATION.

The Central London Sick Asylum Nurses' League, Hendon Branch, membership 91; President, Miss Eliza Smith; and the Central London Sick Asylum Nurses' League, Cleveland Street Branch, membership 59, Pres-

Miss Leigh, applied for affiliation. Both Leagues were elected to membership.

The President welcomed Miss Leigh, who was present, and hoped both she and Miss Elmer Smith would take their *ex-officio* seats on the Grand Council, and that each League would nominate two delegates to serve upon it at their next meeting.

#### THE NIGHTINGALE MEMORIAL.

A discussion took place on the proposed memorial to the late Miss Florence Nightingale, and a resolution was unanimously adopted, which it was agreed the Presidents of the sixteen affiliated societies of nurses should be invited to sign, and that it should be submitted to those responsible for the choice of a memorial.

#### THE REGISTRATION REUNION.

The President brought before the meeting the proposal to hold a Reunion in London on the 2nd of February next, in support of the Nurses' Registration Bill, and that the reasons why nurses desired legislation should be presented in spectacular form. She suggested how this could be carried out in an extremely interesting manner. The suggestion received the hearty approval of those present, and Miss Cox-Davies moved that the constituent societies do all in their power to make the scheme a success.

The Meeting then terminated.

M. BREAM.

Pro B. CUTLER.

### A Nursing Pageant.

In order to test the amount of interest and support likely to be forthcoming for the organisation of a Pageant of the Evolution of Trained Nursing, Mrs. Bedford Fenwick placed an outline of the scheme suggested before an informal meeting of members of nursing associations and societies held last Saturday at 311, Oxford Street. So much interest was evinced that it was decided that such a pageant should be arranged, and several Superintendents and Matrons expressed their willingness to take the initiative in organising sections. We hope next week to be able to give some details of the scope of the scheme, and to enlist professional and public interest in making it a success.

A Dinner under the auspices of the Scottish Nurses' Association will be held at the Charing Cross Halls, Glasgow, on the evening of Wednesday, November 23rd. Lady Ailsa will receive the guests, and the President of the Association, Sir William MacEwen, and Dr. McGregor Robertson, are interesting themselves in the success.

## The Nurse in Relation to her Patient.\*

By MISS C. M. IRONSIDE, M.B.

We have before us this afternoon that most important and interesting subject—personal influence; the relation of an individual life to other lives. Every life affects other lives. I suppose we all acknowledge this. True, a large amount of the influence of any life is unintentional and unconscious, but it is none the less real and forceful for that.

Have you ever considered upon what this personal influence depends? It depends upon the real character of the person. The influence that really *tells* is not what we say or do, but what we *are*. Not what we seem to be, nor even what we wish to be, but what we really are. Is not this a very heart-searching thought, however apparently small our sphere of influence may be?

But you to whom I speak have *not* a small sphere, but a great, wide, noble sphere. Each of your lives touches *many* other lives; touches them, too, under circumstances that make them specially susceptible to your influence.

What do you desire should be the effect of this special relationship to others? Do you want your influence to be an uplifting and ennobling one, or the reverse? Surely, there can be only one answer. We all wish to do the best we can with our lives.

But how attain to our desire? How be so pure and true, so unselfish and full of sympathy, and withal so natural and human, that weak, erring, shallow human souls who feel our influence shall be strengthened and deepened and raised to a life worth living?

Of whom do these words remind you? "Pure—true—unselfish—full of sympathy—and so human?"

They remind me of One who has exerted the profoundest, the most uplifting, and the tenderest influence on mankind who we know of. *What if we could live Christ's life?* What if we could be something of what He was—and is "to men"? Does not this express all, and more than all, of what we desire our personal influence to be?

In the midst of endless difficulties, doubtings, disputings, men and women everywhere unite in reverent admiration of the Personality of Jesus Christ, and many who do not own Him Lord and Master would fain copy that life, and see it lived again on earth. But

Read before the Nurses' Missionary League, November 15th, 1910.

Christ's life must *be* in us before we can live it out. And, you know, He only gives Himself to those who give themselves to Him. We *cannot* live the life of Christ, however much we admire and desire to copy, unless we have the Spirit of Christ, the Holy Spirit living within us, and *that* means a clean sweep of all known sin and of *self*—in He is to con-*tain* and control the life. Is Jesus Christ worth knowing? And would it be worth while to reproduce Him in our daily lives? *It is possible*—feeble and faint though the likeness be; but it will cost something—is it worth the cost?

Are some of you thinking that we have got a long way from our subject? "The Nurse in Relation to Her Patient"? I think not. We were considering how a nurse, in this special relation, with its great and far-reaching opportunities, could be an influence to lift upward and Godward. And to me the simple answer to the problem is—*live* Jesus Christ, and draw men and women to Him. And you *can't* do this unless you know Him yourself—intimately (I say this very reverently), and unless you have His Spirit in you.

This is no emotional dream, but a reality and power that will send you into the hospital ward, to the trying private case, or out into the district in the slums with a deep sympathy, a clear discernment, and a capability of seeing the bright side of things that will act on the souls and minds of your patients as sunshine and fresh air act on a stuffy room. Yes, and it will make it *impossible* for you to do anything but the *best* work in your profession. *Don't* let it be said that the Christian nurses are not among the best professionally. It is most practical, for it enters into everyday life and work. One other thought. Do you not desire, not only that your influence should be for good and for God, but also that it should be exerted where it will count most, where the need is greatest? Let us be quite clear about this. The place where your life will count most is in the place which God shall choose for you. But I do ask you to consider the places where the need for Christian nurses is greatest. The vast heathen and Mohammedan world, where *no* scientific treatment and care of the sick is known, except such as is given by Christian doctors and nurses (and they are so few), who go to those lands. Lands where *anyone* can set up as a doctor, without the slightest knowledge of the most elementary facts of anatomy and physiology, their treatment being far worse to the poor patient than the disease in many cases. Lands, too, where the spiritual darkness and hopelessness is even greater than the physical. Is not God calling some of you to those most needy places?

But if it is true, how at times that we *can't* not live Christ unless we have Him ourselves—most surely it is true in these non-Christian lands. And I remember *only* He can raise and enable fallen, helpless men. They need *Him*. And when we plead for nurses for our mission hospitals, we do not ask for those who have never yet given their own lives to Christ, and could not take Him to others.

Now, I want to ask you a question. Did you ever get to know anyone with whom you had no communion? No talk, no fellowship in work, no interchange of thought? And has your life and character been moulded, at all perceptibly, by a mere bowing acquaintance, shall we say?

How can we expect to know the Lord Jesus Christ, to understand Him, and to grow like Him, if we do not find time for communion with Him?—Interchange of thought, *listening* to Him as well as talking to, and asking things from Him? In simple language, if we do not study our Bibles and give time to prayer? This means daily plodding effort, but without it we are very little use as Christians, to our Master or to others. And if the result really will be a life more like Christ's, winning other lives to Him, *is it worth while?* Worth while to start with what lies so near at hand, a simple practical way of preparing for larger service whether at home or abroad—that we may be ready for opportunities when they come. We do not want to think too highly of our own powers, but we cannot regard lightly the responsibility of a nurse's influence. You *know* that your word, and still more your life, has weight with your patients when they will take no notice of anyone else. In rich homes and poor, and specially with your fellow-women, what opportunities you have. I was a nurse before I became a doctor, and the hardest thing to me in this change of work was the loss of that close personal bond with other hearts and lives that no one, not even a doctor, has in the measure that a nurse has in relation to her patient. Do not lose, either through thoughtlessness or lack of preparation, the great opportunities thus given to you.

Four nurses from the Suffolk Nurses' Home have volunteered for plague duty, and have consented to be inoculated with plague vaccine as a precautionary measure. The East Suffolk Health Committee at a meeting last week at Ipswich agreed to remunerate the nurses during the time which they will be ill as a result of the inoculation, and expressed their appreciation of the nurses' public spirit and courage. Nurses are never found lacking in either of these qualities.

## General Hospital, Birmingham, Nurses' League.

The winter meeting of the League was held on Saturday, November 12th, in the Lecture Theatre of the Hospital, over fifty members being present: Miss Musson, President, in the chair.

Before the business of the meeting began, the President referred to the death of Miss Florence Nightingale, and proposed that the members should record on the minutes their earnest devotion and respect for the great Founder of their profession, and their determination to carry on to the best of their power the work which she had begun. This was carried in silence, all standing.

The short business programme was soon concluded, and was followed by an address from Dr. Auden, Medical Officer to the Birmingham Education Board, on "Medical Inspection in Schools and its Possibilities." The subject as put forward by Dr. Auden proved to be most interesting, and inspired the audience with a wish to learn more of this very important branch of social work. The importance of securing the interest of the children's parents, and the need for co-operation between the various charitable agencies and institutions were emphasised, and also the necessity for personal service.

A hearty vote of thanks to Dr. Auden was passed, on the proposal of Miss Mossop, seconded by Miss Hamath.

The members then adjourned to the Board Room, where tea was served, and a pleasant hour was passed in chatting to old friends.

## The School Nurses' League.

A very successful and enjoyable dance was held on Friday, 11th November, at St. Bride's Institute, in connection with the School Nurses' League Benevolent Fund, when most of those present were garbed in most charming and varied fancy dress, and a very brilliant assembly it was. Dancing began at 8 p.m. to the strains of Mr. Philimore's excellent orchestra. There were many more ladies than gentlemen present, but the former were in no wise dismayed, and gaily trod the light fantastic toe with one another. Mr. Nettlefield had undertaken the onerous duties of Master of the Ceremonies, which was no easy task, but with courage in both hands, he whipped up the available partners and introduced them to the many collets, fish wives, geisha and Japanese girls, and all the flowers of the flock, who surrendered their programmes cheerfully.

After the interval, when refreshments were partaken of, and very much appreciated, the band struck up a processional march and a gorgeous cavalcade filed past the judges—Miss Pearce, Miss Nettlefield, and Mr. Loft—who had a difficult task to perform. The leader of the company was a lady in verdant green as "Keep off the Grass," who was closely followed by "The Blue Bird," "Ophelia," "A Witch," "Entente Cordiale," Pierrot and Pierrette, a Toreador with a gay Spanish girl, an Italian sailor with Red Riding Hood, Dick Turpin, with a Gipsy Fortune-teller, "Pride and Prejudice," with a stately Grecian lady, a nodding Mandarin and a black-hatted Welsh woman, "Cherry Ripe," a dear little Pierrot and a dainty mite as "Spring," the Duchess of Devonshire wended her stately way beside a coal black "Dinah," Mrs. Jarley and Mrs. Edwards' Desiccated Soup were close together, a Doctor of Law escorted Aunt Martha, radiant in a poke bonnet, over her curls, whilst a Collegiate girl was seen in striking contrast to an Eastern lady in Indian dress and a Tête Masquee. There were also Dutch men and girls in sabots, a Bretonne fish girl in clogs, a yachtswoman with her own "ship ahoy!" and a most charming trio of babies, two girls and a boy, who said he was a "foundling," but was evidently not sufficiently trained, as he could not do without his comforter.

The prizes were offered for the best dresses in each of three classes:—(1) *For the prettiest dress* Miss Wilkins won a pendant and chain for her costume as a Spanish dancer, and well deserved to carry off the palm, and Mr. Nettlefield was awarded a silver cigarette case for his costume as a fully equipped Bandefiero. (2) *For the most original dress* Miss Clapp was presented with a purse; she looked as if she had stepped down from Mrs. Bull's poster, "Mrs. Brown on the situation," and Mr. Hitchman received a silver-mounted letter-case for his costume as a phlegmatic Dutchman. (3) *For the most comical characters:* In this class Miss Williams was an easy first as "Dinah" and won a fitted bag, and Mr. Lancaster deserved his prize of a silver match-box for his clever impersonation and dress of a jester. The "Foundling" was highly commended, as was also "Hard Times," a dress made entirely of brown paper. Mr. Loft also acted as Master of the Ceremonies for the progressive whist party, which was held in the adjoining hall. The winners for the game were Miss Macintosh, whose prize was a silver-mounted scent bottle, and Miss Ethel Clapp who gained a trump-marker.

A. G. L.

## The Education and Training of Nurse-Assistants.

The Committee appointed by the American Hospital Association to investigate the nursing of people of limited means in their homes, and the education and training of nurses for this work, presented the following report at the twelfth annual meeting of the Association, and we quote it from the *International Hospital Record*.

### REPORT OF THE COMMITTEE.

The Committee discussed the problem by considering the following ways in which patients of moderate means are being at present cared for in various places:—

1. Trained attendants.
2. Individual hourly nursing.
3. Individual experienced nursing.
4. Insurance.
5. Under graduate nursing.
6. Graduate nurses under endowment.

1.—**TRAINED ATTENDANT.** The attendant performs an excellent service for the community so long as she does only the work for which she is trained. The difficulty appears to be, according to the evidence of her teachers and the registries under whose supervision she works, that she is likely to overstep the boundary of her legitimate field and encroach upon the work of the graduate nurse. As she gains the confidence of the community and the doctor, her charges and her self-confidence gradually increase, and she is caring for acute cases and others for which she has not received the proper training.

There seems to be a use for these attendants. One practical way of managing them is to have them work under the supervision of graduate nurses. Where a state has a proper registration law, and a suitable directory where both nurses and attendants may register, it is feasible for the person in charge to carefully explain the difference between nurses and attendants to people applying for nurses, and be sure that the physicians understand which they are getting. In this way the responsibility is placed upon the physician and family of the patient. A method by which the services of attendants may be utilised under supervision will be discussed later.

2.—**HOURLY NURSING BY INDIVIDUALS.**—This seems to be impractical for the individual nurse owing to the expense involved in its business management. The hourly nurse needs to have a capable person always on hand to answer calls, arrange conflicting dates, and exert a personal influence in the general arrangement of the work. The only case we have found of

successful individual hourly nursing is where the nurse is working among wealthy patients, with her home conditions favourable to a reduced expense account.

3.—**INDIVIDUAL EXPERIENCED NURSING.**—By the term "experienced nurse," we mean one who has had no hospital training, but who has acquired some experience through caring for sickness in her own or in other households under the doctor's direction. She will be considered later with the trained attendant, under the supervision of the graduate nurse.

4.—**INSURANCE.**—A form of insurance which would mean the payment by an insurance company of the wages of a graduate nurse during the illness of the policy-holder or his family.

From the evidence we have obtained from people of authority in large insurance companies, we do not believe that responsible insurance companies would interest themselves in this, owing to the lack of morbidity statistics, the possibilities of malingering, the lack of knowledge of the individual, and the general difficulties of its business management. Possibly local or fraternal organisations could make a success of it because of their intimate knowledge of their members.

5.—**UNDERGRADUATE NURSES.**—Undergraduate nurses, under the supervision of their training schools, are being used in small cities where the families to which they are sent are known, or information about them is easily obtainable. It does not seem a practical plan for the large city or manufacturing community, where the possibilities of abuse are difficult to overcome, and the routine work of the training school in its relation to the hospital more exacting. It can never be wholly satisfactory, neither can it become a general custom because of its ill effects upon the training of the nurse due to the lack of supervision of her work. This practice may be used to increase the earning capacity of the hospital and the necessity for increased earnings prohibits proper supervision. Consequently, the plan can never be a favourite with those who believe in thorough training for nurses.

6.—**NURSING BY ENDOWMENT.**—This plan, we believe, offers the best solution of the problem. The question is not wholly one of nursing practice. In many families in moderate circumstances, sickness involves domestic problems, the daily housework, and the care of children.

With a central organisation, under practical business management, it should be possible to use to advantage the graduate nurse, the trained attendant, the experienced nurse, and the necessary domestics.

The energies of the more expensive graduate nurse should be largely utilised in teaching her associates in the work, educating the families, directing the work of the untrained forces, and in hourly nursing where this service renders all the necessary help. Where the patient is sufficiently ill to demand the whole time of a graduate nurse this should be furnished through the acute stages of the disease, and during convalescence or chronic invalidism the patient may be transferred to the less experienced worker, supervised by the periodical visit of the graduate. In some cases all that is needed in the household is to furnish a cook or a laundress and thus release the whole or a part of the mother's time for the care of the patient, under supervision of the graduate nurse making visits as frequently as may be necessary. The theory would be to utilise the least expensive member of the force working under this endowment who can do the work efficiently.

It will be necessary to have a certain number of graduate nurses upon salary; perhaps in most communities it would be sufficient to start with one nurse and gradually increase the force as it becomes necessary. Probably the attendants should be upon salary, but the other workers can be called upon as their services are needed and paid by the day or week as they do their work, or in whatever manner proves to be the most practical.

The source and general plan of endowment will have to be determined to a large extent by the local conditions of the community adopting the system. Possibly some form of local insurance can be worked out to help pay the cost. Fraternal and benevolent orders, churches, and other organisations doing charitable work would undoubtedly lend their support if they can be made to realise that the money invested would be more wisely expended by an especially equipped and organised system than by individual agencies. Every community should be able to furnish public-spirited citizens who would devote a part of their time and energy to helping to make a success of the enterprise, and whose business acumen would insure a proper management.

The patients, of course, should pay such portion of the actual expense incurred as they are able to meet. Where it is practicable, without saddling the family with too great a burden, they should pay the balance later as they are able.

It is often said that nurses should be encouraged to give their services in the class of cases which we are considering, or to sacrifice

a part of their pay. Your Committee believes that this is usually asking too much. Most nurses have only what they are able to save, and their wages are not high. It is necessary for them to provide for their old age. The solution of this problem should not be thrown upon the nurses.

Respectfully submitted,

FREDERICK A. WASHBURN, *Chairman*.

MARY M. RIDDLE.

CHARLES H. YOUNG, *Secretary*.

## News from India.

### FLORENCE NIGHTINGALE MEMORIAL.

A Committee of Nurses has been formed in Calcutta, to organise an all India Nurses' Memorial to Miss Florence Nightingale. The form it is to take will depend upon the response to the appeal; the maximum subscription is limited to one rupee. Miss J. E. Pritchard, Senior Sister, Lady Minto's Indian Nursing Association, is the Hon. Secretary of the Fund, and Mrs. E. B. Moore, of the Professional Nurses' Society, Calcutta, the Hon. Treasurer.

### LADY MINTO'S INDIAN NURSING ASSOCIATION.

Mrs. Jessie B. Davies, the Chief Lady Superintendent of Lady Minto's Indian Nursing Service, prepares most admirable reports, to which we always turn with interest. One is just to hand from which we gather that this Association continues to advance in public favour, and that fact is no doubt owing to the manner in which the Sisters scattered over the various Provinces have performed their duties. We read "the Nursing Sisters have done excellent work," and "The Sisters have received the highest praise for their professional efficiency, and no less than seven of them have been very specially commended." Only those who have nursed in a tropical climate can realise what an extent of self-sacrifice and devotion is required to deserve such praise.

Miss J. E. Pritchard has been promoted to be Senior Sister of the Bengal Branch.

Miss Mackenzie, on the completion of her term of service, resigned her appointment in July, and her departure was a real loss to the Rajputana branch. She was Indian trained, but soon proved herself to be quite one of the most capable and experienced members of the Nursing Staff of the Association. She was extremely popular with her patients, and seems to have had a special vocation for tending women and children. This vacancy was filled in August by Miss Lee, an English trained nurse recently arrived from Australia, and Miss Vohard was appointed as Railway Sister, *vice* Miss Mackenzie.

In the hope of increasing the demand for the Nursing Sisters in Baluchistan, it was proposed and carried at the last local Committee meeting that they should both undertake maternity cases, instead of one nurse being set apart for this special work as in the past. The promises of assistance from one or two medical officers are an encouragement, and the local Committee are convinced that once the Association nurses become more widely known they will be constantly in demand.

His Honour the Lieutenant-Governor of Bengal has most kindly sent 100 books from his library, for the use of the Sisters, with the promise that they shall be changed periodically.

The departure of her Excellency the Countess of Minto from India is most sincerely regretted by the whole nursing staff of the Association, which owes so much to her genuine interest and devoted support.

### Prizes for Nurses.

Sir George Hare Philipson presided at the annual presentation of prizes last week to the nurses of the Royal Victoria Infirmary, Newcastle-on-Tyne. The Chairman said that there were 425 beds in the infirmary and an equal number of patients that day. The nurses numbered 136, and he congratulated the Lady Superintendent, Miss Wamsley, on the success of the Nursing School.

The prizes given by the Trustees of the Health Bequest were then distributed by Lady Allendale, who said that it gave her the greatest possible pleasure to be present. The prize winners were as follows: *First prize* of £10 and a silver medal, Miss Rose Brunsell; *second prize* of £5, Miss Theresa Henan; *third prize* of £3, Miss Mary Tait; *fourth prize* of £3, Miss Mary Doyle-Jones; *fifth prize* of £3, Miss Hilda Ellis; *sixth prize* of £3, Miss Christina Buggless; *seventh prize* of £2, Miss Georgina Simms; *eighth prize* of £2, Miss Mary Banallo. *Honorary certificates* were awarded to Misses Annie M. Henderson, Ethel T. Stephenson, Minnie Young, and Jessie Arthur. *Cookery prizes and certificates*: Miss Susan Robson, prize of £2 and certificate; Miss Annie Monk, £2 and certificate; Miss Annie White, £2 and certificate.

### A Practical Appliance.

Miss A. G. Layton, Assistant Superintendent to the Superintendent of London County Council School Nurses, has designed a very useful appliance for supporting the bag carried by School or District Nurses and Midwives. A slight harness of webbing hangs over the wearer's shoulders, the long ends, back and front, being fitted with strong clips, which are attached to the handle of the bag. This can then be comfortably adjusted by means of buckles, through which the webbing bands, which form the harness, can be lengthened or shortened as required. When in position the bag can hang at the side, leaving both hands free for use.

Miss Layton hopes to put her contrivance on the market shortly, through a leading firm. Meanwhile, we advise those interested in it to communicate with her at 30, Muswell Road, Muswell Hill, N.

### Queen Victoria's Jubilee Institute for Nurses.

Queen Alexandra has been pleased to approve the appointment of the following to be Queen's Nurses, to date October 1st, 1910.

#### ENGLAND AND WALES.

Catharina A. H. Telkamp, Birmingham (Glossley Road); Grace Evans, Jennie Jones, Sarah E. Kitchen, Edith Rowlands, and Clara L. Still, Birmingham (Summer Hill Road); Mary E. J. Mulroy, Bolton; Lily F. Bayden, Ethel A. Coates, Norah Farrant, Mattie B. Roan, and Emily E. Whitehead, Brighton; Mary A. Ford and Katherine M. Lyne, Camberwell; Constance M. Deering and Mary A. Williams, Cardiff; Jessie Rodmell, Chelsea; Catherine Tuthill, East London (Stepney Green); Katharine J. Andrews, Gateshead; Edith F. Hall and Sarah A. G. Lett, Hackney; Winifred M. Dyer, Hammersmith; Gertrude L. Green, Leeds; Gertrude L. English, Edith M. Goddard, and Martha F. Johnston, Liverpool (Central); Margaret Edwards and Alice M. Simpson, Liverpool (Derby Lane); Jennie L. Hirst and Sarah A. Tull, Liverpool (North); Lexy MacIver, Liverpool (Williamson); Daisy M. Hutt and Elizabeth Kay, Manchester (Ardwick); Eugenie Schagen van Saalen, Manchester (Bradford); Marion Bird, Jane Ewan, Laura E. Lockie, and Edith E. Morgan, Manchester (Salford); Amy G. Awre, Minnie M. Chambers, Anna Davies, Adelaide Dixon, Ada E. Elliott, and Mary M. Lovell, Metropolitan N. Association; Caroline E. King; Mahala C. Peplow, and Eleanor A. M. Stillwell, Northampton; Elizabeth R. Jack, Frances O. Jones, and Elizabeth J. Nicol, Portsmouth; Sarah Birkin, Emma Fechtman, Mary R. Hutson, and Ethel A. Wilson, St. Olave's; Eva Turner, Sheffield; Jean Babbington Macaulay, Westminster.

#### SCOTLAND.

Helen Darge, Christina Galloway, Flora Kennedy, Annie McInnes, Floar E. Mackenzie, Nellie MacKenzie, Johanna Ross, Lucy Saunders, Catherine Stevenson, and Katharine C. Yule, Scottish District Training Home, Edinburgh; Margaret Hamilton, Glasgow.

#### IRELAND.

Annie Armstrong, Elizabeth Magner, Frances Maguire, and Bridie Scannan, St. Lawrence's, Dublin; and Emily M. Halliday, St. Patrick's, Dublin.

*Transfers and Appointments.* Miss Ethel Hall, to Romsey; Miss Lilian Neve, to Three Towns.

### Queen Alexandra's Imperial Military Nursing Service.

Miss M. J. Jones, Staff Nurse, resigns her appointment (November 16th); Miss D. J. Macgregor to be Staff Nurse (provisionally) (November 1st).

## Appointments.

### MATRONS.

**Brighton and Hove Hospital for Women, West Street, Brighton.**—Miss G. E. Blott has been appointed Matron. She was trained at the Bethnal Green Infirmary, and has held the position of Night Sister at the Samaritan Free Hospital, London; Night Sister, Ward Sister, and Labour Ward Sister at Queen Charlotte's Hospital, London, and Assistant Matron at the Birmingham Maternity Hospital.

**The Royal Liverpool Country Hospital for Children.**—Miss Florence Reeves has been appointed Matron. She was trained at the London Hospital, E., and has been Sister at the Metropolitan Hospital, Kingsland Road, N.E.

### NURSE MATRON.

**The Cottage Hospital, Brompton-in-Cleveland.**—Miss Annie W. Moor has been appointed Nurse Matron. She was trained at the Royal Victoria Hospital, Belfast, and subsequently worked at the Southern Hospital (now one of St. Mary's Hospitals), Manchester, and has had experience of private nursing.

### ASSISTANT MATRON.

**Samuel Lewis Seaside Convalescent Home.**—Miss Eva Meyer has been appointed Assistant Matron. She was trained at the London Hospital, and has worked on the Private Nursing Staff of that institution.

### SISTERS.

**Bradford Union Infirmary.**—Miss Annie Osselson has been appointed Sister. She was trained in the same institution, and has held the position of Sister at the Holt Sanatorium, Norfolk, and at the Bagthorpe Infirmary, Nottingham.

**General Hospital, Great Yarmouth.**—Miss Ella Hill has been appointed Sister in the Children's Ward. She was trained at the Bedford County Hospital, and has held the position of Charge Nurse at the Fever Hospital, Newcastle-on-Tyne, and of Sister at the Children's Hospital, Heswell, Cheshire, and Holiday Sister at the Mount Vernon Hospital, Northwood.

**Cumberland Infirmary, Carlisle.**—Miss Grace Wade has been appointed Sister. She was trained at the Children's Hospital, Bradford, and the Royal Infirmary, Bristol, and has done Sister's holiday duty at the Children's Hospital, Pendlebury. She is a certified midwife and a certificated masseuse.

### NIGHT SISTER.

**General Hospital, Great Yarmouth.**—Miss A. Charlesworth has been appointed Night Sister. She was trained at the General Infirmary, Huddersfield, where she has held the position of Holiday Night Sister. She has also taken Sisters' holiday duty at the North Staffordshire Infirmary, Stoke-on-Trent.

### CHARGE NURSES.

**Hull Infectious Diseases Hospital.**—The following Charge Nurses have been appointed:—Miss Gertrude M. Green, Assistant Nurse at the Hull Hospital, Miss Emma A. Moore, at present working at the Borough Sanatorium, Gravesend; Miss Frances M. Poynton, working at The Infirmary, Grimsby; Miss Sarah O. Mansfield, working at the Borough Sanatorium, Eastbourne.

## Nursing Echoes.



Her Majesty the Queen has sent a gift of £5 to Mrs. Tucker, who was trained as a nurse at the Radcliffe Infirmary, Oxford, and later worked as a private nurse. Mrs. Tucker lost her husband about three years' ago, since which time she has supplemented her small income by taking in lodgers. She has, however, been attacked by paralysis, and is now quite helpless. On being acquainted, through a nurse friend of Mrs. Tucker's, of her condition, the Queen instituted inquiries, and subsequently sent a gift of £5, accompanied by an expression of sympathy with this disabled nurse in her suffering.

The Bolton Branch of the St. John Ambulance Brigade is to be congratulated that during the past eighteen months eleven members of the Corps' divisions have entered as probationers in hospitals in Manchester, Liverpool, Harrogate, Bristol, Bolton, and elsewhere. The Association will do a very useful work if it will inspire its members to obtain a thorough training as nurses. The lady members of the Headquarters Nursing Division, Bolton Corps, of the Brigade, recently assembled at Headquarters to take leave of Miss Mary Moss, a respected member who is entering a Liverpool hospital for training. The Lady Superintendent, Mrs. J. Pendlebury, presided, and conveyed the good wishes of all the members to Miss Moss, and Chief Superintendent F. Lomax presented her in their name with a fitted nurses' wallet.

It is satisfactory to note that trained nurses may now teach practical nursing, and that Matrons of training schools will help to examine the pupils, who go through such instruction in connection with the British Red Cross Society. This is a decided step in advance.

Miss Amy Hughes, General Superintendent, Q.V.J.L., has returned from her six months' visit to Australia and Canada. She has had a most interesting and enjoyable experience. We should like to see Travelling Scholarships endowed for nurses as part of the special education of those eligible for Matronships in the larger training schools. What can be more cramping and injurious to the mind than to go round and round in one narrow institutional

spoke for years and years, and then be placed in authority over a great educational establishment requiring the most liberal knowledge of men and matters. A wide knowledge of the world should be the necessary equipment of a head of a school—in hospital and elsewhere. Otherwise is there not a danger of the apotheosis of the pedant?

The Hospitals Committee of the British Medical Association has expressed itself in favour of the establishment of public, self-supporting home hospitals, to meet the needs of patients who cannot afford to pay the charges of a private nursing home, but do not desire to accept the charity of the ordinary hospitals. The Westminster Division of the B.M.A. are already acting in this matter, and propose to erect a Home Hospital of 40 beds, in Vincent Square, at a cost of £12,000, on the latest principles, and at a varying scale of fees. It will be controlled by members of the medical profession in conjunction with one or two business men.

We are glad to observe that the *Monthly Record* of the Penal Reform League approves the suggestion made in this journal for the formation of an "Elizabeth Fry League" to improve nursing in prisons, and asks "Why should not some devoted members of the Society of Friends do this?"

A new monthly magazine is to be issued shortly in the interests of prison warders.

Columns of new rules have been defined for the management of the North Staffordshire Infirmary—71 in all—and so far as we can gather trained nursing is to be omitted from the scheme of organisation. No professional standard is demanded of the Matron beyond the fact that "she shall be a lady who possesses knowledge and practical experience of nursing." In the absence of the Secretary and House Governor who is to have "control and administration of the hospital in all matters except the medical and surgical treatment of patients," the Matron will be under the authority of the young senior resident medical officer, who is to act as "head of the infirmary, and shall be responsible for the maintenance of order and good conduct throughout the whole establishment."

No provision for any standard of training for the nurses is projected, and indeed as no standard of discipline amongst the nurses—the most important item in the training—is possible where their senior officer, the Matron, is

under the control of an inexperienced young medical man, no doubt it would be waste of time to propose either an ethical or professional standard.

It is high time in the interests of the patients, and for the reputation of the North Staffordshire Infirmary, that this suggestion of placing women under the control of young men should be opposed by subscribers, who desire a high moral tone and good management maintained in this public institution.

The Matron should be responsible to the Committee for the Nursing Department, and should have direct access to them, and if this amount of authority is denied to her, her position is untenable, and she cannot be blamed for the inevitable disorganisation which will result.

The result of the "Historic" Bazaar in aid of the Walsall and District Hospital, dear to nurses as the scene of Sister Dora's devoted labours, proves that her memory is still cherished in the neighbourhood. The Committee appealed, as we last week stated, for £3,000, £2,000 to pay off a debt on the new wards, and £1,000 towards the maintenance fund. The total amount paid in by stall holders was £3,739, which, with donations, announced on the first day, reached a grand total of £5,484.

The General Meeting of the Whitehaven and West Cumberland Infirmary Ladies' Linen League, of which the Countess of Lonsdale is President, and Miss Mary C. Fair, a trained nurse, Hon. Secretary and Treasurer, held its annual meeting at the institution last week, when 75 ladies were present. The Hon. Secretary reported that 485 articles have been sent to the institution, the approximate cost of materials (without taking into consideration the cost of making) being £13 9s. 11d. Mrs. Jackson was re-elected Chairman of the Executive Committee, and other business having been transacted, the ladies present inspected the linen supplied through the efforts of the League, and much satisfaction was expressed by the Matron at the number and excellent quality of the articles she has received. The League, which has only recently been inaugurated, has 207 members.

Lady Stirling Maxwell will preside at the Annual Meeting of the Glasgow and West of Scotland Co-operation of Trained Nurses, which is to be held on the 17th inst. at the Charing Cross Halls, Glasgow, and at which

Lady Ure Primrose and Professor Glaister will be among the speakers.

The question of the dietary scale for the nurses and officers of the Belfast Workhouse and auxiliary workhouse were recently considered by the Board of Guardians in committee, under the chairmanship of Mr. David Adams, when the question whether or not the Board should continue, or discontinue, the nurses' luncheon was discussed at length. Ultimately the Chairman stated that the Lady Superintendent, Miss Howlett, was desirous that the luncheon should be continued to the nurses, and suggested that the proposal adopted at the last meeting should be reconsidered, and the Board of Guardians be recommended accordingly, and this was unanimously agreed to. If nurses are to do their work effectively in the forenoon, a light luncheon, after the heavy early morning task of making beds, washing patients, and general ward work, is an absolute necessity, not a luxury.

At the annual meeting of the friends of St. Vincent de Paul's Nursing Association, held last week at Limerick, it was reported that "the number of cases treated during the year was 729, as against 779 in the previous year, and the number of separate visits paid was 13,012, which is very slightly less than that of the year before, which was the highest on record. We mention this to show that some falling off in the number of cases does not imply a decrease of the work done. The committee have again to thank the Sisters of Mercy and the Little Company of Mary, not only for the splendid work done by them in the actual nursing but for the generous assistance of many kinds, without which the volume of our work would be impossible. It is right, for instance, to acknowledge that the Sisters of Mercy have undertaken the supply of most of the medical stores."

The November number of the *American Journal of Nursing* contains, as insets, two charming portraits of Mrs. Hampton Robb, which, no doubt, will be prized by nurses not only in America, but in many other countries where the name of Isabel Hampton Robb stands for all that is best and noblest in their profession. One portrait represents her as a young nurse, amusing one of her small patients, the other, taken since her marriage, is the best portrait we have seen of her, and we hope to have it framed and hung in the Bed Room at 431, Oxford Street, W., the headquarters of the International Council of Nurses.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King has consented to give his patronage to the Royal Isle of Wight County Hospital, Ryde.

A powerful claim has been made by the Society of Tropical Medicine and Hygiene for the endowment of the study and prevention of tropical disease as a memorial to his late Majesty King Edward VII.

His Majesty the King has intimated his pleasure in agreeing to the proposal that the new east wing of the Salford Royal Hospital shall be called "The King Edward VII. Memorial Wing." The wing will contain 45 beds. Mr. Lawrence Pilkington has been reappointed Chairman.

Surrey's memorial to the late King will probably take the form of endowing the Convalescent Home for Children at Bognor. The Convalescent Home for Women was founded as a memorial to the late Queen Victoria, and, there being also a home for men, it is felt that it would complete the scheme of convalescent homes for Surrey if that for children were put on a secure basis.

A county meeting recently held at Stafford decided to establish a fund for providing a sanatorium for the treatment of consumptive cases as a memorial to the late King, and a representative Committee was appointed to inaugurate the scheme. It was announced that an anonymous donor had promised £5,000 to start the fund.

Mr. John Burns, M.P., President of the Local Government Board, will inaugurate the Park Hospital, Hither Green, as a hospital for sick and debilitated children on Saturday, November 19th, at 2.30 p.m.

The Chelsea Hospital for Women has received a grant of £105 from the Court of Common Council of the City of London.

Miss Burrell, of Fairthorne Manor, Botley, near Southampton, has offered to defray the entire cost of the building of the new out-patient department for the Royal South Hants and Southampton Hospital in memory of her brother, Mr. Burrell, a Governor of the hospital, lately deceased. The building is expected to cost about £7,000.

The local memorial at Worthing to the late Sir Henry Aubrey-Fletcher has taken the form of a Home for the Queen's Nurses in the town, which will supply a great need. The Home was recently opened by the Mayor, Councillor J. G. Denton, J.P.

On Thursday in last week the annual functions of the Salop Infirmary, Shrewsbury, which is the third oldest hospital in the Kingdom outside London, took place. After the anniversary services, the new Nurses' Home, which has been built at a cost

of £9,000, was opened by the Hon. Mrs. Heywood-Lonsdale, of Sharnington, who initiated the project, and subscribed £1,000 to the fund.

In responding to a vote of thanks to Mrs. Heywood-Lonsdale, Captain Heywood-Lonsdale mentioned that a scheme of supplying hampers containing edibles for the patients had proved a great success, and been a financial benefit to the institution.

Local interest is what is required to fight consumption, and at a county meeting held at Welshpool last Saturday Sir Watkin Williams Wynn, Lord-Lieutenant of Montgomeryshire, said the people of North and South Wales looked upon themselves as two different peoples, and so far had never combined together, but they could not be joined in a better work than waging war upon consumption. In regard to that scourge Wales was one of the blackest spots in the United Kingdom. They heard a good deal about Wales having built churches and chapels and spent a great deal on education, but up to the present little indeed had been done for the health of the people generally, and possibly that was as important as anything else.

Dr. A. Latham said consumption cost Wales £100,000 a year, and they only got alleviation of suffering for it, whereas if they took prevention as their keynote they could stamp out the disease in a single generation for £100,000 a year. A County Committee was elected to further the scheme.

It has been decided to build and endow a hospital at Broadford, Skye, to perpetuate the memory of Dr. Mackinnon, of Strath. The hospital will supply a great want in the east of the island, as at present patients have to be conveyed for long distances to obtain hospital treatment.

#### BUSH NURSING.

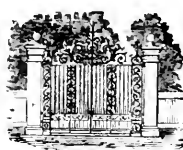
A medical practitioner in Tasmania, writing on the subject of the scheme for Bush Nursing in Australasia, in the local press, after laying stress upon the fact that his criticism is not unfriendly, points out that the conditions pertaining to rural England bear no similarity to the contrary conditions of Australian country life. He considers that the nurse most needed in back blocks is the maternity nurse, who is a crying necessity in every bush town, and that the agony of motherhood would be enormously lightened if such nurses were provided.

#### THE MEDICAL SUPPLY ASSOCIATION.

Nurses will be glad to know that the Medical Supply Association, 228 and 230, Gray's Inn Road, W.C., has now branches in Edinburgh, Glasgow, Sheffield, Dublin, and Cardiff. The firm publishes a most useful illustrated catalogue of its surgical dressings, appliances, and nursing requisites, which those who are unable to visit any of the firm's establishments should keep by them for reference. We may draw special attention to the maternity bag supplied to the educational classes of the London County Council, which, without fittings, costs 3s. 9d., and including fittings 8s. 6d.

## Outside the Gates.

### WOMEN.



Last week was "Suffrage Week," and every day great demonstrations in support of the Women's Suffrage Conciliation Bill have been held in different parts of London under the auspices of the National Union of Women's Suffrage Societies, and a number of other Societies, ending with the united mass meeting in the Albert Hall, when Mrs. Henry Pawcett, LL.D., presided. At the meeting held in the St. James's Theatre on Tuesday, 9th inst., under the auspices of the Conservative and Women's Franchise Association, when the Countess of Selborne was in the chair, Mr. John Buchan said that "Women had played a large part in English politics, but they played it underground. They desired to stop that. They wanted to improve woman's legitimate power by curtailing her illegitimate power."

At a reception at the Chelsea Town Hall the following day Lady Frances Balfour said that she believed the Conciliation Bill would be simply the stepping-stone to a Bill introduced by a representative Government. The Divorce Commission, of which she was a member, had been listening all day to the views of the industrial and working class of the country, and she did not think she had ever listened to anything that was a stronger and more convincing argument as to the need for representative power for women. She would that such things as she had heard that day could go forth with all their burning force and power to give the lie to the statement that women had nothing to complain of.

The meeting on Thursday at the Albert Hall, organised by the Women's Social and Political Union, over which Mrs. Pankhurst presided, was an unqualified success. Every seat in the hall was filled, and the collection opened with a donation of £5,000, and only closed when the sum of £9,000 was reached.

The week's demonstration has been a splendid success, and all the Societies were quite determined and united in calling on the Government to grant facilities for the Conciliation Bill.

The Blackrock Urban Council, on the motion of Lady Dockrell, has passed the following strong resolutions demanding the appointment of women inspectors of lunatics and women members of Asylum Committees: (1) Having regard to the fact that nearly half the lunatics in Ireland are females, the Government be asked to appoint a lady inspector to visit the female lunatics in Ireland; (2) that, having regard to the large number of female lunatics and to the increasing expenditure for the upkeep of the asylums and also for the maintenance of the insane, the Government be asked to make it compulsory that at least one member of every Asylum Committee in Ireland should be a woman.

## Book of the Week.

## MEZZOGIORNO.\*

Mr. Ayscough deals with the problem of mixed marriages in this volume.

A Greek Vice-Consul, taking advantage of the friendless position of a young English girl, marries her before the Poppo, and omits the further ceremony in the English Consulate.

"Several months after their marriage he had occasion to go to Benghazi, and this time he did not take his wife with him. . . . He had written fairly often, and she did not expect any news from him more important than the news of his return. She was in the garden when the letter was brought to her, and she at once shut her book and began reading what Eustachio might have to say. She hoped he was coming home soon; she was not well and was feeling rather lonely."

"Dear Gillian," wrote Eustachio, "this letter will be hard for you to read, as it is for me to write. I do not even know if I ought to begin as I have begun. Perhaps I have no right to call you anything more than 'Dear Miss Thessiger.'"

The substance of the remainder of the letter was that he intended to repudiate their marriage, and Gillian, alone in Tripoli, turns to her Arab servant, Bringali, for help in her terrible position.

"I sent for you because you are the only friend I can call mine in the world."

She spoke in a plain, even voice, that made her words seem much more terrible to Bringali. He had always thought of her instinctively as a great lady, belonging to the greatest of all great people; her marriage had seemed to his faultless instinct an inconceivable condescension. Perhaps he was even shocked at hearing himself called her friend.

He touched his forehead, his lips, and his breast, and then the ground at her feet. "Your slave," he said.

We next meeting Gillian in England, a beautiful young widow, bearing the title of Duchesse di Torre Greco. The old Duke, her husband, had married her fully cognisant of her misfortune, and died leaving her "all he could, for he adored her, and she had been a devoted wife."

An unusual episode in the book is the wonderful effect her superb vitality produces on Mark Herriek, a young labourer, whom she accidentally discovers during one of her rambles.

"In a bed opposite the open door lay the young man. . . . His frame was large and had been unusually strong, but every time he coughed he was almost shaken to pieces. . . . No one could look at him and fail to see how closely death was pressing on him, nor how passionately he clung to life."

He himself describes his former *jeu de vivre* in a remarkably fine passage:—

"I like the sun and the earth, the night and the stars, seeing them, I mean; not hearing folks telling fine things about them. I liked plunging and the smell of the new furs, and to watch the starlings and rooks waddling along after me. I liked going out at a January morning when everything was frost

white, before the sun was up, and I had it all to myself. . . . And I liked it, too, coming home to my meat, when the fog was crawling along the river bottoms, and the smoke stood out from the cottage chimneys, and folks bawled out 'Freeze again to-night, Mark. Turble rotten weather for the roads; but 'elthy. 'Ope yer mother's pretty spankish. It's grand to be alive. I expect nothing else will come up to it. . . ."

His dark, burning eyes were fastened upon her, and he shook as he said:

"Order me to live."

"Order you!"

"Yes. . . . I would obey you and come back if I were already dead."

"He made no effort to keep back the adoration that flamed in his eyes. . . ."

"Mark," she said, "I cannot order you. . . . And it should be enough if I were to ask you to do what you can to live."

He recovers, but we have no space to record the sequel. H. H.

## COMING EVENTS

November 19th.—Nurses' Missionary League. Sale of Work, 52, Lower Sloane Street, S.W. 11.30 a.m. to 6 p.m.

November 19th.—Meeting of the Central Committee for Registration of Nurses, Council Room, British Medical Association Office, 429, Strand, London. The Right Hon. the Lord Amthill, G.C.I.E., will preside, 3 p.m.

November 19th.—Mr. John Burns, M.P., President Local Government Board, inaugurates the Park Hospital, Hither Green, as a Children's Hospital, 2.30 p.m.

November 22nd.—Nurses' Missionary League. Lecture: "What the Twentieth Century Nurses may Learn from the Nineteenth," by Miss Fox, Matron, Prince of Wales's Hospital, Tottenham, 10.30 a.m.

November 24th.—National Union of Women Workers of Great Britain and Ireland. Private Conference on "Hygiene in Relation to Rescue Work," Caxton Hall, S.W. Admission by ticket only. 10.30 a.m. to 1 p.m.; 2.30 p.m. to 4.30 p.m.

November 24th.—Association for Promoting the Training and Supply of Midwives. Meeting of the Council, 2, Cromwell Houses (23, Cromwell Road, S.W.), 3 p.m.

November 24th.—Central Midwives' Board, Caxton House, S.W., 2.45 p.m.

November 26th.—Mr. John Burns, M.P., President Local Government Board, opens the Wandsworth New Infirmary.

November 26th.—Prison Reform League Meeting, Caxton Hall, 8 p.m.

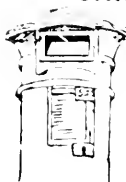
December 1th.—Royal Infirmary, Edinburgh. Lecture on "The Nursing of Neurasthenic and Hysterical Patients," by Dr. Edwin Bramwell. All trained nurses cordially invited. Extra-Mural Medical Theatre. 4.30 p.m.

## WORD FOR THE WEEK.

"My mother taught me never to laugh at myself, but always to remember that I was the handiwork of God."

LAMARINE.

## 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 SOUL OF JOURNALISM.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I hope you will allow one of the humblest of your collaborators to take the opportunity of your most worthy election to the position of President of the Society of Women Journalists not only to congratulate you, but to thank you for all that you and your Journal have done for the nursing profession.

Throughout the whole of your journalistic career you have stood, not alone for what is progressive in nursing, but also for what is right and honest and just, nor have you ever been weak enough to allow the present need to obscure your vision of a wider scope of usefulness, of a higher and better future for us.

You have not yet placed the coping-stone on your work, nor yet does nursing take its place among the recognised professions; but that that event ranks no longer amongst the possibilities, nor even the probabilities, but the certainties of the future, we owe to you and your pen. There is a saying, "What shall it profit a man if he gain the whole world and lose his own soul?" and you have taken for your motto, "What shall it profit the nursing profession if it gain the whole material world and lose its soul?" You have admitted our frailties and have not spared our faults, but you have allowed us a professional soul.

You do not know the meaning of the word "sunderer," and you have taught us that there is no such word as despair.

You have shirked no work, no drudgery, to uphold the honour and dignity of our profession, and we should be ingrates indeed if we did not recognise and appreciate the high toil in which you have spent your life for us.

I voice the feelings of thousands of nurses when I thank you for all that you have done for us and express the pride we all feel in the honour that has been paid to our great nursing-journalist.

I am, Madam,

Yours gratefully,

M. MOLLETT.

Royal South Hants and Southampton Hospital.

Thank you, dear collaborator, we are deeply gratified.—[Ed.]

## JUSTICE TO FEVER NURSES

To the Editor of the "British Journal of Nursing."

MADAM.—One last word in reply to "E. G. F."

"E. G. F." suggests that the party with whom she acts are the real friends of fever nurses, and that those with whom I act desire to keep fever

nurses in a subordinate position, and "half-trained," and "at the mercy of municipal bodies." "The fever fever hospitalists." Let me explain, parenthetically, that although I am, as "E. G. F." designates me, Medical Officer of Health for Port Glasgow, I am also County Medical Officer for Renfrewshire.

Now, what are the real practical alternatives before fever nurses? The first is the certificate of the Fever Nurses' Association (a self-constituted body), given on a two years' training, with a single examination of a sort. The second alternative is that which we advocate, a place on the Register of Fever Nurses, carrying with it a statutory certificate, given after a training and examinations prescribed by a statutory body. With this we associate a reciprocal arrangement whereby training in a hospital for infectious diseases (including phthisis) shall count as part of the training for a place on the general Nurses' Register, and training in a general hospital shall count as part of the training for a place on the Fever Nurses' Register. Who, then, is it whose action would keep the fever nurses in a subordinate and "half-trained" position?

"E. G. F." says that the Nurses' Registration Bill "claims power for the registration of a fever-nursing qualification, in addition to, or in conjunction with, a general nursing qualification." But what is this "fever-nursing qualification" under the Bill? In the words of the Bill "the certificate of the Fever Nurses' Association or its equivalent." And the fee for registration is half-a-crown, while the fee for registration on the general Nurses' Register is two guineas. That shows the respective values of the two qualifications as estimated by the supporters of the Bill.

I have said that there are practically only two alternatives for the fever nurse desiring registration. But "E. G. F." says there is the alternative provided by the Bill. Observe how that discriminates against the fever nurse. A young nurse starting in a general hospital can obtain a registrable qualification in three years. A young nurse starting in a hospital for infectious disease cannot obtain a registrable qualification within five years—at least. But "E. G. F." is the friend of the fever nurse! I am, and the fever nurse will be bound to cry "Preserve me from my friends."

I am, yours faithfully,

A. CAMPBELL MUNRO, M.B., D.Sc.

[The claim of the Nurses' Registration Bill that all nurses should be required to have a basis of general training is endorsed by the Fever Nurses' Association, the only Society in which Fever Nurses (with medical practitioners) are associated together with the special object of promoting their professional interests, and by Miss E. A. Stevenson, a Vice-President of the Scottish Nurses' Association, who has ably voiced the views of many Scottish nurses. As the question is one which primarily affects the nurses, their opinions should have a full weight on this matter.—Ed.]

## Notice.

## OUR PUZZLE PRIZE.

Rules for competing for the Editorial Puzzle Prize will be found on an Advertisement page xiv.

# The Midwife.

## The Central Midwives Board.

### LIST OF SUCCESSFUL CANDIDATES.

At the examination of the Central Midwives' Board, held on October 24th, in London, Provincial, and Welsh centres, 640 candidates were examined, and 534 passed the examiners. The percentage of failures was 16.6.

#### LONDON.

*British Lying-in Hospital.*—D. Griffith, E. M. Jenkins, G. Trotter, A. Waldberry, E. M. Warren.

*City of London Lying-in Hospital.*—L. M. Barrett, M. Barron, A. G. Cadle, C. Cockayne, A. H. De Cobain, J. E. Drabble, M. Duncan, M. Evans, A. Garratt, L. Hughes, E. H. Leigh, M. W. McMahon, A. M. M. Niesigh, F. A. Ratherford, F. G. G. Smith, E. S. Williams.

*Chapman Maternity Hospital.*—M. Brown, M. E. Clitt, I. C. Douglas, M. E. Hayden, D. F. Jeffrey, H. A. Roberts, A. Stepper.

*East End Mothers' Home.*—E. F. Dance, B. De Mont, F. Grant, E. M. Halford, K. Pyle, M. Wilson, C. A. Woodward.

*General Lying-in Hospital.*—L. L. Beddy, B. M. Clarke, E. H. Daniell, A. De Zoete, A. M. Farmer, A. Gittins, W. I. Hoare, E. C. Jacob, E. M. Jarvis, L. I. Jenkins, R. A. Keays, H. A. Kennard, M. J. Kitteringham, E. M. Lucy, M. C. McClachlan, C. A. New, E. M. Plumpton, E. Reynolds, M. E. Richardson, H. Ryding, C. J. Savery, M. M. A. Spurway, M. E. Waller, K. Whitsett, G. Willanott.

*Gays Institution.*—H. M. Banbury, E. V. Krauss, E. J. Lucas, D. Oliver, A. S. M. Tucker.

*Kingsnorth Union Infirmary.*—E. M. Smith.

*London Hospitals.*—E. C. Ashton, C. Hughes, W. J. Humphry, E. C. Nicholas, M. A. L. Robins, E. B. Robinson, T. E. Smith.

*Middlesex Hospital.*—C. W. Cross, I. F. Haggood, M. Phillips, A. K. Rowlett, S. H. L. Trewan, G. C. Tustian.

*New Hospital for Women.*—E. M. Hansard, C. L. Longley.

*"Ravens Beyond" Missionary Union.*—R. E. Montague, G. M. Ollins, L. Tyrrell.

*Queen Charlotte's Hospital.*—M. Blenkiron, F. J. Brindwood, E. Brooks, A. M. Browning, E. Bush, J. M. Cole, A. David, C. A. Evans, E. R. Hammett, M. Horsley, A. M. Jackson, M. Keith, J. Keesevan, A. Lee, L. Markham, H. Maughan, M. J. Peters, F. V. Pocock, D. L. E. Stephenson, F. E. Warren, A. C. Weller, J. E. Whelan, L. R. Wyatt.

*Soleterre Army Maternity Hospital.*—W. Bird, C. E. Cox, B. L. Dennis, M. Galligan, H. Hackney, A. L. Mangrove, S. E. Mehurg, E. G. Saunders, H. K. Tulle, G. Webb.

*St. Mary's Hospital.*—R. Day, F. Lea, E. M. O'Connell.

*St. Mary's Maternity Family Hospital.*—M. C. B. C. D. D. Woodford.

#### PROVINCES.

*Aldershot, Louise Margaret Hospital.*—C. M. Beck, E. D. E. Craddock, M. A. Donaldson, M. Goodwin, C. T. Tompkins.

*Bradford Union Hospital.*—A. Baines, G. Long, M. M. Nichol.

*Birkenhead Maternity Hospital.*—W. V. Baker, M. Davies, J. Hennesy, N. Higginbottom, A. L. Telfer, F. Whitaker, B. Whitfield.

*Birmingham, Aston Union Workhouse.*—A. Edwards, B. J. Peters, F. A. Wilkins.

*Birmingham Maternity Hospital.*—E. Arnold, N. Beddow, E. Chadwick, E. E. W. Cooper, M. A. Daly, E. A. Hinton, S. Ikin, E. A. Kay, R. Matthews, M. B. R. Stevens, S. Swinden, E. M. Townsend, F. West, L. M. Whitmore.

*Birmingham Workhouse Infirmary.*—M. D. Cashmore, E. D. Knight, M. A. Reid, B. T. Riddell, M. A. Rogers, B. H. Rollinson.

*Brighton and Hove Hospital for Women.*—E. S. Clarke, F. G. Cramp, A. E. Fanshawe, M. Greener, E. P. White.

*Bristol General Hospital.*—J. S. Croly, E. Dagger, L. J. Davies, E. Lowe, E. A. Webb.

*Bristol Royal Infirmary.*—M. A. M. D. Bartleman, M. H. Beauchamp, A. I. Hibbert, M. Higgins, E. M. Knight, E. M. Lynch.

*Cheltenham District Nursing Association.*—J. C. Clow, A. E. A. Harrison, N. O'Sullivan.

*Chester Benevolent Institution.*—E. Hodson, M. J. Jones, J. L. Payne, A. Townend.

*Derbyport Military Families Hospital.*—A. M. Riches.

*Deron and Cornwall Training School.*—L. A. Chard, L. Clatworthy, M. J. Pacey, H. Quick, M. A. Sheep, M. L. Williams.

*Gloucester District Nursing Society.*—D. E. Edgley, M. E. Higgs, J. Main.

*Greenwich Union Infirmary.*—E. Billing.

*Hull Lying-in Charity.*—R. Hewlett, A. Holroyd.

*Ipswich Nurses' Home.*—C. E. Durrant, G. M. O. Goodwin, K. Ward.

*Leeds Maternity Hospital.*—M. E. Browne, I. Cockshott, J. E. Dorman, K. E. Jagger, E. M. Johnson, E. A. Marquiss, E. M. Snow, M. H. D. Wilson.

*Liverpool Maternity Hospital.*—L. H. Ankers, M. A. Bond, G. E. Brookes, K. Cleaver, S. C. Caley, J. Conolly, M. Dabell, C. M. Davey, M. Davies, E. Deering, M. A. Formby, J. E. Hesley, A. E. Honchall, P. Higgins, A. Jones, E. A. Lupton, E. M. Mally, A. Mery, A. I. Reid, E. A. Rydy, G. S. Robinson, A. Rodick, H. D. Ross, I. T. Rowe, S. R. Skilling, S. A. Southeran.

*Liverpool West Derby Union Infirmary.*—L. M. Baird, M. Dempsey, E. Edwards, E. G. McJor, A. Spruce, F. G. Webster.

*Leicester Maternity Infirmary.*—S. E. Brown, S. Eekton, A. Grey, M. A. Lewis, F. J. Skepper.

*Manchester Charity Union Hospitals.*—E. M.

Hobday, F. Wagstaff, M. E. Williams, H. Wrennall.

*Manchester, St. Mary's Hospitals.*—M. J. Bray, A. A. Chorlton, E. Edwards, S. F. Fox, C. Geoghegan, M. A. Gordon, B. Hargraves, E. E. Higham, F. M. Hill, G. A. Hill, R. Kay, C. Lees, E. A. Proctor, M. J. Taylor, L. M. Tomlinson, N. Tootall, S. A. Wood, E. Woods.

*Manchester Workhouse Infirmary.*—L. Ingham, *Monmouthshire Training Centre.*—R. Lewis, A. M. Martin, M. E. Tranter, E. S. Webb, J. Woore.

*Newcastle-on-Tyne Maternity Hospital.*—E. M. Cowen, A. E. Johnson, C. H. Thompson.

*Newcastle-on-Tyne Union Hospital.*—M. Coulson, L. Dennis.

*Norwich Maternity Charity.*—M. V. Arnold, B. Saunders, A. J. Strike.

*Nottingham Workhouse Infirmary.*—E. L. Calvert, E. Innocent, E. G. Saunders.

*Plaistow Maternity Charity.*—A. E. S. Bishop, E. F. S. Blackwell, E. M. Butler, A. Clarke, E. Cumbworth, E. E. H. Goddard, E. A. Griffiths, N. C. G. Grove, I. M. Harris, B. L. Harvey, H. Harwood, F. L. Hawes, M. Ireland, E. M. A. Jenkins, A. A. Killin, E. Knight, A. R. Levin, E. Lifford, J. G. McDowall, C. Matson, E. J. Nichols, E. E. Owen, A. Parry, C. S. Pearce, H. Pilmore, M. M. Powis, M. E. Rothwell, E. L. Searle, N. E. Singleton, E. M. Storry, F. M. Tucker, E. Wilkinson, H. Wilson, L. M. Withers, A. M. Woodward.

*Portsmouth Military Families' Hospital.*—S. A. Crawshaw.

*Sheffield, Jessop Hospital.*—M. A. Cutts, S. J. Fackrell, E. J. Mulford, A. J. Sandford, A. Stirr, *Shoreditch, Holten Hospital.*—E. F. North.

*Wolverhampton, Q.V.J.N.I.*—L. E. M. Hammond, E. Harrington, E. Howes, H. E. C. M. J. Miller.

*Wolverhampton Union Infirmary.*—A. Davies, A. M. Hopkins, H. F. Hobbs, G. A. Mellor, L. Taylor.

#### WALES.

*Cardiff, Q.V.J.N.I.*—E. M. Burrows, E. Carter, J. S. Davies, A. Enticott, E. M. Gough, M. Jenkins, M. A. Jones, A. N. Spiller, M. Thomas.

#### SCOTLAND.

*Aberdeen Maternity Hospital.*—B. Rennie.

*Dundee Maternity Hospital.*—C. M. Champney, A. G. Fairley, I. Fraser, M. Gibney, J. D. Law, C. Mackenzie, E. MacLeod, A. G. M. Miller, M. Taylor.

*Edinburgh Royal Maternity Hospital.*—I. M. Davidson, M. Glasgow, M. J. Martin, F. M. Tulloch, J. Y. Walker, M. G. Whammond.

*Glasgow, Eastern District.*—C. Baillie, M. S. Drummond, C. McDonald.

*Glasgow Maternity Hospital.*—J. W. Angus, A. E. Bate, F. L. Eaton, C. W. Greenhorn, J. K. Hamilton, H. B. Laidlaw, M. MacLure, M. M. McNab, C. M. Morton, A. Paliraman, M. Wright.

#### IRELAND.

*Belfast Union Maternity Hospital.*—M. A. Higgins, C. Moore, M. Shannon, M. J. Taylor.

*Dublin, Coombe Lying-in Hospital.*—E. Graham, M. Tyldesley.

*Dublin, Rotunda Hospital.*—S. Buckley, I. A.

Hughes, E. M. Jenner, A. Lloyd, C. McNichol, M. L. Watson, L. C. West, A. Wood.

#### PRIVATE TUTION.

J. C. Anderson, A. Andrews, R. Appleton, E. L. Arber, L. M. Arnold, M. Atkinson, A. H. Atthill, H. Austin, A. C. Backhouse, G. Barr, M. E. Benton, A. Bird, A. Black, B. Boulton, H. Bowden, A. Boyd, N. I. Bradley, E. Bridgwood, E. Broom, E. F. Brown, S. E. Bryan, K. S. Buckell, E. M. Budd, S. Burnley, F. A. Buttiant, E. E. Cameron, M. M. Chesney, F. L. Clark, L. R. Clark, L. M. M. Coggle, E. G. M. Cole, A. Collins, A. Cooper, A. Coulson, E. Cronk, M. S. Currie, M. Curtis, K. I. D. Dale, B. Dawson, M. C. E. de la Poer Boreford, M. L. Denner, H. Dixon, R. Drabble, H. G. Dunn, F. M. Eddie, H. M. Elso, M. Fletcher, M. Forster, C. G. Foster, F. Fox, M. E. Fox, P. Frith, S. E. Gamble, E. M. Garner, E. M. Gillard, F. Glen, C. M. J. Grant, E. K. V. Green, L. Gwynne, E. Hallam, M. C. Hanna, C. M. Hannan, E. Harries, E. Harris, E. M. Harris, E. M. Hart, I. A. Helm, H. E. Henrick, F. L. Henton, A. B. Hollis, A. R. Howlett, A. E. Jones, C. Jones, C. M. Jones, E. S. Jones, E. L. King, R. Kirkwood, E. A. M. Kneale, A. Laidlaw, R. Lawson, A. Lidington, M. E. Lord, I. S. Love, A. Lyon, F. M. B. McDowell, M. A. McErlane, J. McLeish, J. McMahon, A. M. C. Marks, E. E. Martin, E. J. Martin, S. Mullett, J. Murphy, M. E. Newman, C. M. Norman, A. M. O'Gorman, M. Oliver, C. A. Omerod, H. A. Oxy, L. C. A. Pavey, E. L. Pettitt, D. P. Phillips, M. A. Price, C. Rees, J. Reston, A. Richards, H. M. Rickaby, E. A. L. Rose, L. Rose, L. E. Russell, E. Sanderson, F. H. Seaman, S. E. Sellers, E. Shanahan, J. Sheldon, M. E. Slack, G. E. Smith, S. E. A. Smith, E. J. Smith-West, A. Staddon, A. H. Steen, H. J. Stevens, S. H. P. Sullivan, A. Sutherland, L. E. Taylor, A. M. Tew, E. N. Thom, E. J. Thomas, M. Thompson, M. D. Thomson, B. Totty, L. Treias, I. Urwin, L. A. Wallace, M. Wallace, A. M. Walsh, C. A. Ward, E. W. Wass, L. Wilks, A. N. Williams, J. Williams, S. K. Williams, M. Wilson, M. H. Wingate, M. A. A. Wise, W. Wratten, J. M. Young.

#### THE EXAMINATION OF THE CENTRAL MIDWIVES BOARD.

The next examination of the Central Midwives' Board will be held at the Examination Hall, Victoria Embankment, London, W.C., on December 16th, 1910, and the oral examination will follow a few days later. The February examination (Feb. 14th, 1911) will be held in both London and the Provinces.

#### THE ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

A meeting of the Council of the Association for Promoting the Training and Supply of Midwives will be held at 2, Cromwell House, 223, Cromwell Road, on Thursday, November 24th, at 3 p.m. After the business of the Council has been transacted an address will be given by the Lady S. David.

## National Association of Midwives.

The Blackburn branch of the National Association of Midwives recently held their second annual tea and social gathering at the Co-operative Hall, when there was a large number of members present. Nurse Thompson, President of the local branch, congratulated the members upon the large attendance, pointing out that it was nearly double that of the previous year. The Association was, she said, though only four years old, making good progress throughout the country, and in a few years' time they hoped to be still more powerful and united. An interesting and varied programme was excellently rendered by Mrs. Ormrod, Miss E. Birtwistle, Miss Bentley, Mr. Doran, Mr. Booth, Mr. J. Ainsworth, Miss Whalley, and Master H. Whalley, and the dancing during the evening was spirited and enjoyable.

During the evening the President of the local branch, on behalf of the members present, presented the Secretary, Mrs. Lighbourn, with a handsome mahogany writing-desk, and Mrs. Lighbourn, to whom the gift came quite as a surprise, expressed her warm thanks in suitable terms.

## West Somerset Midwives' Association.

A committee meeting of the above Association was recently held at 16, Elm Grove, Taunton, by invitation of Miss du Santoy. The President was in the chair, and the following agenda was considered:—

1. Memo re Amending Midwives Bill, from Midwives' Institute. A resolution was passed strongly approving of the proposed alterations. Dr. Meredith, the President, signed it, and the Representative was asked to send it to the Secretary of the Midwives' Institute.

2. The question of affiliation with the Institute was considered; and it was agreed to pay the 5s. annual subscription and to have four dozen copies of *Nursing Notes* monthly at trade prices. The Hon. Secretary to send a copy to each member.

It was reported that Miss Meeson, who has acted as Hon. Secretary, is leaving the county and has to give up the secretaryship; her resignation was accepted with regret.

Miss Packard, Senior Queen's Nurse at Bridgewater, was appointed Hon. Secretary, and it was proposed that Miss Sewart be asked to be a second representative.

Miss du Santoy reported that the Hon. Mrs. Stanley had consented to act as Vice-President for the ensuing year, and that Miss Eden had consented to serve on the Committee. The question was raised as to whether some form of amalgamation could be entered into with the Nurses' Social Union, and Miss Eden was asked to bring the matter before the next meeting of the Union.

The third annual report of the Southport Day Nursery, founded by Miss Mary Willett, shows that 3,830 babies were tended during the summer season, being an increase of almost 1,000 upon the previous season. Of these babies 225 came from Liverpool, 245 Wigan, and 151 St. Helens.

## Difficult Labour.

Dr. G. E. Herman's book on "Difficult Labour," though primarily intended for students and medical practitioners, is well known to many midwives. In the new edition, which is published by Messrs. Cassell and Co., Ltd., the author has by the express wish of medical men added chapters on puerperal eclampsia and retroversion of the gravid uterus, which certainly add to the value of the volume, and may with advantage be studied by midwives.

### RETROVERSION OF THE GRAVID UTERUS.

We read that the effect of retroversion, or turning backwards, of the gravid uterus, if uncorrected, is, as it increases in size, to prevent its rising, owing to its position in the pelvis. The retroverted uterus fills the antero-posterior diameter of the pelvis; the cervix presses the urethra upwards and forwards, and the fundus is in the concavity of the sacrum. "The pressure on the urethra causes retention of urine, and this is the effect which makes retroversion of the pregnant uterus important. When the uterus is held down in this way it is said to be incarcerated."

"Although the above is the usual way in which the pregnant uterus becomes incarcerated, there are rare cases in which the incarceration is produced suddenly. When the bladder is full it hits the uterus upwards and backwards. Now, if during the fourth month the patient goes a long time without emptying the bladder, and then makes some violent effort, involving use of the abdominal muscles, and the diaphragm, the pressure within the abdomen will be exerted through the full bladder upon the anterior surface of the uterus, and may drive the uterus down past the sacral promontory."

Dr. Herman reiterates that the sole importance of retroversion of the gravid uterus is that it sometimes causes retention of urine. Two apparently paradoxical statements may be made about it.

"Displacement is nothing, incarceration everything."

"The uterus is nothing, the bladder everything."

"Retroversion of the pregnant uterus without incarceration amounts to no more than a cause of slight discomfort, and usually rights itself as pregnancy advances, but when the uterus is incarcerated below the sacral promontory, it causes retention of urine, and becomes, if not properly treated, a cause of grave danger. The uterus is then held down not only by the sacral promontory, but by the full bladder. The morbid changes in, and arising from, the distended bladder, are the sole source of danger; the patient does not die from any change in the uterus."

### PUERPERAL ECLAMPSIA.

There is much that is illuminating in this chapter, and it should be absorbed.

The author describes puerperal eclampsia as "one of the most terrifying complications of the first stage of labour," and defines it as "epileptiform convulsions coming on during pregnancy, labour, or childbed, and depending on disease of the kidney, which is peculiar to pregnancy."

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,152.

SATURDAY, NOVEMBER 26, 1910.

XLV.

## Editorial.

### THE ERADICATION OF VENEREAL DISEASES.

The problem of the eradication of the venereal diseases from our midst is one of supreme importance, for their prevalence is a menace to the physical, moral, and mental health of the nation.

The question has been approached in the past largely from the moral side, and all honour to those who have striven to deal with it from this point of view. But this is not sufficient. The hygienic standpoint must have greater prominence, the mystery and silence with which the whole question is too often invested must be broken down, and sufferers from any one of the group of venereal diseases must be encouraged to present themselves for treatment, as simply and naturally as those who contract other diseases apply to the medical profession, or to the hospitals, for relief and cure.

And treatment and cure must be accorded without hesitation, without the sufferer being made to feel that he is regarded, and condemned, as a moral delinquent. In the first place because it is contrary to every unwritten law governing the relations of medical practitioners, nurses, and patients that the degree of moral lapse causing an illness, or injury, should be taken into account in according assistance to a sick or injured person. Otherwise many of the broken heads, fractured limbs, cases of delirium tremens, even many cases of pneumonia and other diseases would be quickly disposed of. In the second place, because many persons suffering from what are popularly called "bad diseases" have been infected with such diseases quite innocently, and merit deep sympathy rather than censure; and, thirdly, in the interest of the community, because if the stigma of shame

is put upon every person who presents himself for treatment, the most terrible of known diseases will remain hidden and uncured, and will therefore continue to spread.

In the case of other infectious diseases it is well recognised that their eradication cannot be hoped for until the cause is known, and they are isolated and treated. By this means smallpox and typhus fever have been practically eradicated, tuberculosis is getting under control, diphtheria no longer presents the menace to human life of a quarter of a century ago. The venereal diseases must be dealt with on the same lines before we can hope for their eradication. In this connection it is important to note that while the prevalence of these diseases is widespread, the hospitals for their reception are singularly few. It is true that the infirmaries are open to them, but many such cases are quite unsuited for admission to infirmary wards, and the result is that they remain in their own homes, often untreated, and a source of danger to those with whom they come in contact.

In combating the venereal diseases it is necessary always to bear in mind the social conditions which may predispose to them, so that preventive work may go hand in hand with treatment: for to strive for the eradication of the underlying causes of a disease, so that it may become extinct, is as necessary as the cure of patients who have contracted it.

Meantime the policy of silence should be broken in regard to teaching nurses the symptoms, proper nursing care, and the precautions to be observed in nursing these contagious diseases. Not to instruct nurses in training concerning these matters is to expose them to needless risk, and the possibility of contracting serious and loathsome diseases.

## Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.

### DIARRHŒA.

We have now to consider the reverse condition, namely, a too frequent action of the bowels, and here again, it is important to remember that diarrhœa is not always a disease in itself, but is often a sign of some more serious trouble. As before, I shall not attempt to give an exhaustive list of all the causes of the ailment, but shall just mention some of the more common reasons for its occurrence.

What primarily happens in all cases is that the contents of the bowels are passed on so quickly, that the intestinal walls have no time to withdraw the moisture from the liquid mass, so that undigested food and water are passed per rectum at frequent intervals.

This may firstly be due to inflammation of the lining membrane of the bowel itself, as in enteric fever, and dysentery, or cancer of the bowel wall, or it may result from the presence of some irritating food, as when a little boy has a surfeit of green apples, or an adult lurches hurriedly off a dubious and unaccustomed pork pie; and it may also be caused by disturbance of the nervous mechanism which regulates the movement of the intestine, as in the diarrhœa that sometimes follows a fright especially when the patient finds himself in a place where evacuation of the bowels is impossible.

We need not now consider diarrhœa which is due to organic disease further than to state that in all cases of persistent too frequent action of the bowels, a careful examination should be made of the abdomen and the rectum to discover the cause of the trouble; we will pass on, therefore, to the cases where an irritant has been introduced into the food.

In the majority of instances, the source of the trouble is obvious, for the patient will himself blame a particular meal, or article of diet for the occurrence, but sometimes we have to try to explain it for him. Here we have to remember that apart from the presence of some definite poison such as arsenic or mercury, irritants fall into two classes, mechanical and bacterial.

Most of the mechanical irritants are vegetable in origin, in fact, all vegetables are apt to irritate the intestine more or less, because they contain cellulose, which is quite indigestible, and passes out of the body unchanged, thus a surfeit of figs or prunes may produce diarrhœa. Then some vegetable substances contain principles apart from cellulose which

act either on the lining membrane of the bowel, or on the ends of the nerves which move it, and cause purging; in fact, many purges, such as castor oil and aloes, are used in medicine for this particular purpose. In this category we must place fruit which is either unripe or too ripe, such as the homely green apple, and the much handled strawberry of the London streets.

These irritants are not always vegetable in origin, however, as in the diarrhœa of infants arising from milk which is unsuitable either in quality or quantity for the babies' stomachs. In the sub-acute or chronic diarrhœa of infants (as distinguished from acute infantile diarrhœa, which will be mentioned later) the trouble is more often than not caused by giving starch in some form or another, a practice which is inadmissible under the age of six months. A common custom in some parts of the country is to give bottle-fed babies a mixture of "baked flour" and water, with the result that the child succumbs to diarrhœa and convulsions which are usually attributed to teething or to that blessed Mesopotamian word, congestion of the lungs; occasionally, the equally hieroglyphic "suppressed measles" is offered as an alternative for the benefit of the burial club. In more enlightened (?) communities, pretty much the same result may be obtained by the indiscriminate use of some patent foods, which contain undigested starch. Babies, which are fed on milk (alone or mixed with water) may also suffer from diarrhœa, and the cause may then usually be found in the practice of using milk which has been exposed to the air for some time, or has even been left over from the previous bottle feed, and has, therefore, undergone some degree of fermentation. Breast fed babies hardly ever suffer from diarrhœa, unless the mother is in the habit of nursing herself with daily libations of some particular brand of "nourishing" stout, which has been particularly recommended as "good for the milk" usually by the voluble female who officiates at the confinement with excessively dirty hands, and informs one that she has buried ten of her own. She also, incidentally, treats the diarrhœa, when it has arisen, with gin.

These forms of diarrhœa can usually be treated by removal of the cause, but it is not so with the bacterial varieties, of which the chief examples are the acute diarrhœa of infants, and the ptomaine poisoning of adults. In all probability these are due to the same organism, which is a bacillus intermediate between the typhoid bacillus and the B. Coli Communis, in fact, they all belong to the same family of germs. In adults they are

usually introduced in meat that has been enclosed, either in a pie, or in a leaking tin, and the unfortunate point about these occurrences is that meat contaminated with this organism has not as a rule any distinctive odour, so that its presence cannot be detected before the food is consumed. This form of poisoning is often fatal, because the products of the growth of the bacillus (which are known as ptomaines) are excessively irritating to the intestine, and also give rise to a great degree of prostration when they are absorbed into the blood. Troubles of this sort are, in practice, usually connected with pork pies, but this is simply because, for some unexplained reason, pork is more frequently made into pies than other meats. The source of the trouble can be detected by isolating the bacillus from the pies, and additional proof can often be obtained by adding some of the blood serum of the patient affected, to a few drops of a broth culture of the germ, when it is found that the organisms which have previously been seen under the microscope to be moving about freely, gradually stop and collect into clumps, the serum of a healthy person having no such effect.

In infantile diarrhoea it is probable that the organism is conveyed to the milk (for it does not occur in breast-fed babies) by flies, which have previously crawled over infected meat, settling either in the milk itself, or on the vessels containing it, and the curious feature of the growth of the organism in milk is that it apparently does not form toxins to any great extent in raw milk, but only in that which has been boiled, the theory being that the souring which occurs in the former prevents, or rather hinders, the growth of the bacillus. This point, however, has not yet been finally settled. When infantile or, as it is alternatively called, epidemic diarrhoea, does occur, it is apt to be a very fatal disease. The symptoms are, in addition to uncontrollable diarrhoea, prostration, at first a high, and then a subnormal temperature, and rapid emaciation.

The forms of diarrhoea that occur in neurotic people, and which are not due to anything wrong with the diet, need only be mentioned briefly. They are characterised by suddenness of onset and may occur at any time of day, and are connected with some form or another of emotion, generally either fear, or the form of self-consciousness which is often known as shyness.

Coming now to the treatment of the various forms of diarrhoea, it will be obvious that the first point is to eliminate the offending articles of diet from the patient's dietary; thus, when the disease is due to improper feeding of infants, a change must be made, and it is often

best to stop milk altogether for a time and to substitute albumen water, or whey, or something similar until the diarrhoea has ceased. In adults, we similarly give only liquid food, such as milk, or milk and arrowroot, for the same period.

The next point is to remember that diarrhoea is an effort of nature to expel an offending article of diet, and is often, therefore, salutary, the test being, in this respect, the effect which the illness is having on the patient; if there is much collapse, we must check the process, but otherwise it is often best to allow the diarrhoea to continue, making the patient comfortable meantime until the irritant has been expelled. When the illness is not very acute, therefore, we assist nature by administering a purgative, preferably either castor oil or calomel; grey powder is very useful in this respect for babies. This often clears the intestine once and for all, so that we can follow up the purgative with a sedative, which will soothe the irritated mucous membrane of the bowel.

Undoubtedly the best sedative is opium or one of its derivatives, and if given in full doses it will check almost any diarrhoea, but, as I have said, it is better, if we can, to reserve it until the bowel has been well emptied of its contents. Another excellent sedative is bismuth, preferably combined with soda.

In the bacterial form of diarrhoea, however, our treatment has to be more energetic, and we have to deal with the pain and collapse which are almost always present to a greater or less extent, and we want also to disinfect the contents of the intestine as far as may be possible.

The collapse is due mainly to the withdrawal of fluid from the tissues which the violent diarrhoea entails, and we remedy this in severe cases by the infusion of saline solution underneath the skin, or, when the necessity is not extreme, by making the patient drink very freely of water or thin barley water. We also keep him warm, and it is often necessary to pack him with hot water bottles. Opium, preferably in the form of chlorodyne, will be required on account of the pain, except in babies, when this is best treated by the application of hot fomentations to the child's abdomen.

To disinfect the intestine is not an easy task, but salol is often useful, while children stand mercurosal preparations better. In adults, this may be made of one of the modern disinfectants of the coal tar series such as Izal. But it is the collapse consequent upon the diarrhoea that is usually responsible for the fatal issue in these cases.

## Society of Infant Consultations.

By H. RONALD CARTER, M.D.

This Society has been formed with the object of bringing into closer relationship all those engaged or interested in the work of Infant Consultation Schools for mothers, and allied institutions, in various parts of the country. The holding of a medical qualification is not essential for membership of this Society. Health visitors, district visitors, and others are particularly invited to join. Its aim is to promote the establishment of such institutions and to advise as to their organisation. Meetings will occasionally be held, when papers will be read on subjects germane to the work. Records will be kept of the experience gained by individual workers. Statistics and literature bearing on the subject will be gratefully received and filed for reference. The Society hope to be able to institute a uniform system of note-taking, and they will also endeavour to place the management of these institutions under direct medical control. The Society has already received great encouragement, and the list of membership increases daily. Nurses and midwives could obtain much practical knowledge in infant feeding and hygiene if they made a point of attending an Infant Consultation. It is intended that lectures and demonstrations should be given by those conducting a consultation. Communications should be sent to the Hon. Secs., Dr. Ronald Carter, 11, Leonard Place, Kensington, W., or Dr. Janet Lane-Claypon, 69, Prince of Wales' Mansions, Battersea Park, S.W.

The insidious manner in which digestive disturbances show themselves, and the importance of the early recognition of symptoms pointing to malnutrition, are points which are well exemplified in the cases which attend at these institutions.

The public have realised the value of preventive measures, and before long will insist on provision being made for their adoption in all parts of the country. The weekly attendances alone show how great is the demand for this kind of work among the poor. I will indicate the practical use of these consultations by referring to my own experience in North Kensington.

For the last three years in the case of breast-fed infants I have employed Professor Budin's method of weighing the baby before and after its feeding very accurate scales, and so ascertaining the quantity of food the infant receives.

I frequently have infants brought to me who have been artificially fed from the first week of life, owing to the belief that the breast milk

has "dried up" on the fourth or fifth day. I regret to say that some of these cases come from maternity institutions. I am sure that no one, however skilled in maternity work, can possibly tell apart from this "test feed," whether an infant obtains a small quantity from the breast or not. To show how mistakes can be made, I will quote the case of an infant born in one of our maternity hospitals.

The baby was 2 months old, and weighed 7 lb.; it was very wasted, and was having the bottle. The mother told me her milk had disappeared on the fourth or fifth day, and that the nurse said she must feed the baby on the bottle. The financial problem on leaving the institution worried the mother a good deal, so she put the child to the breast now and then when the nurse was not looking." As it was 2½ hours since the child had been fed, I arranged for a test feed. The result showed that the infant obtained 2 oz. from the breast. I told the mother to stop the bottle, and feed only by the breast. The child did remarkably well, and there was no further trouble. Mistakes such as this could not be made if the "test feed" was employed in all doubtful cases.

The milk that is first secreted is called colostrum, and differs both in quantity and in quality from the subsequent supply. During this colostrum period the amount of milk secreted is always small. The milk is thought to "dry up" on the third or fourth day because at about this time the breasts, which have been hard, often become soft and smaller owing to the resolution of the gland cells into a colostrum-like secretion. Now this colostrum period may sometimes last for 10 or even 14 days before an adequate supply of milk containing the satisfying casein makes its appearance; in such a case the infant will very likely not be satisfied, but that is no reason why we should jump to the conclusion that there is no milk, and that, therefore, it is useless to continue breast feeding. Some feeds from the bottle may be necessary to supplement the breast feeds at this period such as peptonised milk or whey or cream, but the child should continue to suck at the breast and soon the quality and the quantity will change. The reason why the woman I have just quoted retained her milk was that the breast continued to be stimulated, and at last the supply was adequate for the infant's requirements.

I have seen many cases of dyspepsia and wasting in infants, who have never had a chance of passing through the colostrum period, but have been fed on milk mixtures from the very commencement.

Colostrum is a bland, non-irritating, non-coagulable fluid, and at the appointed time Nature adds the casein very gradually. It is easy to see that cow's milk, which clots in the stomach, cannot be a suitable food at this early age. I have notes of several cases in which vomiting persisted for two or three months after this initial mistake was made. Infant foods were tried one after the other with a like result, and I only succeeded in arresting the vomiting by giving peptonised milk for some time, and gradually weaning the child on to citrated unfluted milk.

I will point out the value of the "test feed" in another class of case which is not uncommon.

A woman came with a very wasted infant aged two months, and only weighing 6 lb. She had fed it entirely on the breast, and assured me that it obtained the milk because it sucked for about 10 minutes and then fell asleep. A "test feed" was arranged, and two hours after the last meal the infant was put to the breast. The scales proved that it obtained no milk at all. Milk could, however, be easily squeezed from the nipple, showing that an adequate supply was present. I ordered the mother to give 1 oz. of cow's milk with 1 oz. of barley water alternately with the breast feedings. During the following week the test feed showed that the infant obtained  $\frac{1}{2}$  oz. from the breast, and the child had increased 4 oz. in weight. She continued to feed in this manner for another week, and the test feed then showed that 1 oz. was obtained from the breast, the child having gained another 5 oz. in weight. At the end of a month's treatment 2 oz. was obtained from the breast, and the child had gained nearly 1 lb. The cow's milk was now discontinued, and the child was fed entirely on the breast till it was eight months' old.

The lesson to be learnt from this case is, of course, that the infant was too feeble to suck at the breast, and therefore could not obtain adequate nourishment, and that by giving the bottle in addition its strength was considerably increased so that ultimately it obtained an adequate supply from the breast.

I think I have said enough to show the kind of investigation going on at these consultations.

The educational value of these consultations for the mothers far exceeds that which can be obtained by any other method. The distribution of leaflets on infant feeding, and the establishment of milk depôts, however well organised, must of necessity ignore the individual element in this problem; and this, as we all know, forms the real basis in our treatment of malnutrition and wasting.

## Memorial to Miss Florence Nightingale.

The Committee appointed at Grosvenor House last month to prepare a scheme for an Imperial Memorial to Miss Nightingale held their first meeting at the India Office on Thursday, the 17th inst. The proceedings were private, but no scheme at present has been adopted.

Realising how very inadequately trained nurses are paid during their working days, some form of charity to keep them off the rates in old age appeals to the philanthropic. The suggestion that by some educational scheme trained nursing should become of more financial value is a form of true economy which seldom finds favour where women's work is concerned; economic independence is not encouraged by those amply supplied with this world's goods. Sweating and charity have done much to undermine that fine old spirit of reticence and independence for which in the past this nation was distinguished, and we fear it is too much to hope that nurses will be spared their demoralising influence.

### THE LADY OF THE LAW.

It is stated that the suggestion of a statue of Miss Nightingale to adorn some public spot in the Metropolis has not been favourably received by members of her family. That may be so, but Florence Nightingale was not a private person. She personified by her genius the Sanitary Law. We trained nurses like to think of her as such—The Lady of the Law—and it is as our Lawgiver that we would have her visible in marble to the countless thousands who owe homage to, and gratitude for, her greatness and wisdom.

### THE WORKING UNITS OF THE NURSING PROFESSION.

The following Resolution, passed in London on November 4th at the Annual Meeting of the National Council of Nurses of Great Britain and Ireland, and signed by the Presidents of the constituent societies, has been forwarded to the Conveners of the Grosvenor House and St. Thomas's Hospital meetings, called to consider an appropriate Memorial to the late Miss Florence Nightingale:—

#### RESOLUTION.

The National Council of Trained Nurses of Great Britain and Ireland, composed of sixteen affiliated Societies of Nurses, with a conjoint membership of over 6,000, welcomes the suggestion that an Imperial Memorial should be inaugurated to Miss Florence Nightingale, O.M., including the erection of a statue.

This Council further considers that National Societies composed of trained nurses should have representation on a Committee which is to organise a Memorial to the Founder of the Profession of which they are the working units.

#### SIGNATORIES.

- Mildred Heather Bigg*, President, Matrons' Council of Great Britain and Ireland.  
*Ethel G. Fenrick*, President, Society for State Registration of Trained Nurses.  
*I. M. MacDonnell* (R.R.C.), President, Irish Nurses' Association.  
*R. A. Cox-Davies*, President, League of St. Bartholomew's Hospital Nurses.  
*Charlotte*, Sister Superior, President of the St. John House League of Nurses.  
*Sophia Cartwright*, Secretary, Registered Nurses' Society.  
*H. L. Pearce*, President, School Nurses' League.  
*Eleanor C. Barton*, President, Chelsea Infirmary Nurses' League.  
*Elma M. Smith*, President, Central London Sick Asylum Nurses' League (Hendon Branch).  
*Charlotte B. Leigh*, President, Central London Sick Asylum Nurses' League (Cleveland St. Branch).  
*A. Smith*, President, Kingston Infirmary Nurses' League.  
*G. I. Rogers*, President, Leicester Infirmary Nurses' League.  
*E. M. Musson*, President, General Hospital, Birmingham, Nurses' League.  
*M. Mallett*, President, Royal South Hants Nurses' League.  
*Christina Forrest*, President, Victoria and Bourne-month League of Trained Nurses.  
*B. M. Kelly*, President, Stevens' Hospital Nurses' League (Dublin).

### In Memoriam.

The Governors of St. Bartholomew's Hospital have placed a bronze tablet, in memory of Miss Isla Stewart, in the Church of St. Bartholomew-the-Less, W. Smithfield (the parish church of the hospital). It is placed on the pillar near the pew which Miss Stewart occupied, when attending service there, for so many years, and it was in accordance with her known wish that any memorial to her should be in this position. The tablet, which is of conventional design, is engraved with the Stewart coat of arms, with the thistle, the national flower of Scotland, on either side, and bears the following inscription: "In Memory of Isla Stewart, for 23 years (from 1887-1910) Matron and Superintendent of Nursing at St. Bartholomew's Hospital, who died on the 6th March, 1910. This tablet is erected by the Governors, as a token of respect and esteem. 'High sacrifice, and labour without pause, even to the death,' July, 1910."

## A Nursing Masque.

#### THE EVOLUTION OF TRAINED NURSING.

It has been decided that my proposal to present a Nursing Masque of the Evolution of Trained Nursing in support of the Bill for the Registration of Trained Nurses, shall be organised by a small Committee of Matrons and Nurses, each of whom will be responsible for the details of a section.

The Society for the State Registration of Nurses will take the initiative in organisation, and should there be a surplus when all expenses are paid, it will be used for furthering the passage of the Nurses' Registration Bill through Parliament.

The Masque will demonstrate that Health is the *right* of Life, that Ignorance is primarily responsible for Disease, that to get Truth and Knowledge is therefore an imperative duty.

#### ORDER OUT OF CHAOS.

According to Ovid, at first the sea, the earth, and the heaven, which covers all things, were the only face of Nature throughout the whole universe, which men have called Chaos; a rude and undigested mass, and nothing more than an inert weight, and the discordant atoms of things not harmonising, heaped together in the same spot. No Sun as yet gave light to the world, nor did the Moon by increasing, recover her horns anew. The Earth did not as yet hang in the surrounding air, balanced by its own weight, nor had Amphitrite, Goddess of the Ocean, stretched out her arms along the lengthened margin of the coasts. Wherever, too, was the land, there also was the sea and the air; and thus was the earth without firmness, the sea unavigable, the air void of light; in no one of them did its present form exist. And one was ever obstructing the other; because in the same body the cold was striving with the hot, the moist with the dry, the soft with the hard, things having weight with those devoid of weight.

To this discord God and bounteous Nature put an end; for He separated the earth from the heavens, and the waters from the earth, and distinguished the clear heavens from the gross atmosphere. And after He had unravelled these elements and released them from that confused heap, He combined them, thus disjoined, in harmonious union, each in its proper place. The element of the vaulted heaven, fiery and without weight, shone forth, and selected a place for itself in the highest region; next after it, both in lightness and in place, was the air; the Earth was more weighty than these, and drew with it the more ponderous atoms, and was pressed together by its own

gravity. The encircling waters sank to the lowestmost place, and surrounded the solid globe.

#### THE PROCESSION OF IMMORTALS.

After aeons of time we will suppose that Hygeia, the Goddess of Health, visits the Earth, supported by the beneficent Elements, Earth, Air, Fire, and Water, the separation of which evolved Order out of Chaos. Following in her train will come the Spirit of Nursing, attended by the Attributes of Compassion and Kindness, Gentleness and Modesty, Courage and Patience, Devotion and Endurance.

The Science of Nursing will follow, supported by Truth and Knowledge; with Truth will come Mental Purity, and Moral Beauty; and Knowledge will have as her attendants Observation and Diligence, Understanding and Intellectual Discipline. These parts will be suitably personified and dressed.

Hygeia, in the centre of the platform, will have the Elements grouped around her, and the Spirit of Nursing and the Science of Nursing with their Attributes to right and left.

The Goddess will then speak the Prologue, and will demand that Order (in Nursing) be brought out of Chaos. She will show that the basic principle of her Sanitary Law is a sufficiency for all living beings of the fruits of the Earth, pure food, and clothing—of Air, the breath of life—of Fire, sunlight and warmth—of Water, cleanliness. How the deprivation of these elemental gifts of Nature results in degeneration and disease. Order, Nature's first Law, must therefore be enforced by organisation. She will call upon the Spirit of Nursing for the result of her ministrations.

The Spirit will recall how through all the ages her Attributes have spent themselves for the succour of Life, yet how Ignorance and the seven Deadly Sins have for ever obstructed Grace. The Goddess will then refer to Science, and will summon the Mortals to her Presence, so that she may listen to their Petitions.

#### THE PROCESSION OF MORTALS

1. Saintly Women and the Nursing Orders.  
2. The Nursing Curricula for Nurses and Matrons.

3. Nursing and the Community. General and Special Nursing, Maternity, School, District, Private, Mission, Prison, Mental, Naval, and Military (including Male Nurses).

4. The Registration Nursing Press. The National Journals—Great Britain and Ireland, Canada, Australasia, New Zealand, India, United States of America, Germany, Holland, Denmark, Finland, Belgium, etc.

5. The Nursing Acts. South Africa, Statute; New Zealand, 24 American States, Germany, Belgium, and Egypt.

6. The Nursing Bills. Great Britain and Ireland, supported by eight affiliated societies, New South Wales and Victoria, Denmark and Finland.

7. Having listened to the Petitions, the Goddess Hygeia will speak the Epilogue. She will unite the Spirit with the Science of Nursing. Hand in hand they will follow her in a reformed Procession foreshadowing

8. Nursing, an organised Profession.

#### THE ORGANISING COMMITTEE

The Organising Committee will be limited and active. Already Miss Mollett has undertaken to write the Prologue and Epilogue, so we may feel assured that they will be finely done. The Matrons' Council will organise Section 2, The Nursing Curricula, and their Procession should be an imposing one.

In Section 3, Miss Cox-Davies, Miss Musson, and Miss Barton will take leading parts in connection with what has been done in general hospitals and infirmaries. Miss H. L. Pearse will present the School Nursing Sub-Section, and Miss Amy Hughes will be responsible for the history of District Nursing. With each sub-section the names of our honoured pioneers will be associated.

Section 4, The Registration Nursing Press, which has played so prominent a part in securing legislation in many parts of the world, is to be in charge of Miss M. Breay.

All the Acts and Bills will have something to say of accomplishment, or retort to be accomplished.

Indeed, so much interest has been aroused amongst nurses in the possibilities of the Pageant that we have no doubt those willing to play a part—at least 200 will be required—will soon supply the needs of the Committee. Scotland and Ireland are being invited to co-operate, and there is no reason why, once organised, such a spectacular presentation of the Evolution of Trained Nursing should not be given in Edinburgh and Dublin, and other populous cities.

The date of the Registration Reunion and Pageant has been changed from February 2nd to Saturday, February 18th, to extend the time for preparation, and also to enable those who wish to attend from the country to avoid themselves of week-end tickets.

E. G. F.

The Editor of the *BRITISH JOURNAL OF NURSING* invites the views of Editors of the Registration Organs in the different countries as to the effective presentation of Section 4.

## What the Twentieth Century Nurse may Learn from the Nineteenth.\*

By Miss E. M. Fox,

*Matron, Prince of Wales' General Hospital, Tottenham.*

"The present is the child of the past," and the parent of the future. This should be remembered when we are inclined to think slightly of what is over and done with. It is rather the fashion nowadays to look down upon the immediate past with something very like contempt, to relegate it to the lumber room of our minds; probably, not until the dust of ages has settled upon it, will it once more be brought forth, like a child's discarded toys, with all the charm of novelty.

Real antiquity appeals to us all more or less, whether in architecture, literature, art, or what not. The early Briton is more interesting to us than the early Victorian: a book dated 1780 attracts our attention before one dated 1870: fashions of two hundred years ago seem with interest, but those of ten years ago only excite our ridicule. In everything we seem anxious to shake off the shackles of our immediate predecessors. The term "Mid-Victorian" is apt to express the scorn we feel for a lately discarded method, whether of travelling, education, dress, or literature. Nothing is worth our attention unless thoroughly "up-to-date." Slightly altering the well-known standpoint of obstinacy which declares that "what-ever is, is right," the modern attitude is rather "what-ever has been, is wrong." Both points of view however, are mistaken. We must not forget that to the nineteenth century we owe the inception of much which the twentieth has developed so rapidly. The nineteenth was a century of new ideas, of steady progress. Great men flourished. Medical and surgical science advanced by leaps and bounds. Good women strove earnestly for the improvement of the condition of their poorer sisters, of young children, of prisoners and captives, encouraged and helped by the example of the highest in the land—"Victoria, the Well-Beloved." It was a century, not only of golden dreams, but of many golden deeds, deeds, too, which had to be performed amidst difficulties undreamed of at the present day, that might well have given pause to the bravest, deeds done by hands and inspired by minds only partially freed from the iron shackles of a narrow outlook, the swathing bands of a false convention. I think we little realise what it meant for a woman to

take up an independent position as late even as the middle of last century. To strike out a line for herself meant to be misunderstood, often to be unkindly treated, estranged from her nearest and dearest, pointed at as "peculiar," dubbed "fanatical." In every age it has required much moral courage to be a Daniel, and "dare to stand alone." The den of lions and the burning fiery furnace, heated seven times hotter than it was wont to be heated, have never been lacking for the trial by ordeal meted out to those who have had the courage of their convictions; but surely, it meant a stern fibre in the character of a woman that she was able to take up such a stand in those days against public opinion and private disapproval.

As nurses, we stand to-day upon the sure foundation of professional security, a foundation laid for us in darkness, toil, and a most unflinching determination, by those intrepid leaders of the nineteenth century whose skill, energy, and sterling character have made nursing what it is at the present time. Who among us can think of our late beloved Florence Nightingale without a thrill, or refuse admiration to the devoted, if wilful, Sister Dora? But besides these and other well-known names, a silent host of unpretentious workers have preceded us along the intervening years, patiently toiling on their monotonous daily march round the walled Jericho of prejudice and tradition, until, lo! at last the walls have fallen flat, so that we of to-day may enter into the possession stretching straight and smooth before us. Quoting from the official organ of one of our largest hospitals, we may well apply what is said there of the medical, to our own profession: "The greatness of the past may make us humble when we think of the present, but it should make us ambitious when we think of the future. Contemplation of the past is a worse than fruitless pursuit, it, instead of leading us to emulate the achievements of our elders and betters, it makes us sneer at their imperfections."

Contrast the condition of nursing at the beginning of the nineteenth century with that in the beginning of the twentieth. Why, it was simply nil. Some of you have no doubt read Sarah Tooley's "History of Nursing in the British Empire," and will remember these words: "Lacking knowledge, refinement, and the religious stimulus, which was a powerful factor in early times, the nurses in hospitals and kindred institutions had become at the beginning of the nineteenth century, a social scandal, and a menace to the community."

We are told that women without a character, who could get work nowhere else, clustered

\* Read before the Nurses' Missionary League, November 22nd, 1910.

"outside the big London hospitals, like dock labourers waiting for a job. They were summoned to the wards as exigency demanded, and combined scrubbing and nursing as required." What wonder then, that the work was counted of no repute? And who are we to deery the difficulties that had to be encountered by those who sought to better such a condition of things?

I will not weary you by a repetition of those facts which have now become history regarding the first inception of nursing as a profession for refined and educated women. You are all thoroughly conversant with the story that has been in a way familiar to us from childhood of how Florence Nightingale and her band of workers brought sweetness and light out of the darkness and horrors of the Crimean war. It was a romance that fired many a young girl's imagination, inspiring her with the ambition to follow in those brave footsteps. Lately, echoes of the story have come freshly to our ears with all the forcefulness of a voice from the grave, newspapers and magazines alike vying with one another in glorifying the past, and offering incense to the memory of the "Lady with the Lamp."

Some of us are rather too ready to think that after the Crimean war, hospitals at once resolved themselves into models of order and skilled nursing, and that they have continued so ever since. Not so. Cleansing the Augean stable is never anything but a Herculean task, and the unpleasant fact remains that "Florence Nightingale walking the Scutari hospitals initiating nursing reforms in the distant East was a heroine, but Florence Nightingale putting her finger on the plague spots at home was by no means so popular." The glamour had departed. People are not always so anxious to remedy abuses when they exist in their own immediate surroundings, as when they are at a distance too great to be personally inconvenient. The note in our brother's eye has ever been more apparent to us than the beam in our own. When nurses grumble at hospital rules to-day, greatly modified though their stringency may be, they little realise the appalling necessity that existed for such rules when they were first made. They do not think how difficult it must have been all at once to upset the conventions and established traditions of a century or two, to evict the unfit, set up proper ideals of honourable upright conduct, teach right methods of caring for the sick, and to enforce such rules when made. It was no wonder that little or no off-duty time was given when nurses could not be trusted to employ their leisure in proper ways of recreation: that supervision was carried to the point of espionage over persons who would not work well

unless under the immediate eye of authority—that orders had to be given in the form of stern commands, and enforced by threats of punishment for those who would only obey, as it were, at the point of the sword. Application forms at some hospitals, for probationers, even in the nineties, still required that "a candidate must be able to read and write," and it was not till then that a certain framed and glazed set of rules was removed from a dormitory wall, one of which rules set forth plainly that "nurses must not borrow money or clothes from the patients!"

This shows what sort of women were expected to apply for the post of nurse, and also indicates faintly the hard lot of those more gently born and bred who elected to live under conditions that must have been exceedingly galling to them. And why did they do so? Not because, as modern probationers may think when listening to stories of bygone days from older nurses, they were "poor spirited things who could not stand up for themselves," although you may say scornfully, "I know I would not put up with such a life, and I can't imagine why *they* did!" No; but because they knew that only by conforming to the same rules as the rest, could they hope really to influence and reform them. They knew, too, that the need was great for real workers, and that if they did not persevere, the care of the sick might again fall into the hands of the unfit. One cannot speak of cowardice in the same breath with such people as these. In most cases, they had left their homes in spite of bitter opposition on the part of parents and friends in order to give up their whole lives to the service of the sick. Surely, they showed the truest bravery, the most real altruism, a genuine daily offering and sacrifice of their natural inclinations and habits in accepting their hard conditions of life, bowing their necks to the yoke of an iron discipline, and exhibiting by so doing the essential qualities of self-restraint, loyalty, endurance, devotion to a high ideal, that characterise the true Christian gentlewoman.

The path has been smoothed since then. Many rough places have been made so plain that sacrifice in the same degree, of the ordinary comforts of life, is no longer required of a nurse, but the lessons of bravery and true humility remain still to be learned from the example of many a nineteenth century nurse, who was not too proud to submit to authority, and esteemed the privilege of serving as sufficient recompense.

The nurse of 1910 would think herself hardly used were she not allowed to go out during her off-duty time without first asking leave and

obtaining a written permit, which might be refused for any reason that seemed good to the Sister in charge. She would not like to scrub the floor of her ward, to polish the stoves, to wash bandages for hours in the hospital laundry, to carry coals, as part of the day's routine work. She would object to the scanty diet, shorn even of the regulation "egg for breakfast," to share the patients' dinner, to take her meals haphazard in the ward kitchen, to get the same unvaried dietary week in and week out. Yet all these things were the common lot of her predecessors up to the very verge of the present century, and were accepted as the usual conditions of a nurse's life in hospital. Neither ward maids nor scrubbers relieved the nurses of any part of their work, and except for chance help by convalescent patients, all had to be done by the nursing staff. Oh, there is much to learn in the way of endurance from those who have gone before us, wearing down the rough paths by constant patient treading with offhines very weary feet.

They can teach us also, a good deal about self-reliance. In those days, nurses had not arrived in the plural number, and an amount of work had to be done single-handed, that would be simply appalling to the modern nurse, accustomed to plenty of help in her ward. It was done thoroughly, too. I am quite sure there was more thoroughness in the performance of what you perhaps term drudgery, than there is to-day. They may not have had the glass and tile-topped tables and lockers that you have, but the plain deal furniture was scrubbed till it was well-nigh as white as snow. Patients, utensils, taps, tins, sinks, alike were scoured until they literally shone. A nurse who is reported to have described a hospital as a "collection of things requiring to be continually cleaned," was thoroughly justified in her description. Old fashioned soap and water cleanliness was much in vogue, even if surgical cleanliness was unknown. There was more pride taken in the actual doing of the work, and less quibbling about who should do it.

*(To be concluded.)*

#### THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES

Dr. Conyns Berkeley, one of the delegates of the Royal British Nurses' Association on the Central Committee, has been elected Hon. Treasurer in place of the late Mr. John Langton, F.R.C.S.

The new President of the Matrons' Council, Miss Heather Biggs, Matron at Charnock Cross Hospital, being already a member of the Central Committee. Miss Eleanor Barton, Matron, Chelsea Infirmary, has been nominated to fill the vacancy caused by the lamented death of Miss Ida Stewart.

## Appointments.

### MATRONS.

**Victoria Hospital, Accrington.**—Miss Alice E. Macdonnell has been appointed Matron. She was trained at the Royal Infirmary, Preston, where she subsequently held the positions of Theatre Sister and Night Superintendent. She has also held the positions of Staff Nurse and Holiday Sister at the West London Hospital, Hammersmith; Sister at the Walsall and District Hospital; Night Superintendent at the Royal Infirmary, Preston; and Senior Sister at Moseley Hall, Convalescent Hospital for Children, Birmingham, where she has also done Matron's duties.

**Infectious Diseases Hospital, Weston-Super-Mare.**—Miss Florence H. Phillips has been appointed Matron. She was trained at University College Hospital, London, and has held the position of Matron at the Borough Isolation Hospital, Faversham, Kent.

**Isolation Hospital, West Heath, Northfield, near Birmingham.**—Miss Robina Morrison has been appointed Temporary Matron. She was trained at the City Hospital, Lodge Road, Birmingham, and held the position of Nurse Matron in 1905 at Birmingham Small-pox Hospital, and of Assistant Matron of the City Fever Hospital when the Small-pox Hospital closed.

### NURSE MATRON.

**Beacon Hill Hospital, Faversham.**—Miss Florence Whitehouse has been appointed Nurse Matron. She has held the position of Charge Nurse in the same institution.

### ASSISTANT MATRON.

**West House Royal Edinburgh Asylum.**—Miss Katherine M. Cameron has been appointed Assistant Matron. She was trained at the County Asylum, Durham, Leicester Infirmary, Sheffield City Hospital, and Clapham Maternity Hospital, and has held the position of Charge Nurse at Bangour Village Asylum Hospital, and has had experience of private nursing in connection with the Granville Road Home, Newcastle-on-Tyne.

### SISTERS.

**Mount Vernon Hospital, Northwood, Middlesex.**—Miss Margaret A. Wood has been appointed Sister. She was trained at St. Bartholomew's Hospital, Rochester, and has held appointments at St. Luke's Home for the Dying, Pembroke Square, Bayswater, Mount Vernon Hospital, Hampstead; Aston Grays, Bournemouth; and the Home Hospital, Leicester.

### SUPERINTENDENT NURSE.

**Workhouse Infirmary, Norwich.**—Miss Alice Mary Barnes has been appointed Superintendent Nurse. She was trained at the Union Infirmary, Birkenhead, where she has held the position of Sister. She has also been Sister at the Leith Hospital, and Superintendent Nurse at the Bridgewater Infirmary.

### CHARGE NURSES.

**Isle of Wight Union Infirmary, Parkhurst.**—Miss R. A. Hopwood has been appointed Charge Nurse. She was trained for three years at the Union Infirmary, Rothwell, Haigh, near Leeds, and has since had experience of private nursing.

Mrs. Emily Earby has been appointed Charge Nurse in the same institution. She was trained at

the Sealecoates Infirmary, Hull, and has been Staff Nurse at the Leicester Union Infirmary and the Bromley Union Infirmary.

#### HEALTH VISITOR AND SANITARY INSPECTOR.

**Farnworth Urban District Council.**—Miss Hilda Fl. Rehnus-Lawrence has been appointed Health Visitor and Sanitary Inspector. She was trained at the Sheffield Union, and has held the positions of Charge Nurse in the Children's and Maternity Wards at Chester Infirmary; Sanitary Inspector at Bootle for a year; School Nurse in Lincoln for two years; and Health Visitor in Lambeth for one year. She has also studied hygiene, physiology, and sanitary science, and obtained certificates at Liverpool University.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The under-mentioned Sisters to be Matrons:—Miss M. Mark (October 20th); Miss I. G. Willett (Nov. 1st).

The under-mentioned ladies to be Staff Nurses (provisionally):—Miss V. S. Newman (Nov. 1st); Miss L. E. James (Nov. 3rd).

#### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Jessica Cato, to Biddulph; Miss Mary E. Clarke, to Leighton Buzzard; Miss Nora O'Sullivan, to Braughing; Miss Ellen Morey, to Sheffield; Miss Daisy Hunt, to Cambridge; Miss Isobel Smith, to Gosport; Miss Nora Nigel Jones, to Three Towns.

#### RESIGNATION.

Miss Clarissa Hunter has resigned the position of Matron of the General Hospital, Walthamstow, or, to give it its full name, the Leyton, Walthamstow, and Wanstead-General Hospital, a position she has held since 1895. During her tenure of office the hospital has been much enlarged, and the training and general standard of nursing greatly improved. Great regret is felt at the loss of so valuable and efficient an officer. Miss Hunter was trained at St. Bartholomew's Hospital.

#### PRESENTATION.

Sister Marshall, who has recently resigned the position of Charge Nurse at the Mansfield Union Infirmary, after nearly 30 years in the service of the Poor Law, has been the recipient of many gifts. *From the Board of Guardians*, a handsome gift of money, presented by the Chairman. *From the Medical Officers, Clerk to the Guardians, the Relieving Officers, and Indoor Staff*, a purse of gold. *From the Members of the Braughing Society*, a pair of solid silver candle-sticks and inkstand. *From the St. Peter's Sewing Party and Friends*, a gold bracelet and silver hat-pins.

#### WEDDING BELLS.

Nurses will be interested to learn that a marriage has been arranged, and will take place during the first week in December, between Mr. Henry Dixon Kimber, the eldest son of Sir Henry Kimber, Bart., M.P., and Miss Lucy Ellen Crookes, the third daughter of the late George William Crookes, Esq.

## Nursing Echoes.



We learn that the time-honoured and honourable position of Matron and Superintendent of Nursing at St. Bartholomew's Hospital is being deprived of power and prestige. The new Matron is expected to "wait upon" the Clerk daily at 10.15 a.m. We hope for the sake of the little amount of prestige left

to this unfortunate Nursing School that the Committee will not permit the subordination of the nursing to the secretarial department. Nothing can be more unwholesome than an excess of male domination over hundreds of women in institutions, which are closed to public inspection.

Miss L. M. Stower, who for some years has carried on a Nursing Home at 21, Beaumont Street, W., has just moved into 1, Nottingham Place, where she will be able to receive eight or nine patients, and where the rooms are large, airy, and spacious. The whole house has been re-decorated from top to bottom, and is most convenient, comfortably furnished, and well arranged. At the top of the house is an operating theatre, equipped to meet the latest surgical requirements, and for the convenience of the nursing staff there is also a cupboard well supplied with all the dainty crockery required for the service of the lighter meals.

Miss Stower was trained at St. Bartholomew's Hospital, and since that time she has had a wide experience in the control and management of a home for paying patients. Her terms are from £5 5s. to £12 12s. a week, with certain extras.

The house in Beaumont Street will, for the future, be utilised for the reception of visitors, not necessarily nurses, and from January 1st Miss Braumwell (now Sister Matthew at St. Bartholomew's Hospital) will be in charge. The terms to nurses are from £1 1s. to £1 5s. per week, and to ordinary visitors from £1 11s. 6d. to £3 3s. Beaumont Street is very conveniently situated for private nurses, and visitors will find that Miss Stower is well acquainted with their needs, and will spare no pains to make them comfortable.

The Middlesex Education Committee has decided to appoint School Nurses to assist the Medical Officer.

The accompanying picture of the hockey teams of the North-Eastern Hospital, Tottenham, and the Western Hospital, Fulham (Metropolitan Asylums Board) was taken by Dr. Goffe on the afternoon of a match between the two at Finsbury Park. A very happy group.

The trained nurse is not beloved of the novelist, and the latest instance of this is to be found in "The Devil and the Deep Sea," by Miss Rhoda Broughton. The book opens with the hero—or is he the villain?—"in his invalid chair on one of the lower terraces of the hotel garden. He had been left there at his own

hatted, like the rest of her sex, but whom yet something not definitely describable marked as the long delayed ministrant of the invalid. It is thought that there is a preference among hotel keepers for nurses out of uniform, as when too many flying veils and floaty cloaks are to be met on stairs and in hotel gardens, a distrust is apt to invade the still sound occupants of these hostleries."

Miss Field ventured to address this unpleasant young person.

"Good morning, I hope that your patient is not worse? I see that he is not out to-day."

"The young person regarded her with a



Mrs. Fenwick.

Miss Ross.

THE HOCKEY TEAMS OF THE WESTERN HOSPITAL, FULHAM, AND THE NORTH-EASTERN HOSPITAL, TOTTENHAM, M.A.B.

request two hours earlier by his nurse—no snirking houri in cap and collar of dazzling stiff whiteness, but a brutal male thing."

Later the lonely woman, also a visitor in this hotel on the Mediterranean shore, who had established a certain comradeship with the invalid, said, "So the nurse comes to-morrow?"

"Yes."

"She was glad that—needing it so sorely—she should have some one to look after him, yet the thought of the pert dapperness that would thenceforth always stand between them, lent a dullness to her voice."

At a later stage, Miss Field encountered the nurse, "a young woman, coated, skirted, and

steady eye.

"His temperature is up," she said curtly; "something has agitated him unduly. He must be kept quiet."

"Then, as if having no further time to throw away upon anything so irrelevant as the pale timidity that had addressed her, she whisked off. The person thus snubbed re-entered the hotel much chappfallen. Had he given her away? Had he already enlisted the protection of the nurse against her? The hard and repellent manner of the latter looked like it; but perhaps these were only native graces incident to her trade."

But "in the weeks that followed Susan Field found that the Nurse's hostility melted before

her soft civility." Nevertheless she must have been an awesome person, for we get another glimpse of her when Miss Field "braced her shaken nerves to the trial of crossing the room to the table where the austere custodian of the hidden patient sat, alone and unsmiling."

The annual meeting of the Glasgow and West of Scotland Co-operation of Trained Nurses was held in the Charing Cross Halls, Glasgow, last week, when Lady Stirling Maxwell presided, and was supported by Lady Ure Primrose, Professor Glaister, Dr. W. L. Reid, Chairman of the Executive Committee, and others. There are at present 195 nurses on the Roll of the Co-operation. During the year ending September 30th 2112 cases were attended, the amount earned by the nurses being £12,580. The year's income was £1,514 7s. 9d., and the expenditure £1,268 11s. 9d. The report for the year appears eminently satisfactory, and we wish continued success to this Co-operation. In Scotland the managers of hospitals set an admirable example to those in England and Ireland—they do not utilise their trained nurses' services as a source of financial profit for the hospitals, and we hope they will never favour a system so indefensible and unjust.

At a special meeting of the Sutherland Benefit Nursing Association, held recently, a "special committee appointed," according to the *Lancashire Courier*, "to consider and report on the financial position of the Association, recommended that as there is an annual deficit of over £100, and the prospect of the Association becoming insolvent in a few years should the invested funds be drawn upon further, each district committee should undertake the management of the district nurse, under the control of a central management committee, and the Association would be in a position to discontinue the office of Superintendent of Nurses, thereby saving a considerable sum annually." Ten voted for the adoption of the recommendation, which, strange to say, was moved by a medical practitioner, Dr. Simpson Golspin. Two voted against it. All honour is due to the (according to the press report) nameless individuals who opposed such a retrograde policy. In the early years of the Association's existence this method of management was adopted and found far from satisfactory. Hence the appointment in 1897 of a fully trained nurse and midwife. For years the Association's years were commenced with a substantial balance in the bank. It is, therefore, incredible that a committee of management which must be aware of these facts should

adopt a recommendation which can only act in a most prejudicial way against the interests of the institution. There is an extraordinary want of resourcefulness in a committee which can only recommend such a step as that which has been taken.

The Irish press has for several weeks past discussed at length the work and economic condition of nurses—incidentally the Matrons are somewhat brusquely criticised. One would imagine that these officials are to blame for hospital conditions. This is far from the truth. The majority of Matrons are doing all in their power to ameliorate nursing conditions, and in Dublin have taken the initiative in every scheme for upraising the profession. Nurses are notoriously apathetic, their work is physically and mentally exhausting, and leaves but little energy for more than grumbling. Those who object to too long hours of work for nurses, and the sweating of their labour by hospital managers, have the remedy in their own hands. Let such institutions be placed under public inspection, and their rules in relation to nurses be printed. The just and the unjust (and there are few philanthropists who hesitate in the name of charity to squeeze women workers) can be compared. Let the just manager be financially supported, and the unjust publicly exposed. The charitable public are primarily to blame for knowing nothing about hospital and nursing administration.

We learn from the *Nursing Journal of India* that Mrs. Barr (née Aukett) has been unanimously elected Business Manager of the Journal in the place of the late Miss J. W. Thorpe. Mrs. Barr was trained at the London Hospital, where she remained as Staff Nurse for a year. In 1899 she volunteered for plague duty in India, and spent three years in Poona and Bombay, during which time she nursed in two severe epidemics of cholera and small-pox. In 1902 she married Dr. Barr, an American dentist practising in Bombay, and has continued to show great interest in Indian nursing.

#### REGISTRATION AND THE ELECTION

Now that there is an immediate prospect of a General Election we hope that registrationists will make a point of writing to candidates of all parties for Parliamentary honours, asking them whether, if elected, they will support the Nurses' Registration Bill. Nurses should also without fail urge all their male relatives and friends to write to their local candidates, asking their support for the Bill, bearing in mind always that male electors can bring effective pressure to bear on candidates, which women without votes are unable to exercise.

## The Hospital World.

## Reflections.

## THE PARK HOSPITAL FOR CHILDREN.

The Park Hospital for Children, Hither Green, was formerly inaugurated on Saturday afternoon, November 19th, by the President of the Local Government Board. Mr. Burns arrived soon after 2.30, and was received by the Chairman, Vice-Chairman, and Clerk to the Metropolitan Asylums Board, the Medical Superintendent, and Miss S. A. Villiers, Matron of the Hospital, and escorted to one of the wards, where about 200 people had assembled to meet him.

Mr. Walter Dennis, Chairman of the Board, explained that for the last 13 years the Park Hospital had rendered good service to London by the treatment of large numbers of infectious patients, and that now it had been decided to devote it to the care of sick and debilitated children.

Mr. Burns, in the course of an interesting and sympathetic address, gave some of his reasons for wishing to devote more attention to the children, and spoke of the high mortality still prevalent among the children of the poorer classes, especially those under 5 years of age. He enumerated some of the causes for this, such as drink, overcrowding, etc., and said he hoped very soon, with the aid of the two Hospitals placed at his disposal by the Metropolitan Asylums Board, to remove all the children from the overcrowded infirmaries and workhouses, where they were unable to receive all the advantages of fresh air and sunshine which he wished to give them.

Mr. Walden, J.P., Chairman of the Children's Committee, proposed a vote of thanks to Mr. Burns, which was seconded by the Vice-Chairman, Miss I. M. Baker. The five wards occupied by the small patients were then visited, and afterwards tea was served in two of the wards, which had been decorated with flowers and plants, and presented a gay appearance, the Sisters and nurses waiting on the guests.

The Band of the Training Ship *Ermouth* played selections of music, and a guard of honour was also provided by these smart, robust-looking boys.

Among those present were Sir Robert Hensley, Sir Arthur Downes, Mr. Davey, C.B., a large number of the Managers of the Metropolitan Asylums Board, Medical Superintendents of various infirmaries, Guardians, and Clerks to Guardians, and many ladies, who expressed their great interest in the new Children's Hospital.

## FROM A BOARD ROOM MIRROR.

Lady Juliet Dutt, wife of the new Chairman and President of the Appeal Committee of Charing Cross Hospital, is issuing an urgent appeal for the sum of £100,000 to free the hospital from debt and to enable the wards now closed to be reopened. She points out that a serious aspect of the present insufficient accommodation is that the hospital, from its situation, is pre-eminently an accident hospital, and casualties that ought to be taken in are frequently sent on to other hospitals or infirmaries because all the beds are full. Also that the adjacent thoroughfares are highways of people from all over the world and that the hospital is called upon to perform not merely a local, but a universal service.

Lady Wantage has promised £1,000, and Messrs. N. M. Rothschild, amongst other generous donors, have sent her £300. Much has been done at Charing Cross of late years to bring it up-to-date in every way, and the wards, the walls of which are faced with beautiful schemes of tiles, are as comfortable as they are harmonious in decoration. We hope Charing Cross may get a good bit of that £100,000, and its closed wards, which are so urgently needed, be opened at no distant date.

By direction of Prince Alexander of Teck, Mr. Reginald Lucas has written a short memoir of Prince Francis of Teck, setting forth the services which he rendered to the Middlesex Hospital.

Lord Shaftesbury's appeal for the Queen's Hospital for Children at Hackney is receiving support. The more the better. London cannot afford empty beds in its hospitals for children at any time.

## NURSES' MISSIONARY LEAGUE.

The Nurses' Missionary League Sale of Work was held on Saturday, November 19th, at 52, Lower Sloane Street, S.W. A good supply of articles, both fancy work, children's clothes, and dainty woollen goods, had been received from members of the League, and made a pretty display. A good many nurses and other friends attended during the day, and parcels of goods which were left over are being sent to members in various places who were unable to be present. The proceeds are to go towards the funds of the League, and also towards the support of a cot in the Mulken Hospital.

## NURSES' SOCIAL UNION.

A Branch has been formed for Staffordshire, with the Countess of Harrowby as President, and Miss Duke, Haughton, Stafford, as County Organiser. There are already about forty members.

Mr. L. Dick will speak at a meeting in connection with it on Monday next at the County Council Buildings, Stafford, at 2.30 p.m., on "The National Pension Fund for Nurses." Dr. G. Reid, the Medical Officer for Health, will preside. An entertainment will follow, to which nurses are invited, whether members of the N.S.U. or not.

## LITERATURE FOR RESCUE WORKERS.

Amongst the literature on sale at the Caxton Hall on November 24th, during the Conference on "Hygiene in Relation to Rescue Work," convened by the National Union of Women Workers, will be Miss L. L. Dock's "Hygiene and Morality," published by Messrs. G. P. Putnam's Sons; the Hon. Albina Brockie's pamphlet, "Morality in Relation to Health," published by the Nursing Press, Ltd., and Miss E. L. C. Eden's pamphlet, "Suggestions for Nurses on Some Special Points in Connection With Moral and Physical Health."

## Legal Matters.

## A NURSE EXONERATED

Mr. Luxmoore Drew presided at the Fulham Coroner's Court last week in connection with an inquest held because a doctor refused to give a death certificate.

Dr. Armstrong, who was called in to attend the deceased, was, the widow stated, annoyed that the nurse in attendance did not wash the patient, whom he alleged to be in a dirty condition, and refused to examine him. He treated him for a cold, and stated that he had been neglected.

Nurse Hyndman said the man was not dirty, and considerably cleaner than many patients whom she had to attend, and Dr. Parsons, who made a post mortem examination, said that death was due to Bright's disease, and was not accelerated by neglect.

The jury, in their verdict, exonerated the nurse and widow from all blame, and expressed the opinion that Dr. Armstrong should have given the man more attention.

## UNTRAINED NURSE IN ATTENDANCE.

An inquest was held at Battersea last week on Thomas Alfred Finn, a young man who died in the dentist's chair at the South-Western Dental Dispensary, St. John's Road, Battersea, while under an anæsthetic for the removal of a few stumps by Mr. W. F. Peach (a registered dentist). The Coroner was Mr. Troutbeck.

Dr. Freyberger attributed death to sudden heart failure, due to fatty degeneration, while the patient was under the influence of an anæsthetic, and while he was suffering from acute pleurisy and chronic tuberculosis of the lungs.

The Coroner said the case was a grave one: the nurse present at the operation was untrained, and from her experience at the dispensary it was impossible to imagine she knew anything about the administration of an anæsthetic.

The jury returned a verdict of death from misadventure, and severely censured the dentist for not taking more precautions, and expressed the opinion that a properly trained nurse should have been employed.

The charge of a patient under an anæsthetic is a serious responsibility which only a trained nurse is competent to undertake. The present lack of any definite standard of education for the trained nurse opens a wide door for the assumption of most responsible duties by ignorant and untrained persons.

## Our Foreign Letter.

## POLITICS AND MORALITY IN NEW YORK.



DEAR EDITOR,  
I don't know whether in England you have watchers on election days, but in this glorious country we have brought cheating to

such a fine art that each party appoints watchers to spy out attempts at fraud on the other parties. Formerly women could not be watchers, but now our right to act thus has been affirmed, and we shall have a most interesting day on the 8th, when about 50 of us are going to watch at the polls. We shall be placed in the toughest and most uncivilised sections, partly to prove the absurdity of the claim that women could not go to the polls without being insulted. That is, of course, ridiculous. No one was insulted the day we watched at the primaries, though every imaginable device was tried to get us away by the district bosses, and, of course, we were told pretty plainly that we had no business there and ought to be at home washing the dishes. (I wonder why washing dishes is regarded as the most ignominious labour in the world? It is evidently the worst thing men can think of to say when they want to be crushing.) I was much amused that day at our Tammany boss—the dirtiest, greasy, common, tough and thug-like male creature you ever did see. After he found we were there to stay he rolled his eyes heavenward with a pained expression and sighed (for my benefit evidently, as the other women were young). "Oh! what would I think if I ever saw my mother behaving like this?"

The ballot is still far off from us in New York, but we hope for a victory for at least two of the four Western States that are bringing it to the vote of the men this November.

## BARBAROUS PROSTITUTION LAW.

As for our horrible regulation of prostitution, the way it is being worked out is more barbarous and vindictive even than any Continental methods—the publicity with which sentences are given, the cruelty of telling young girls what their disease is before everyone, is something I would never have believed possible. Let me tell you how it is done.

The girls arrested and brought in on one night are (if convicted of being prostitutes) examined by the doctor (a woman, and a nice nurse is on hand, who, I am glad to say, has courage enough to say that the whole thing is a monstrosity) and are then detained for 24 hours, or until the Health Board has developed the cultures and made microscopic tests. They are then brought down again into the Night Court, and the magistrate, addressing them by name, says (as example): "Mary Jones, you have a contagious and communicable disease called gonorrhoea, I therefore sentence you to a minimum of three, and a maximum of four, months in the hospital." Remember all this is made mandatory by the law.

Now remember that the Night Court is open to the public and is *always* solidly filled on one side with men, usually the lowest of their kind. The other night I was there when a girl was so sentenced, and, not able to endure in silence, I stood up and called out in loud tones: "Where is the man who has infected this girl with a contagious and communicable disease; for if she has gonorrhoea it is because some man has infected her."

I was led before the judge and ordered out of the court, but not before I had said to him again in a loud tone, "Is *that* I ask not just?" Oh, what women have had to endure since the world began!

A woman lawyer is in charge of the legal fight to prove the clause unconstitutional (it really is so; a good many of the magistrates admit confidentially that it is). She wants a man with a big reputation to make the argument. *Four* have crawled away when she has asked them to do so. Is not our boasted chivalry a lovely thing? That is the reason of the delay in the legal fight; but when the Legislation opens in January there will be a big fight for repeal of that clause.

The whole Night Court is an abomination and ought not to exist. It only *does* exist to give jobs to political retainers and "climbers." That may sound like a reckless statement on my part, but I have knowledge of facts at the back of it. The affiliated organisations of women have passed the Resolutions, as you see, about the Health Department.

I know that abroad there is a good deal of fear that what is called there "notification" would also bring compulsory "detention" in its train, and the French Extra-Parliamentary Commission fought very shy of making venereal diseases reportable to Health Boards, but in our country we are all convinced that it will be the only real protection against such class legislation as we have in the Pavn Bill.

In the first place, our Health Department in New York City already has almost unlimited autocratic power. It has at present the power, if it chose to exercise it, of making venereal disease reportable, like other contagion. It has never exercised this power through doubt of public support. If it began exercising it, as it has begun to do with tuberculosis, without distinction of class or sex, there would be no *compulsory* hospital treatment, except, it might be, in some very exceptionally bad case. Even scarlet fever, diphtheria, measles, are not compelled to go to hospital unless they wish to go, but they are kept under observation. No tuberculosis cases are forced into hospital, yet the Health Department has the absolute power of entering any home and carrying off any individual who is a menace to the public health. What they do in tuberculosis is exactly what should be, and would be, done for venereal diseases: namely, they know where the cases are and how many; they declare the necessity for larger facilities for treatment; they open special dispensaries and new sanatoria and insist on more hospital room; they issue continuous leaflets of instruction and information on preventability and avoidability, showing that there is

no danger in the *presence* of such patients, but only in careless or ignorant disregard of contagious material; and in every way carry on an educational campaign.

The French express unwillingness to have even tuberculosis made a reportable disease, but here it has had *only* good effects to do so and has established a large, truly *preventive* movement. We can trust our Health Department, but not our legislatures and courts, and this experience has shown that we cannot trust our professional philanthropists and reformers, all of whom are upholding this horrible legislation.

But in one way it is doing good: it is arousing a wide agitation and will make people think.

L. L. DOCK.

## Women's Prison Association.

The Women's Prison Association, U.S.A., called a conference of all the organisations of women in Greater New York on Friday, October 14th, to consider Clause 79 of the Inferior Courts Bill. At this meeting reports were read, from which we hope to give some extracts next week, and the Resolutions here shown were adopted.

### RESOLUTIONS PASSED AT THE CONFERENCE.

"Whereas, the germs causing the venereal diseases are no longer matters of uncertainty, but have been perfectly and conclusively demonstrated by medical science, and

"Whereas, the favourable breeding conditions and modes of transmission of these germs are also thoroughly understood by the medical profession, and

"Whereas, the method of attempting to check the spread of venereal diseases by systematically hunting down certain classes of women only, has survived from a period when the specific germs were yet undiscovered and their modes of transmission therefore not certainly demonstrable, and

"Whereas, a legislative mandate to continue so crude and barbarous a method of attacking any infectious or contagious disease is an offence against scientific truth and an indignity to the medical profession, an insult to women, and a slur upon the intelligence of the public; therefore be it

*Resolved*, that Health Boards should place the venereal diseases upon the same status as all other contagious, infectious, or communicable diseases; should take the same measures against them, irrespective of class or sex, as are applied in the prevention of all other contagions, infectious, or communicable diseases, and should conduct in respect to them the same policy of instruction of the public as to the preventability of these diseases as is now conducted in respect to others. And be it further

*Resolved*, that public authorities should make ample provision for the full and sufficient free, voluntary treatment of patients suffering from venereal diseases.

All these resolutions are capable of general application.

## Outside the Gates.

## WOMEN.

The dissolution of Parliament is imminent, but the Women's Conciliation Suffrage Bill still unpassed, and on Friday in last week a Caxton Hall meeting under the auspices of the Women's Social and Political Union sent deputation after deputation to the House of Commons to interview the Prime Minister on the subject. The first was led by Mrs. Pankhurst, Mrs. Garrett Anderson, M.D., late Mayor of Aldborough, and Mrs. Bertha Ayerton, discoverer of the electric arc. The demands of these splendid pioneers received but little consideration; but it matters not, the enfranchisement of women is practically won whichever Party is returned to power.

Mrs. Garrett Anderson, M.D., in a letter to the *Times*, emphasises the fact that the Women's Deputation to the House of Commons had a legal right to go and ask for the extension of the suffrage to female householders. "Why, then," she asks, "were the police courteous and helpful to the leaders of the deputation and brutal to those who followed them? . . . There was no raid, or anything that could be mistaken for it, and every member of the deputation was entitled to the protection of the police."

At a meeting at the Caxton Hall on Monday last Miss Christabel Pankhurst referred to the "triumph of last Friday," and spoke of the heroism of those who were taken into custody. The performance of the Home Secretary's orders entailed acts of brutality. The discharge of the prisoners was an admission that those who in the past had suffered imprisonment had been wrongfully and unjustly imprisoned, and that the women had won. Mrs. Pethick Lawrence said that on Friday the uniformed police had received instructions to throw the women back, to be dealt with by disguised officers present in the crowd. Between the police force and the police organising the mob it was a mercy when women were arrested.

Miss F. E. Dawson, Hon. Secretary of the Legal Committee of the Women's Industrial Council, and Miss Wyatt Papworth, Secretary and Treasurer, have addressed a letter to the President of the Local Government Board on the subject of the Public Health (Health Visitors's) Bill, in which they state that it is not quite clear to the Committee what reason exists for introducing the Bill, inasmuch as the particular work of instructing mothers in the care and nurture of infants is already undertaken by women officers in many parts of the country who are appointed as Assistant Inspectors of Nuisances. They also protest against the clause of this Bill which gives power to the local authority, on the advice of the Medical Officer of Health, to determine the qualifications of the woman whom they propose to appoint to this important work. The Women's Industrial Council feels strongly that the women appointed should have a high standard of training, and be raised beyond possibility of doubt, above the ignorance against which they have to contend.

## Book of the Week.

## NONE OTHER GODS.\*

The dedication of this book takes the form of a letter, in which the mind of the author towards the chief character is disclosed, and gives some clue to his defence of the most extraordinary caprice of a young Cambridge graduate.

He says: "The people who are kind enough to read his life—or rather the six months of it with which this book deals—must form their own opinion of him. Probably a good many will think him a fool. I daresay he was; but I think I like that kind of folly. Other people may think him simply obstinate and tiresome. Well, I like obstinacy of that sort, and I do not mind him tiresome."

The brief outline of the tale may be told as follows: Frank Guiseley, young, well-born, rich, is at the close of his University career disowned by his father on account of the change in his religious beliefs. Without hesitation or anger he leaves Cambridge within twenty-four hours, and, despite the entreaties of his friend, Jack Kirkby, prepares to tramp the country with only the clothes in which he stands upright. "But . . . but its perfectly mad. Why on earth don't you get a proper situation somewhere—land agent or something?"

"My dear man," said Frank, "if you will have it, it's because I want to do exactly what I am going to do. No: I'm being perfectly serious. I've thought for ages that we're all wrong somehow: we're all so beastly artificial . . . And I'm really going to do it. I'm not going to be an amateur, like slumming. I'm going to find out things for myself."

"But on the roads," expostulated Jack.

"Exactly. That's the very point. Back to the land."

"And Jenny Lawnton," he said, "I suppose you've thought about her . . . Is it quite fair?"

"Good Lord!" shouted Frank, suddenly aroused. "Fair! What the devil does it matter? I do bar that rotten conventionalism. We're all rotten, rotten I tell you; and I'm going to start fresh. So's Jenny."

"Early in this quixotic enterprise, he joins forces with the Major and Bertie Truscott."

They were standing with the sunset light behind them as a glory—two disreputable figures, such as one sees in countless thousands all along the high roads of England in the summer. The Major had an old cricketing cap on his head; trousers tied up with string, like Frank's . . . He was not prepossessing, but Frank saw with his newly gained experience that he was different from other tramps. He glanced at the girl and saw she, too, was not quite of the regular type, though less peculiar than her companion . . . He knew also by instinct, practically for certain, that these two were neither husband and wife, nor father and daughter. The type was obvious."

Degrading and sordid as were the experiences

\* By Robert Hugh Benson. (Hutchinson and Co., London.)

which Frank and his unpleasing companions passed through, he still clung to his ideals, though we cannot understand a man of his high aspirations voluntarily courting such uncleanly and vicious associates. It is, however, the reclamation of Gertie that he sets his determined will, and for this reason that he obstinately refuses to return to a more normal existence, and for which in the end he pays with his life.

In his own words:

"I've got the girl away, and now I am going to tell the man, and tell him a few other things at the same time."

The Major pays him for his interference after the manner of his kind.

"Frank lay perfectly still on his back, his hands clasped before him (and even these were bandaged). His head lay high on three or four pillows . . . The world seemed silent, because this room was so. It was here that the centre lay, where a battered man was dying, and from this centre radiated out the Great Peace."

It will be necessary, as the dedication suggests, for each reader to decide for him or herself whether Frank was a fool or not.

H. H.

#### VERSE.

Excellent herbs had our fathers of old.

Excellent herbs to ease their pain—

Alexanders and Marigold,

Eyebright, Orris, and Elecampane,

Basil, Rocket, Valerian, Rue

(Almost singing themselves they run),

Vervain, Dittany, Call-me-to-you,

Cowslip, Melilot, Rose of the Sun.

From "*Rewards and Furies*."

RYDARD KIPLING.

#### COMING EVENTS

November 26th. Mr. John Burns, M.P., President Local Government Board, opens the Wandsworth New Infirmary.

November 29th.—Prison Reform League Meeting, Caxton Hall, 8 p.m.

November 29th.—Missionary Nurses' League, Lecture: "The Decisive Hour of Christian Missions: its Appeal to the Nursing Profession." By Dr. G. Basil Price. 7.15 p.m.

November 29th. Irish Nurses' Association. Lecture: "Some Points of Interest in Throat, Nose, and Ear." By Dr. T. O. Graham. 86, Lower Leeson Street, Dublin.

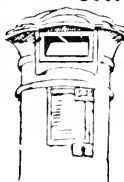
December 2nd. Meeting of Nursing Masque Committee. 431, Oxford Street, W. 4.30 p.m.

December 3rd. St. Bartholomew's Hospital Nurses' League General Meeting. Clinical Lecture Theatre, St. Bartholomew's Hospital, E.C. 3 p.m. Social Gathering, 4 p.m.

December 3rd. Executive Committee of the League of St. John's House Nurses. 3 p.m.

December 3th. Royal Infirmary, Edinburgh. Lecture on "The Nursing of Nourishment and Hygienic Patients," by Dr. Edwin Bramwell. All trained nurses cordially invited. Extra-Mural Medical Theatre. 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.

#### ORGANISED GAMES FOR NURSES.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM.—I was sorry to see so narrow-minded a letter as that on the above subject from a Matron. Outdoor games are the most wholesome form of exercise possible for nurses, and I read your account of the hockey match at Finsbury Park between two teams of fever nurses with sincere approval, and only hope the nursing staffs of other hospitals will follow suit. Living in community often cramps the mind terribly, and it is specially necessary for nurses in infectious diseases hospitals to live as much outside the gates as possible—because the outside world gives them a somewhat wide berth. I was happy to see the BRITISH JOURNAL OF NURSING giving its support to organised games for nurses.

Yours truly,

ALSO A NINETEENTH CENTURY MATRON.

#### REFORM IN SLAUGHTER-HOUSES.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM.—In the issue of your journal, dated November 5th, you publish an able letter from Mr. Joseph Collinson on above subject.

Few can pretend ignorance of the abuses likely to occur in private slaughter-houses, and humanitarians are unanimous in the belief that they should be abolished.

Some butchers would use up-to-date methods of killing were the necessary implements presented to them, and I believe some private individuals, and local branches of the R.S.P.C.A., have presented the necessary pistols to butchers, and also to kennels, where horses are killed. It is a small step in the right direction.

If nefarious practices are not carried on in private why do butchers object to slaughtering at the public abattoirs? I have never heard a satisfactory reply to this question.

Nurses are a power in the world of to-day. Will you animate them to use their enormous influence to help on this necessary reform?

Were they to combine it would probably soon be taken in hand, and money would be forthcoming to compensate the owners of private premises.

Yours, etc.,

E. L. DAUBERY.

## Notice.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Union of Midwives.

The Union of Midwives, of which Mrs. Robinson, the Founder, is President, and Mrs. Carnegie Williams, the Hon. Secretary, the offices of which are at 33, Strand—a most central position—is making satisfactory progress, and during the nine months of its existence has enrolled some 500 members.

Its help extends not only to members who are already certified, but to those who wish to pass the examination of the Central Midwives' Board. Classes are held by a medical man to prepare pupils in their theoretical work, and the committee arrange for these pupils to gain their practical instruction and knowledge under midwives with a large connection. The Union is still in its infancy, but it is a vigorous and healthy infant, and it has many well-wishers who hope for its health, wealth, and happiness.

It is fortunate in its Hon. Officers, and the public spirit of its capable Hon. Secretary, Mrs. Carnegie Williams, in giving her time and valuable services to the Union and attending regularly at the offices to conduct the routine business, deserves the gratitude of all the members.

We hope that the work of consolidation now going on will result in the organisation of a forceful body of midwives, who realise the strength of unity, and whose outlook is not parasitic but self-reliant; who will demand representation of midwives by midwives on their own governing body, who will hold out the right hand of fellowship to all who are working to obtain this elementary act of justice, and who will never be satisfied until the stigma is removed that midwives have not been sufficiently alive to their own interests to insist upon the inclusion on that Board of at least one direct representative.

We advisedly say "insist," because until midwives themselves bring sufficient pressure upon the legislature to obtain the recognition of the principle of direct representation, it is certain that this much needed reform will not be thrust upon them.

The forthcoming general election will afford an excellent opportunity for bringing this important question before the future legislature.

The Goldsmiths' Company have made a grant of £100 to the funds of Queen Charlotte's Hospital.

## An Appeal to Young Mothers.

The Lady Mayoress of Liverpool, Mrs. S. Mason Hutchinson, presided last week at the second annual meeting of the Dispensary for Women and Children and Infant Consultations, at the Town Hall, and in moving the adoption of the report said that the Committee had been able to hand over £440 to the Stanley Hospital to endow a bed, for 15 years, for dispensary patients needing in-patient treatment. In addition, through the generous gift of Mr. and Mrs. G. B. Heyworth of shares bringing in £10, and the sum of £30 paid over, they were able to maintain a second bed for a year, and there were promises of subscriptions to continue its maintenance. The beds had been constantly filled, and many patients were still waiting. The attendances had been 4,020, against 3,527 last year, and 965 against 867 last year. Many of the women who attended the consultations were unable to nourish their infants because of their own semi-starvation, and a daily supply of milk from the Municipal Milk Depot at a nominal rate had proved the greatest benefit to both mothers and babies.

Miss Helen Gladstone spoke of the great need for the work, and hoped the infant consultation branch would largely increase, and the Rev. John Wakeford said it was a fair and laudable ambition for any mother city to see that all its people were well born, well clad, and well taught. The schools achieved the children being well taught, and it was a disgrace to the city that some of its children were not well clothed, and that some were even unshod.

If the mothers were taught the primary lessons of health, much would be done towards securing that the children were well born. He did not know any appeal which should go home more directly to young mothers than that of the Dispensary and Infant Consultations, which was doing such good work. It brought in the magic touch of sisterly sympathy, and they could also appeal to men for support on the grounds of justice and gratitude.

The fourth Annual and Midwifery Conference and Exhibition will be held at the Royal Albert Hall, Vincent Square, Westminster. The Organising Secretary is Mr. Ernest S. Gold, and the offices at 22-24, Great Portland Street, W.

## Schools of Midwifery.

### THE MATERNITY HOME AND TRAINING INSTITUTE FOR MIDWIVES, MAHE, SEYCHELLES.

The objects of the above Home, as detailed in the official explanatory Memorandum, signed by Dr. J. B. Addison, Chief Medical Officer, are: (1) To provide accommodation and medical attendance to women during their confinements, and subsequently, in the Home. (2) To train midwives. (3) To provide skilled nursing to women in their own homes during their confinements, and subsequently.

1. It has long been felt that many women who, owing to the distance of their homes from town, or for other causes, are unable to obtain proper attention during their confinements, are placed in a very difficult and dangerous position. The Home will now be open to these women, as well as to those needing operative treatment who before had to be admitted into the general women's ward at the Victoria Hospital, concerning which the unsuitability, we are told, is "so obvious as to need no comment."

2. The training of midwives has always been an insuperable difficulty in the Colony, with the result that the midwives of the present day in the Colony are utterly untrained; and as by very far the larger proportion of the women in their confinements are unable for many reasons to obtain the services of a medical man they have only these untrained women to fall back on, with the result that many women who with proper attention would have made good recoveries from their confinements, have either lost their lives or had their health permanently injured.

One of the principal occupations of the Nursing Superintendent of the Home will be to train Midwives.

The Official Memorandum states that the Colony has been extremely fortunate to obtain the services of Miss Beadie (formerly Matron of the Aberdeen Maternity Hospital) for this purpose, as she has had great experience in this particular work.

Probationers will be taken into the Home to live there for the necessary period, and will be under the personal tuition and guidance of the Nursing Superintendent. They will receive certificates after passing such examinations as the Chief Medical Officer and Nursing Superintendent may impose.

It is hoped to formulate a scheme by which these certificated midwives will be either directly paid or subsidised by the Government and sent out into the country districts, so that within a short time the services of one of these

well-trained midwives shall be at the disposal of any member of the community who may need them. It is also hoped to give instruction to the women who hold certificates at the present time.

3. The services of the Nursing Superintendent will be at the disposal of the general public either to act in the capacity of a midwife, or as a nurse under the direction of a medical man.

The scheme is an excellent one, and cannot fail to be of great benefit to the women of the colony. Its weak point seems to be that the Nursing Superintendent is expected to manage the Home and train the pupils, and supervise the cases in the Home, and, at the same time, her services are to be at the disposal of the public in their own homes as midwife or nurse. The training of pupils must inevitably suffer under these conditions, and we hope that this part of the scheme may be amended.

In the Memorandum of a Scheme proposed by the Chief Medical Officer for the utilisation of the services of the midwives who are to be trained at the Maternity Home, which, with the Regulations has been referred to a Committee for report, it is proposed that the midwives, when trained, shall be under the control of the central organisation at the Maternity Home, and that they shall be sent to work in the country districts or directed to work in town as the exigencies of the service may require. Unless some such scheme is carried out, it is feared that the trained midwives would congregate in the town where the number would be very much greater than necessary, and the country districts would have none. It would also be easier to get these midwives back for further training, if necessary, if they were under Government control.

It is estimated that with 22 trained midwives all parts of Mahé, Praslin, and La Digue could be well looked after.

## A New Maternity Home.

A Maternity Home, for the reception of six patients, exclusive of an isolation ward, is to be erected in connection with the Sick Room Helps Society (a Jewish institution) in Finnerwood Street, Vallance Road, E. It is proposed to have a general ward of four beds, two single wards, and an operating theatre on the ground floor, and the isolation ward, with nurses' quarters, on the first floor in a detached wing. In addition, there will be accommodation for a Matron and six nurses and the necessary domestic staff. The offices of the Sick Room Helps Society, which will form part of the building, are to have a separate entrance.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,183.

SATURDAY, DECEMBER 3, 1910.

XLV

## Editorial.

### THE CONTAGION OF GOOD.

By many nurses the name of Agnes Jones is now scarcely known, yet it is that of one of the pioneers of modern nursing, who made a profound impression on the infirmity nursing world, and who with her talent for organisation combined rare sweetness, gentleness and goodness. So far back in the history of nursing does the life's work of Agnes Jones seem to have receded, that it comes almost as a surprise that His Grace the Primate of all Ireland, Dr. Alexander, who presided and spoke at a District Nursing meeting in Armagh, referred to her as one whom he had known very intimately.

The Primate said that if there were a contagion of evil there was also a contagion of good. In his own long life the most remarkable instance he had known of this sort of contagious power of goodness had been in a person that he had known very intimately. She was an Irish nurse, and he was greatly afraid that when he mentioned her name it would be familiar to but few of them. The history of Agnes Jones was indeed a history for good, for she worked with wonderful freedom, and novelty, in dealing with the sick, and was as good as two curates in the small but delightful village of Fahan near Londonderry, where he was rector. Was anything nobler than a life like hers? If there was it was the nobler death that she died.

Those members of the nursing profession who cherish the names of its heroines know that after training at the Deaconess Institution, Kaiserswerth, and St. Thomas's Hospital, London, she undertook the superintendence of the Brownlow Hill Infirmary, Liverpool, where, with twelve other Nightingale nurses, she revolutionised the nursing,

and practically demonstrated what can be accomplished by knowledge, organisation, skill, and devotion. Then came the crowning tragedy, the death, at the early age of thirty-six, of this radiant, highly sensitised, highly skilled nurse, from typhus fever, contracted in the course of her work, and from which her fragile, worn-out body had not the strength to rally.

Do we ask "to what purpose was this waste?" Not if we remember "the contagion of good." It is impossible to say how many women who were forces for good in the nursing world in the early eighties owed their inspiration to her life and example, or on how many the impress of her rare character was stamped, as studying it they strove to follow in her footsteps.

Dr. Ferrar, speaking at the meeting above referred to, said that the name of Agnes Jones was not forgotten. He was at Brownlow Hill Infirmary years after she had been there and her name was still cherished amongst the nurses, and, he believed, was so still. She was the first nurse to work on modern lines in Liverpool. In his time each nurse had to mind two miles of wards, but, when she went to the Infirmary, things were ten times worse.

To attempt to organise the nursing in the Infirmary in the face of such conditions must have required the faith which removes mountains.

In Fahan churchyard, over the grave of Agnes Jones, are inscribed the following lines, written by the Primate:

"Alone with Christ in this sequestered place,  
Thy sweet soul learn'd its quietude of grace;  
On sufferers, waiting in this vale of ours,  
Thy gifted touch was trained to higher powers.  
Therefore, when death, O Agnes! came to thee—  
Not on the cool breath of our lake-like sea,  
But in the workhouse hospital's hot ward,  
A gentle helper with the gentle Lord—  
Proudly, as men heroic ashes claim,  
We ask'd to have thy fever-stricken frame,  
And lay it in the grass beside our foam.  
Till Christ the Healer calls His healers Home"

## Medical Matters.

### THE PREVENTION OF PLAGUE.

An exhaustive Memorandum on Plague, prepared by Dr. Arthur Newsholme, Medical Officer of the Local Government Board, and supplementing a circular and regulations already issued, has been sent by the Department to the sanitary authorities in England and Wales, accompanied by the request that these officers will use their best endeavours to carry its suggestions into effect. The Memorandum details the general characteristics of plague, its symptoms, diagnosis, and method of spreading. It defines the disease as follows: "Plague for administrative purposes may be defined as a disease of rats, which incidentally and occasionally attacks man. Fleas form the intermediaries between the diseased rat and man. If the fleas of infected rats . . . are excluded from access to human beings, plague will seldom, if ever, spread from animals to man."

It is reassuring to learn that experience proves plague can be easily controlled in this country, under conditions of efficient sanitary administration. These concern (a) human sources of infection, (b) infection from inanimate objects, (c) infection from lower animals, especially the rat.

**Human Infection.**—The control of human infection is effected by the discovery of suspected cases of illness, and their prompt notification to the Medical Officer of Health. The Medical Officer of Health is bound under penalty to report every recognised case of plague to the Local Government Board, and in order to aid in the identification of plague newly developing in a district, the Board have arranged for bacteriological examination of material sent by the Medical Officer of Health in the earliest cases without cost to the local authority.

**Isolation and Observation of "Contacts."**—The next step is the isolation and observation of contacts, and although personal infection is only likely to occur in the pneumonic form of plague, the isolation of all plague patients is considered desirable because, amongst other reasons, disinfection, and the disinfestation of premises from vermin can be more efficiently secured after the patient's removal.

**The Production of Personal Immunity** is attained by treatment with plague prophylactic, by strict personal cleanliness, especially of the hands, and by the use of a respirator, containing a filter of cotton, made to cover the nose and mouth.

In regard to the *disinfestation of manimate*

*objects*, that, we are told, will be most efficient which secures the disinestation of the rooms and all articles of bedding and clothing from fleas. Clothing which may harbour infected fleas is dangerous. Domestic cats are a safeguard against invasion by rats and mice, but a cat which shows signs of illness should be destroyed and buried.

**Precautions against Rats.**—The continuous suppression or limitation of rats in a district into which rat plague has been introduced will prevent the occurrence of human plague of local origin, and efforts should be concentrated towards this end. Houses should, as far as possible, be rendered rat proof, and the domestic invasion of rats should not be encouraged by allowing mounds of food to lie on or under the floor, or in ashpits.

In short, the lesson of the Memorandum is "Be clean."

### HYGIENE OF THE MOUTH.

Dr. Bonnes, as reported by the *British Medical Journal*, calls attention to this important matter, and comments on the too general neglect of the teeth. He points out the close relationship the hygiene of the mouth bears to a great variety of pathological processes. Affections of the mouth, indeed, are important factors in nearly all respiratory and digestive ailments, owing to microbial infection from the inspired air and the fermentation of particles of food in the buccal cavity. Buccal sepsis predisposes to anginas, oedema glottidis, leucoplakia, adenitis; while various observers have noted the close connection of dental troubles with those of the visual apparatus. Septic gastro-enteritis of buccal origin is by no means uncommon. The practice of cleansing the teeth ought to be begun in early childhood, and as much during the first dentition as during the second. The author recommends cleansing the teeth after every meal with a red rubber brush. He believes this does not injure the gums, and their vitality is not lowered by bleeding. The elasticity of the brush, too, allows of more energetic friction without damaging the enamel. The brush can be sterilised by boiling. After reviewing the various forms of dentifrice on the market—several of which, especially the carbollated dentifrice and those of oxygenated water, he condemns as being injurious to the buccal mucosa—the author gives his adherence to the paste form of dentifrice. This, he says, is the best and most practical. It ought to contain an inert and insoluble powder; an antiseptic, miscible in definite quantity; and a more or less fluid excipient, capable of maintaining the contact of the other constituents.

## What the Twentieth Century Nurse may Learn from the Nineteenth.\*

By Miss E. M. Fox.

Matron, Prince of Wales's General Hospital, Tottenham.

(Continued from page 434.)

I believe, too, that there was then a greater keenness over the acquisition of technical knowledge, all the greater because of the difficulties of acquiring it. Remember, there were no nursing journals until the latter part of the nineteenth century, only one or two books on nursing, and very few lectures. The pressure of work in the wards was too great to allow of much organised clinical teaching, while study, or "wasting one's time over books" as it was too often called, was not encouraged. A probationer, humbly inquiring the reason for some line of treatment would most likely be told not to "bother, but get on with her work." Here and there, a good teaching Sister, or homely, experienced Staff Nurse, would pass on what she knew to an inquiring junior, but more often they would hide ignorance beneath the cloak of dignity, and survey with a cold eye and critical air the tiresome probationer who persistently "wanted to know." She had to pick up her crumbs of information from her own observation, from scanty hints conveyed by others, from occasional lectures attended as it were by the skin of her teeth, after a breathless rush to compress the evening's work into an hour's smaller compass than usual, in order to be allowed to go to all. And when there, poor soul, she was often so physically tired as to be mentally inert; thereby profiting little by what she heard.

Yet, in spite of all these difficulties, or was it *because* of them? I still contend there was a greater keenness among nurses—a swifter garnering of the precious ears of knowledge—a wholesome covetousness of the best gifts of experience. Owing to lack of trained helpers, a nurse became sooner self-reliant, responsible, resourceful. Before the system of three years' training became general, she was frequently found in some post requiring skill, judgment, and foresight at the end of 12 months at the most, and as often as not, proved herself quite capable of filling it. She took a keen personal interest in her patients, and often followed their cases up after leaving the ward, sacrificing precious off-duty time in visiting wretched homes. As nurses' tennis clubs had not yet been heard

of, nor cycling become general for women, she necessarily interest herself less in social pleasures than in her work, and found her chief delights within the hospital walls.

This, of course, was not entirely beneficial, and here the hospitals of to-day are learning a valuable lesson from the nineteenth century in recognising the need of proper recreation for their nurses if they would preserve their physical and mental health.

Only crass ignorance and prejudice would be shown by extolling the past to the wholesale detriment of the present, or by declaring that in every way, the "former days were better than these." They were not. While overwork—metaphorically speaking—slew its thousands of nurses, insanitary conditions slew its ten thousands. More nurses broke down through bad feeding, insufficient sleep, unventilated and crowded bedrooms than through actual overwork. Given a thoroughly healthy body and strictly hygienic environment, it is surprising how much work a person can do, if it be of a congenial and suitable character. But no amount of devotion and energy can sustain failing health beyond a certain limit; no doubt, many and many a worker had to retire worsted from the unequal conflict, who might have done long years of excellent service under different conditions. The body is a good servant, but a bad master, and once its mortal weaknesses get the upper hand, neither religious zeal nor the grimmest determination can withstand the inroads of disease. There must be reasonable care "as well for the body as the soul," and this happily is being recognised to-day far more than in the latter decades of the nineteenth century. The hospitals have learned to take care of their nurses. Good food, airy rooms, an insistence on outdoor exercise, encouragement of games and recreation generally, increased off-duty time, and lengthened holidays are all part of the usual routine of every good training school for nurses in the country.

Her professional education is also receiving more and more attention. She has courses of lectures to attend, leisure for study, books galore. The danger indeed of modern times is not that she is taught nothing, but that she has to learn much which only bears indirectly upon her actual work, and that she may be tempted to step beyond her province into that of her brother, the doctor.

Nurses of to-day need to watch themselves, lest their interest in the scientific aspect of disease should in any way warp or destroy their true nursing instincts.

Another lesson culled from the errors of the past, and being, I trust, gradually learned, is

\* Read before the Nurses' Missionary League, November 22nd, 1910.

that nurses, besides having their hygienic conditions improved, should also be treated with more kindness than formerly. Health may be broken down quite as effectually by harshness as by bad air; the sensitive spirit can be starved by lack of sympathy as the body may pine on insufficient food. "Man doth not live by bread alone," and true health of mind and body cannot continue long in an atmosphere of chilling repression, constant fault-finding, and lack of cordial understanding. One can easily see, now in the first instance, the attitude of aloofness may have originated in the desire to put down what was wrong in those far-off days; in the anxiety on the part of the well-educated, better class of women who were beginning to take up hospital work earnestly, not to identify themselves in the least with the so-called nurses.

It was not surprising that gentlewomen could not consort with them, or that when appointed to the post of Sister, they were apt to become harsh and tyrannical in their treatment of those who so often proved unworthy. Unfortunately, however, the critical attitude, the ungentle manner, persisted long after the "Sairey Gamp" type had been completely evicted. The early pioneers having struggled bravely through the rough work which was no hardship to the class of women formerly engaged in it, concluded that because they had done so, others should do the same. They had had to work under those who were rough, harsh, uncouth, perhaps unkind, and some of them saw no reason why their successors should be altogether exempt from similar treatment. "We had to put up with it, and why should not they?" was their attitude.

Consequently, for years, a probationer's life possessed many of the attributes of penal servitude. She had to bear in silence all sorts of discourteous, unkind treatment. She was looked upon by the authorities as one altogether outside the pale of social intercourse, and little or no allowance was made for youthful failings, or very human frailties. Her faults were magnified, her virtues under-rated. She became apt to develop the vices of any down-trodden class, and was often deceitful, time-serving, superficial, cunning. As a rule, she went in daily terror of her Ward Sister. A summons to the Matron's office filled her with dismay.

No doubt such a condition of things gave rise to that "hospital manner" so often commented upon unfavourably by the outsiders; that stilted brusqueness of speech, the cold aloofness of the senior members of a nursing staff from the junior, that is at once so repellant, and so foreign to the true spirit of nursing.

This century is gradually dropping the savage harshness that characterised former ones. More harmonious relations are being established between all classes of society. Do not let it be said that hospitals lag behind in the march of true civilisation, and that even to-day nurses' lives are embittered unnecessarily by the conduct of those in authority over them. Let the "ancient forms of party strife" die a natural death. Let each one of us help by precept and example to "King in the nobler modes of life, with sweeter manners, purer laws."

I have left until last what is the most important lesson of all to be learned by the twentieth century nurse from the nineteenth. That is the vital necessity of undertaking such work in the spirit of vocation. Look at it what way you will, the fact remains that nursing is work demanding something more than mere business qualities, more than an active intelligence, more even than human sympathy and kindness of heart. The latter, precious though it is, may be worn very threadbare in the constant daily contact with all sorts of unlovely natures suffering from every variety of trying complaint: Patients are not all grateful, or appreciative, and you will find them by no means ready to kiss your shadow as you pass on your rounds with your night lamp! Sometimes, they are inclined to grumble because they do not immediately get all they want, or they are jealous of the more recently admitted bad case, whom they consider to be unfairly monopolising your time and attention. Their disease may make them irritable, capacious, even repulsive. The uninteresting monotony of a long daily dressing may try your patience to the utmost. These people need more than ordinary, everyday good qualities in their nurse. They need one, who over and above her professional ability, looks upon her work as a vocation, "a calling by the will of God." It was that spirit which made the best of the pioneers of other days what they were. Nursing was undertaken by them as a definite life-work. It cost them so much to enter upon it, that they were not likely to throw it up without some very cogent reason. It was a mission in itself. They went into a hospital with the object of making it the scene of their life's labours. Work there was not then considered so much a means to an end. It was the ultimate achievement.

Now, the end of three or four years' training often finds the certificated nurse as restless as she was before. "She is eager to make money—to go abroad—to have a change of some kind. She does not often desire to stay where she has been trained. She does not want to train

others for the work. I think sometimes, too, that her anxiety to do greater things blinds her partially to the exceeding responsibility of hospital work. There may be observed, on the part of those training for foreign mission work, an impatience with the minor details of ward nursing in their own hospital, a lack of thoroughness over little things, an eagerness, not to *do* the work, but to have *finished* doing it, just as though attention to detail would not be quite as necessary in a foreign mission hospital as in Great Britain. Gazing too far off may well cause us to stumble over small obstacles in our immediate path. A beacon light ahead is good to steer one's course by, but the light on deck helps to keep the ship off the rocks.

The spirit of vocation is just as much needed in our home hospitals as in those of the foreign mission field, and there exist the same opportunities of exhibiting it to-day as ever there were in 1854. Nurses who join the various Missionary Societies and offer for foreign work, think they ought not to do so without a definite call to such service. Well, they are quite right, but would there were more who waited for the same definite "call" before they offered for nursing service at home! Nursing in foreign countries is only a development of the same work at home, only another branch of the same service. It ought not to be regarded in a completely different light. You can be quite as good a missionary nurse in London as in Central Africa. I repeat, nursing is a mission; and wherever it is done, it needs the same spirit of true vocation to do it well and to persevere in spite of difficulties.

There would be fewer restless, discontented nurses, if each one possessed the spirit of vocation. It is a spirit that gives one the calm, quiet feeling of being in the only possible place, and doing the only possible work. It stirs in one a large-hearted charity towards all such as be sorrowful, sick, or poor. It makes one feel "Well, whoever fails, I must not," and helps wonderfully when things are crooked and the work is hard or in itself, uninteresting. It gives one the same pleasure and pride in doing things as well as one possibly can, as the boy feels carving his first boat out of a rough block of wood. One simply can't help making things look nice, or doing that little extra bit which just makes all the difference. It isn't a hardship. It is a pleasure. So many nurses, young ones especially, seem to think of vocation as belonging only to the saints of old, to gloomy and cheerless people, or to impossible ideals set forth by enthusiasts who do not know what they are talking about. As Mrs. Ewing says, "We speak of saints and enthusiasts for good

as I saw special gifts wrought to them in middle age which are withheld from other men. Is it not rather that some few souls keep alive the lamp of zeal and high desire which God lights for most of us while life is young?"

The rapidly-receding past has its lessons for us, the present, its ever-widening, golden opportunities; the shadowy future, its great responsibilities of living, and possibilities of doing good.

Learning from all, let us go on bravely, with this prayer upon our lips:

"For strength we ask  
For the ten thousand times repeated task,  
The endless smallnesses of every day,  
No, not to lay  
My life down in the cause I cherish most,  
That were too easy, but whate'er it cost,  
To fail no more  
In gentleness toward the ungente, nor  
In love toward the unlovely, and to give  
Each day I live,  
To every hour with outstretched hand its  
    meed  
Of not-to-be-regretted thought or deed."

## The Re-Incarnation of Saury Camp.

By BEATRICE KENT.

Mrs. Weakling had her quiver full. If you are disposed to quarrel with the term, I surrender to you, because, as a matter of fact—and I am dealing with facts—a quiver holds but three, whereas Mrs. Weakling had six, and the seventh was hourly expected.

The fulness of time was a week hence, and I had the impetuous infant kept time her mother would not have been put to the inconvenience and annoyance of engaging a strange nurse who had so many "new-tangled ways."

Mrs. Little had seen Mrs. Weakling "through her trouble" with all the previous confinements, and was to have been in attendance on the present memorable occasion. Dealing as I am with facts, as I have already observed, I use the term *in attendance* advisably, as being more suitable to the occasion.

Nurse Dale was a small neatly built woman, and as good things are often wrapped up in small parcels, you may take it from me—for I know her well—that she was a good nurse, fully trained, highly certificated, and highly conscientious; and you read in her humorous face determination and strength of character. To crown all, she possessed a magnetic attraction for the babies; she charmed them into sleep and peacefulness, when other nurses with

qually good intentions and attentions would not to assuage their infant woes. She was an ideal nurse. Had Mrs. Weakling known her good fortune, she would not have welcomed her so coldly; however she found it out too late, as you will presently hear.

The house was of the very-built suburban type; a well-known variety in the art of house-building: loose doors and windows, bells that bawling, cushions, and conveniences which are made conspicuous by their absence!

The trained eye of Nurse Dale took in the situation at a glance. A slipshod household, order, and neatness were unknown quantities.

A slatternly maid opened the door and invited her to enter. The floor of the hall was strewn with children of all sizes of infancy; nimbly stepping over, and around them, she made her way to the room allotted to her for temporary use.

One of the larger of the small things followed her in, and with eyes full of wonder at the unusual sight, asked, "Are you a trained nurse?"

"Yes, and what is your name?"

"Milly; have you come because mother's bad?"

"I have come to look after her while she is in bed, but I must go now and see her."

The patient's room looked cheery and comfortable; she was sitting in an easy chair near the fire; baby clothes were drying on a high fender; it was evident that the arrival was imminent.

"How do you do, Nurse? Mrs. Little, I am sorry to say, can't come to me for another week; do you think you can manage till she comes?"

Nurse Dale thought she could; and proceeded to make all the necessary arrangements, the patient watching her the while, surprised and not a little suspicious; to her many of the arrangements were unnecessary, and never made by Mrs. Little, who took things so quietly and never fusses!

At 10.30 that night the baby came: a fine, healthy, strong child weighing 8 lbs.

Oh, the comfort of everything: the clean, warm bed, the hot water bottle, not put into the bed without a cover, the nightgown so folded that it could not get disarranged, the cup of warm milk given just at the right moment when everything was over.

Then, in so short a time it seemed, the baby was lying in her cot, safe in her mother's arms, and the peace of what remained.

Now, I must not to take your temperance.

Any more, my dear.

Nurse Dale laughed at the look of alarm in her patient's face.

"Certainly not, you are very well, but it is always done, as the surest way of showing that you are going on all right."

"Mrs. Little never lets it."

Nurse Dale discreetly pretended not to hear. "Now you must go to sleep," she said.

The comfort Mrs. Weakling was feeling induced sleep, and she slept two hours.

Nurse Dale quietly made up the fire wearing a pair of gloves, which was another surprise, took a book, and sat down by the fire with her face towards the bed.

She did not at first open the book; she squeezed her hands together; her outward expression of inward enjoyment, and smiled softly to herself.

"I believe she is a real Sairy," she murmured. "I'm in for some fun."

Nurse Dale was an Irishwoman, and was amply endowed with native wit, and an appreciation of the "light side of Nature," and had Mrs. Weakling's eyes been open she would have seen the humorous face twitching with merriment at the prospect of the coming "fun." When she awoke, she appeared surprised to find the Nurse in the room.

"Oh, Nurse, I forgot to tell you, your room is at the top of the house; if you make up the fire you can go to bed; I shan't want anything."

"Go to bed, and leave you and the baby!"

"Yes, the baby will sleep all night."

"That is possible for the first night, but you at any rate will require attention."

"If you put something by the bedside it will be all right, Mrs. Little always does that."

"What goes to bed at the top of the house, and leaves you all night!" in a tone of unconcealed surprise. "Oh, no, Mrs. Weakling, I shall not leave you."

Mrs. Weakling did not reply; she could not be disloyal to her old friend; nevertheless, it was with an air of great relief that she again closed her eyes, it was nice to think the Nurse would be at hand; for although she never admitted it to anyone but herself, she had suffered much discomfort and nervousness by being left alone at night during previous confinements. When she discovered that Nurse Dale had made up the bed in the ante-room, and intended to sleep there on the following nights, with the communicating door open, and then before retiring she had so thoughtfully placed a little hand bell within reach, by which she could be summoned at any moment, she began to draw comparisons; she could not help it, the "Island Nights" would come!

How was it then, was said, that difference? They were both nurses, and Mrs. Little must have walked the hospitals. Besides, she had had so much experience, also she was a mother herself. She could not understand it, and she did not try to, her intelligence being of that limited order. But deep down in her timid heart there lurked a fear, a growing fear—that when Mrs. Little came, this kind attentive Nurse who made her so comfortable, and kept the baby so beautifully clean, must go. But must she go? Would Mrs. Little be very offended if she stayed? She felt she could not go back to the old ways, having tasted the new. The thought gave her unwomanly boldness; she would make an effort to keep her. There was just one thing that rather puzzled the obtuse brain of Mrs. Weaking. All her former children had slept so soundly all night; they did not wake at all until the morning. This baby was certainly more wakeful, and required feeding twice in the night. Certainly she went to sleep directly afterwards, but Mrs. Little said that babies ought never to be fed in the night; it got them into bad ways. "Nurse, is baby quite well?"

In answer, Nurse Dale, who had just finished washing and dressing the baby, brought her to her mother, gave her a rapturous kiss, an exclamation triumphantly, "There! you shall answer that question yourself."

"She certainly looks splendid."

"And so she is, 'the darling'; but why do you ask?"

"Because she seems to be so restless at night."

"Restless! why she is particularly good at night."

"My other children have always slept right through the night."

"So does baby, except when she wakes to be fed."

"But the others did not wake at all."

"How were they fed?"

"They were not fed, because they did not wake."

"Babies should always be fed twice in the night for the first two months," replied Nurse Dale, and abruptly turned the subject. She began to scent mischief. B. K.

(To be continued.)

At noon on Monday Parliament was dissolved, and the General Election technically began. We hope every good registrationist is busy inviting the interest of candidates for Parliamentary honours for the Nurses' Registration Bill. The organisation of nursing by the State is not a Party question; it is a great human one, and is already supported by good men of every Party in the House.

## Our Guinea Prize.

We have pleasure in announcing that Mrs. A. M. Shoemith, Nurses' Home, Bow Lane, Durham, has won the Guinea Prize for November.

### KEY TO PUZZLES FOR NOVEMBER

- No. 1.—Medical Supply Association.  
 M.E.D.I.C.A.L.—sup.P.L.Y.—A.S.O.W.—C.R.Y.—A.  
 "Shin!"
- No. 2.—Caddybury's Cocoon.  
 Cadd-berries cow-cow
- No. 3.—Boyril.  
 Bow-V-ril
- No. 4.—Scott's Emulsion.  
 Scots Emulsi-stin

The following competitors have also solved the puzzles correctly:—M. Feast, Westcliffe; E. Gibson, Scarborough; F. Roberts, Sribston; M. Watts, Slough; W. Hayland, London; E. Frost, Guildford; E. F. Moakes, Holmwood; F. B. Matthews, —, Lark, Burton-on-Trent; C. Brady, Wicklow; A. Jay, Fakenham; M. Bruce, Leith; E. Bulhead, Coventry; E. Ross, Inverness; M. McWilliams, Omagh; G. M. Thompson, Clapham; E. Marshall, St. Leonards; F. Dowd, Dublin; M. Day, France; A. Grammitt, Clifton; A. Pettit, London; E. Douglas, Belrast; C. Merry, London; T. Vesey, Dublin; H. E. Ellis, Stafford; M. Dempster, Ealing; E. Barnett, Pontypriid; L. C. Cooper, London; L. M. Crump, London; E. Matthews, Ryhope; T. Foster, Aboyne; R. Rafferty, Dublin; H. H. Reece, London; M. Egan, Hounsey; S. J. Brown, Blandford; F. W. Smart, London; E. A. Leeds, London; M. G. Althorpe, Wakefield; F. MacDonald, Glasgow; G. Smart, Cork; E. M. Snow, Eltham; H. Euston, Inverness; A. Smart, Newton Abbott; M. Woodward, Redhill; C. Wade, Sheffield; M. Morton, Nottingham; F. T. Cunningham, Greenock; F. Sheppard, Tunbridge Wells; M. K. Herbert, East Ham; L. Ogier, St. Heliers; C. C. D. Cheshire, Woking; M. McKessick, Edinburgh; V. Newham, Virginia Water; E. D. Jones, London; F. Murray, Aberdeen; E. Macfarlane, London; A. Porter, Leicester; R. L. Wiseman, London; E. Dinnie, Harrow; T. Guthrie, Glasgow; M. Woods, Ipswich; R. Conway, Bournemouth; E. Littlejohn, Haslemere; E. Wilson, London; K. Foster, Brighton; M. Sutherland, Dunmurry; S. Dottridge, Addiscombe; E. Hearnshaw, Clapton; J. Cook, Portland; K. Martin, Briston; J. Nair, West Bromwich; M. Northwood, Nottingham; C. L. Hindley, Poole; A. L. Burkhall, Timpelley; E. J. B. Wright, Preston; C. Lane, Manchester; M. Devereux, Keighley; P. Macphail, Edinburgh; M. L. Ford, Holloway; K. Wallis, London; E. Walker, Putney; A. L. Morris, London; P. Coxon, London; M. J. Gidders, London; N. Raine, London; J. Hickie, Bradford; C. May, London; J. A. Warren, London; C. Kemble, Ryke; M. Monteith, Strling; S. A. G. Lett, Newmarket; S. Broughton, Hunsington.

The rules remain the same, and will be found on page x.

Readers will please notice that these Competitions will cease for the present from the end of this year.

## Territorial Force Nursing Service

PRESIDENT: HER MAJESTY QUEEN ALEXANDRA.

The following is a list up to date of the Principal Matrons of the Force, gazetted last Saturday, according to date of appointment:—

*Matron-in-Chief:* Miss S. Browne, R.R.C.

*Principal Matrons:* Miss A. W. Gill, R.R.C., Royal Infirmary, Edinburgh; Miss G. Macnaughten, Royal Infirmary, Aberdeen; Miss J. Mcrose, Royal Infirmary, Glasgow; Miss P. W. Peter, late General Superintendent, Q.V.J.I.; Miss G. A. Rogers, Leicester Infirmary; Miss H. Gregory Smith, Western Infirmary, Glasgow; Miss A. B. Baillie, Royal Infirmary, Bristol; Miss E. Barton, Chelsea Infirmary; Miss M. Buckingham, Queen's Hospital, Birmingham; Miss M. E. Davies, St. Mary's Hospital, London; Miss H. Deakin, Royal Portsmouth Hospital; Miss E. Fisher, General Infirmary, Leeds; Miss A. C. Glover, Northern Hospital, Liverpool; Miss M. G. Montgomery, Addenbrooke's Hospital, Cambridge; Miss M. E. Ray, King's College Hospital, London; Miss W. C. Smeeton, Sheffield Royal Infirmary; Miss M. E. Sparshott, Royal Infirmary, Manchester; Miss A. Watt, Ratcliffe Infirmary, Oxford; Miss L. W. Walsley, Victoria Infirmary, Newcastle-on-Tyne; Miss E. A. M. Wilson, Cardiff Infirmary; Miss R. Cox-Davies, Royal Free Hospital, London; Miss E. Smale, Royal Devon and Exeter Hospital; Miss E. A. Wynne, Lincoln County Hospital.

## Prizes for Nurses.

At the Children's Hospital at Bristol the annual prize distribution to the nurses took place on the 25th ult. The President, Mr. W. H. Greville Edwards, presided.

The Matron, Miss Mattick, read the prize list, and Miss Osborne distributed the awards as follows:—

Prizes and certificates awarded for general proficiency to nurses at the close of their two years' training: Nurse Paterson, first prize, presented by the President; Nurse Blewett, second prize, presented by Mr. Garnett; certificate of merit, Nurse Saunders. Prizes awarded for anatomy and surgery: Second year nurses First prize, Nurse Paterson; second prize, Nurse Blewett, presented by Mr. and Mrs. Frank Hawkins; certificate, Nurse Wood. First year nurses First prize, Nurse Morgan; second prize, Nurse Jones; certificate, Nurse Gunn. Prizes awarded for medicine and physiology: Second year nurses First prize, Nurse Blewett, presented by Mr. and Mrs. Frank Hawkins; second prize, Nurse Paterson. First year nurses First prize, Nurse Evelyn, presented by Miss Phillips; second prize, Nurse Jones; certificates, Nurses Gunn, Stone, Hilda, Elder, and Morgan.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned ladies to be Staff Nurses provisionally, Miss R. C. S. Clifton (November 12th), Miss I. J. Taunton (November 15th).

## Appointments.

## MATRONS.

**Victoria Hospital and Nurses' Home, Frome.**—Miss E. Sommer has been appointed Matron. She was trained at the Royal Infirmary, Bristol.

**Torbay Hospital and Provident Dispensary, Torquay.**—Miss Volta A. Billing has been appointed Matron. She was trained at the County Hospital, York, and has had experience of district and private nursing in connection with the Staff of the Kent and Canterbury Nurses' Institute. She has also held the position of Sister in various departments, and of Masseuse, and Assistant and Deputy Matron at the York County Hospital.

**Howden Rural District Council Isolation Hospital.**—Miss Annie Olliff has been appointed Matron. She has previously held a position at the Hull Sanatorium.

**Victoria Isolation Hospital, Winchester.**—Miss J. B. Goodall has been appointed Matron. She was trained at St. Thomas's Hospital, S.E., and has held the positions of Sister at the Royal Hospital, Portsmouth; the City Fever Hospital, Leeds; and of Sister-in-Charge at King Edward VII. Sanatorium, Midhurst.

## NURSE MATRON.

**The Admiral Chalmers Cottage Hospital, Guisborough, Yorkshire.**—Miss E. Adamson has been appointed Nurse Matron. She was trained at the North Ormesby Hospital, Middlesbrough, where she remained on the staff for a period of five years. She is a certified midwife, and has had experience in cottage, district, and private nursing.

## SISTERS.

**The Hospital, Gravesend.**—The following appointments to the position of Sister have been made at the Hospital, Gravesend:—

Miss Cora Chave, trained at the Taunton and Somerset Hospital, Sister of the Male Medical and Surgical Wards.

Miss Marion C. Dudding, trained at the Evelina Hospital for Children, Southwark Bridge Road, and at Guy's Hospital, London, Certified Midwife, has been appointed Sister of the Theatre and Children's Ward.

## CHARGE SISTERS.

**King's Norton Union Infirmary, Selly Oak, near Birmingham.**—The following ladies have been appointed Charge Sisters:—

Miss Elizabeth Coney, trained at the Whitechapel Infirmary, where she has held the position of Charge Nurse.

Miss Amy Frances Wyatt, trained at the Poplar and Stepney Sick Asylum.

Miss Melita Brundret, trained at the Royal Infirmary, Manchester, subsequently Staff Nurse at the Fleetwood Hospital. Miss Brundret has also had experience in private nursing.

## LADY HEALTH VISITOR.

**Borough of Keighley.** Miss Frances N. Holmes has been appointed Lady Health Visitor. She was trained at the Tynemouth Jubilee Infirmary, North Shields, and received training in maternity nursing at the Royal Infirmary, Dundee. She is a

certified midwife and holds the Health Visitors' and School Nurses' certificate of the Royal Sanitary Institute, and the Diploma in Hygiene, with honours in School Hygiene of the London Incorporated Institute of Hygiene.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Alexandra White and Miss Alice Lee Smith have been appointed Senior Assistant County Superintendent and Second Assistant County Superintendent, Worcestershire; Miss Kate Hastings, to Middlewich; Miss Cicely Fraser, to Carlisle, as Senior Nurse; Miss Ethel Terrill, to Widnes; Miss Mabel Massy, to Bramley; Miss Jessie Maclean, to Thorpe and Ardsley; Miss Agnes Kerr, to Barrow-in-Furness; Miss Mary Martindale, to Leeds, Holbeck Home.

#### PRESENTATION.

On behalf of the Committee of the Chalmleigh Cottage Hospital and Nursing Association, Lady Gertrude Rolle recently presented Miss Price with a handsome carriage clock and a case of silver teaspoons. Miss Price has resigned her position upon her marriage.

#### TESTIMONIAL TO MISS NEWMAN.

It has been decided by the Committee of the Boston Hospital, Lincolnshire, to organise a testimonial to Miss Newman, Matron of the Hospital, as a mark of appreciation of her ten years' service. The testimonial will take the form of a purse.

## Practical Points.

#### Points about Bandaging.

Always "fix" the bandage at the start, says the *Nursing and Hygienic Gazette*.  
Avoid wrinkles and creases as

much as possible.

Be careful that the bandage fits smoothly and snugly, yet does not constrict.

Always bandage from below upward, toward the body.

Remember that a bandage that does not begin at the fingers or toes tends to produce oedema of the part uncovered.

Never bury the end of a bandage applied to the head, but leave it free, so that it may be tied to the other end.

A bandage that requires pins or adhesive plaster to maintain its position has not been applied properly.

Rest of the injured area, for self-evident reasons, is of great importance, since motion and friction disturb the apposition of the wound surfaces. Cases of severe wounds should be confined to bed, particularly if accompanied by shock. Usually the limited motion of the part occasioned by the dressing is sufficient, although quite often a splint will prove a valuable adjunct.

## Nursing Echoes.



With the announcement of our issue of January 7th, 1911, of the Prize-winner in our Monthly Prize Puzzle Competition for December, the competitions as at present arranged, and which have proved most popular, will be discontinued. We hope shortly to announce other competitions.

Princess Christian (the President), Mr. J. Tennant (Chairman of Committee), and Mr. W. V. Cooper (Hon. Treasurer) are appealing in the press for increased financial support for the East London Nursing Society, and especially for a special fund to buy the lease of an admirably adapted house in the Mile End Road for a Nurses' Home, in place of the one in Stepney Green, which has been sold over their heads. The Society works in some of the poorest homes in the East End of London and deserves support. Donations may be sent to the Treasurer or Secretary E.L.N.S., Charterhouse, E.C.

An interesting ceremony took place at the County Assembly Rooms at Lincoln on the 25th ult., when the Countess of Yarborough presented badges to about 50 nurses of the Territorial Force Nursing Service from various parts of Lincolnshire, Notts, and Derbyshire, which are comprised in the district of the 4th Northern General Hospital. The nurses, who assembled in uniform, volunteered for service on the inauguration of the 4th General Hospital in 1908. The nurses would, it called upon in the event of mobilisation, take up duty in the 4th Northern General Hospital, which would be stationed at Lincoln. It would be their duty to attend the sick and wounded sent from the fighting lines to the hospital.

Colonel C. A. Swan presided. The Countess of Yarborough presented the badges to the nurses, beginning with Miss Wynne, the Principal Matron, Lincoln, Miss Bayldon and Miss Bridges, Matrons, Derby. Sir James Clark, Bart., C.B., afterwards gave an address on "The Scope and Method of Organisation of Voluntary Aid Detachments," which was listened to with great interest by a large audience.

The nurses of the Sheffield Queen Victoria District Nursing Association, who number 21, and are employed by the Association to minis-

ter to the sick poor of the city, attended no fewer than 1,799 cases during the past year, paying altogether 49,533 visits. The cases attended were more numerous by 100 than those of the previous year, for the work of the Association has always been on the increase, and very grateful are those who benefit by the labours of the nurses, a total of £59 having been contributed by patients as thank offerings.

Unfortunately, the income of the Association is less than the expenditure, so that there is now a deficit of £220. The new home for the nurses at 331, Glossop Road, is found to be admirably adapted for its purpose, but the sum of £401 has still to be raised to free it from debt.

A Fund has been raised in Northumberland to commemorate the valued work of the late Miss Mary White, as Superintendent of the County Nursing Association. Miss White had been the counsellor and friend of many of the nurses connected with the Association for more than fourteen years, and a general desire has been expressed that her memory should be perpetuated. When Miss White began her work there were only 9 districts employing 12 nurses. There are now 66 districts with 99 nurses. Donations may be sent to the Hon. Treasurer, Dr. Cromie, Waterloo House, Blyth. The list will be closed on December 31st.

At the monthly meeting of the Stourbridge and Halesowen Hospital Committee, at the Hospital, Hayley Green, the Medical Superintendent, Dr. Hardwick, reported that a Ward Sister had left the hospital without tendering the usual notice. He thought she had acted in an abominable manner. Mr. Rhodes proposed that the Clerk take the necessary steps to sue her for breach of agreement. The Committee had treated her generously, and paid the cost of her operation, amounting to about £30, and she left them without notice. The motion was carried.

One of the minor objects of the Scottish Nurses' Association, which has its headquarters in Glasgow, that of bringing the members into closer touch with each other, was adequately realised at the dance given by the Association in Charing Cross Halls, Glasgow, on the 23rd November. Founded a few years ago for the very serious purpose of helping to secure State registration for the members of the nursing profession, the Association co-operates with others to effect this reform. Its popularity was well expressed in the large attendance of 400 at the dance. The guests were received by the Marchioness of Ailsa, and Sir William

and Lady Macewen, and included many well-known members of the medical profession. The nurses for the greater part were in their picturesque uniforms, so delightful to dance in, though there was also a good proportion in evening dress. A splash of tartan, here and there, in the occasional Highland costume, gave the right tone of contrast. The entire suite of rooms was thrown open to the guests, and a progressive whist game conducted by Miss Donald occupied the attention of those who did not care to dance. Dr. J. Macewen performed the duties of Master of Ceremonies with distinction.

At the annual general meeting of the Court of Contributors to the Western Infirmary, Glasgow, Sir Matthew Arthur, Bart., who presided, said that as a training school for nurses the Infirmary was growing in popularity, and during the year there had been 628 candidates for 70 vacancies. This shows the esteem in which the school is held in Scotland. In England, where we have been acquainted with them, nurses trained at the Infirmary, who take up private nursing, do admirable work, being practical and adaptable. This speaks well for the training they receive, as every nurse is by no means successful in this important branch.

The Reverend Mother de Pazzi, Superior of the Presentation Convent Hospital, Cork, with which a hospital which she founded is connected, recently celebrated the golden jubilee of her religious profession, when the honour, affection, and respect in which she is universally held found expression. The special services of the day began with High Mass in the Convent chapel, and later the clergy and guests were entertained to dinner at the Convent by the Reverend Mother.

We hear that the movement to form a Nurses' Hostel Company in Dublin is being well supported, and that Irish nurses are taking great interest in the proposed scheme.

At the September Council meeting of the Australasian Trained Nurses' Association, it was reported that the sub-committee appointed to consider means by which the Association might work with the proposed Australian Order of District Nurses (since abandoned in consequence of insufficient financial support) stipulated that its general approval would be forthcoming on the full understanding that the nurses enrolled as members of the Order be members of the A.T.N.A. or the R.N.T.N.A., or, in the event of State Registration coming into force in any State of the Commonwealth,

Stat. registered nurses. These two nurses' organisations have in a commendably tenacious manner maintained nursing standards—all credit to them.

The Annual Conferences of the Associations of Nursing Superintendents and of Trained Nurses of India will be held at Benares on December 14th, 15th, and 16th, when many questions of professional interest will be discussed, amongst them the thorny one of what constitutes a recognised training school, as the certificate of such a school is the qualification for membership of the Trained Nurses' Association of India.

### The Nursing Masque.

We have to thank numerous friends for their kind letters of interest in the proposed Nursing Masque. It is to be made as representative as time will allow, and at the meeting of the Preliminary Committee, to be held on 2nd December, the sections will be defined and conveners appointed, every one of whom will have to work hard to be ready by February 18th next. A medical man writes that he is sorry to see no mention of the recreative side of the nursing profession included in the proposed pageant, as somewhere in the programme the lighter side of the nurse's career should be represented. He proposes "Nurses at Play." Why not? It can be presented certainly. The Guy's Hospital Nurses' League have wisely emphasised the necessity for both in and outdoor recreation for nurses, and have no less than eight sections, including cycling, tennis, croquet, and swimming clubs, also library, choral, orchestral, and debating societies. Why not also hockey, golf, skating, dancing, and drill? This medical correspondent believes that recreation is essential to the promotion of a healthy body and mind.

### International News.

Sister Agnes Karll, President of the International Council of Nurses, has completed her translation of "A History of Nursing," by Miss Nutting and Miss Dock, into the German language, and the book will be on sale at the beginning of next month. We congratulate Sister Karll on the accomplishment of this important piece of work, and the German Nurses on the opportunity she has placed within their reach of studying the history of their profession in their own language. In this country the original edition is published by Messrs. G. P. Putnam's Sons, 21, Bedford Street, Strand, W.C.

## The Hospital World.

### THE NEW INFIRMARY, WANDSWORTH.

The new Infirmary, Wandsworth, which will accommodate 600 patients, was formally opened on Saturday last by the Right Hon. John Burns, M.P., LL.D., President of the Local Government Board. The opening ceremony took place in an unfurnished ward, but Mr. Burns was received by the Chairman, Canon Curtis, and all the members of the Board, at the main entrance, where he unlocked the principal door of the Infirmary. Among those present on the platform, in addition to Mr. Percival Rees (Vice-Chairman of the Board), the Mayors of Battersea and Wandsworth and many Guardians, were Sir Arthur Downes, Miss Stansted, and Miss Helen Todd, Local Government Board officials.

In his introductory remarks, Canon Curtis said that the Infirmary, with the furniture, had cost under £90,000, and was, he believed, the most economical building of the kind ever erected. Some people had blamed the Guardians for incurring such an expenditure, but he had been long enough in public life to know that the blame of to-day is the praise of to-morrow, and that those who conscientiously steer a straight course have the public with them eventually.

Mr. John Burns said that in opening the Infirmary that day he had dedicated a new hospital for the service of public benevolence, which the generosity of the ratepayers and the demands of medical science deemed necessary, by means of which, in the future, something could be done to make treatment preventive and curative, and not merely costly and palliative, without aim and objective.

Last Saturday he had been to Lewisham to divert a hospital which had cost £280,000 a few years ago from the treatment of infectious diseases to the most humane of purposes, the care of little children. When that hospital was fully occupied, in addition to the one at Carshalton, there would hardly be a child left in the London infirmaries.

Referring to the progress in the Poor Law of the last 70 years, Mr. Burns said that 70 years ago there were 200 nurses; to-day there were 7,000.

The size of the Poor Law problem might be estimated by the fact that in London alone there are 20,000 Poor Law infirmary beds, more than all the beds in general hospitals in England and Wales, and it was due to an increasing knowledge of the poor that the infirmaries were now as good as the general hospitals, in some instances much better.

In the name of the general public he thanked the 7,000 nurses, the Matrons, doctors, and attendants in Poor Law infirmaries for their loving service to the sick poor.

Mr. Burns's speech was punctuated by questions from both men and women as to when he proposed to give women the suffrage, which created so much interest in the members of the audience that the united forces of Church and State on the platform were hardly sufficient to regain their vagrant attention, till the Canon reminded those present that the meeting was by invitation, not a public one, that there would be "refreshments afterwards, and he hoped they would behave in that spirit."

Suffragettes are not to be beguiled with cake and tea, otherwise they could scarcely have withstood the attraction of the charming meal served in dainty china and at tables laid with snowy linen, tempting bread-and-butter, and the creamiest of cakes, at which you sat at ease, the while dolt-handed and courteous waiters whisked about with pots of delicious tea. Did anyone give a thought to the unfortunate man evicted from the meeting, and last seen rolling on the ground outside in company with two burly policemen, because he did but say in the friendliest tones, "Now, John, you've got to toe the line; when are you going to give women the suffrage?" An episode which elicited from Mr. Burns the remark as the questioner was ejected, "Now, ladies, this ceremony would be incomplete unless we had a little ambulance practice."

The Infirmary is a fine building of five separate blocks, with the Administration Block in the centre (in which the Matron, Miss Constance E. Todd, and the Assistant Matron have their quarters). At the rear of this block a wide corridor runs north and south on three floors, giving direct access to the male and female receiving blocks and the main wards which, it may be noted in passing, from the point of view of practical nursing seem unfortunately long, for the nurses will have to cover much ground in attending to the needs of the patients.

The wards are heated by central stoves, with an open fireplace at each end. Fresh air is drawn in through pipes in the thickness of the floor, and, after passing through the stoves is discharged into the wards through gratings at the sides. There are sunning balconies, special wards, and much thought has evidently been given by the architect, Mr. James S. Gilson, F.R.I.B.A., to provide the maximum comfort at the minimum expense. The Wards worth Guardians and their Clerk, Mr. F. W. Payer, and the sick poor of the Union are to be congratulated on their new infirmary.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The medical students at Middlesex Hospital have decided to raise among themselves 1,000 guineas for the endowment of a Prince Francis Memorial Bed.

It is sad to think that some 80 beds at Charing Cross Hospital are unavailable for lack of funds, but the empty wards do from time to time serve a useful end. During the rebuilding of the Royal National Orthopaedic Hospital the patients of that institution were housed at Charing Cross, and in the near future they will again be opened for the patients from the Cancer Block of the Middlesex Hospital, during alterations there.

The Executive Council of the National League for Physical Education and Improvement announce that an important Conference of London and Provincial Health-Promoting Institutions will take place in the Guildhall on December 8th and 9th. The Conference will be combined with the Annual General Meeting of the League, and include the discussion of the following subjects:—(a) How to work a school for mothers; (b) how the problem of infant mortality is being dealt with abroad; (c) day nurseries; (d) what may be accomplished by Children's Care Committees; (e) health societies, their aims and opportunities; (f) the co-ordination of health-promoting agencies.

In the coming Parliamentary Election Sir Victor Horsley, F.R.C.S., F.R.S., is contesting London University in the Liberal interest.

According to a White Paper issued on Saturday last, giving a return of expenditure on Poor-Law relief for the half-year ending Lady Day 1909 year, there was an expenditure of £1,777,857 on the maintenance of indoor paupers in the various unions and parishes. Of this sum £534,075 was expended in London. In establishments not provided by Poor-Law authorities there was spent £131,145. On out-relief there was spent in London £146,175; outside London £1,503,839—a total of £1,650,014. The maintenance of lunatics in England and Wales cost £1,259,367. The total expenditure on Poor-Law relief was £7,389,381.

Among the institutions which have organised special courses of instruction for Health Visitors and School Nurses, the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., has been giving systematic training for several years, followed by examinations, and its certificate is specified in the Statutory Rules and Orders issued by the Local Government Board among the qualifications necessary for a Health Visitor in London.

The report of the Bread and Food Reform League, which has just been published, states that the finely-ground whole-meal bread, and old-fashioned cream-coloured household bread and other foods advocated by the League, are now more generally used, and have been adopted at various

public schools and other institutions. The report urges that the consumption of very white bread, when it forms the principal staple food, may produce evil results, which may develop into physical deterioration, deficient brain power, tooth degeneration, consumption, constipation, appendicitis, and the drink craving. A copy of the report can be obtained from Miss May Yates, Hon. Secretary, 5, Clement's Inn, Strand, W.C.

The splendid work which the Royal Southern Hospital at Liverpool is performing, not only on behalf of the poor in the south end of the city, but in the much wider spheres of the training of nurses and tropical research, recently received an impetus by the opening of a new out-patient department, as well as of the Hulme litt. This department has been named to commemorate the work of Mr. William Adamson, the President, whose devoted service to the hospital for many years past has been of a most practical and beneficial character. Subsequently the visitors had an opportunity of inspecting the children's, tropical, and other wards, the operating theatre, and X-ray rooms, with all of which they were very much interested.

Nearly £80 was realised by the Ladies Association of the Bedford Hospital at a sale at the Bedford Kindergarten Training College recently. Lady Amptill, who subsequently presided at one of the stalls, was welcomed by Miss Walmsley, Principal of the College, and in opening the sale, and wishing it all the success it deserved, said it was the child of the Hospital Fete in the summer, which was held on a terribly wet day.

Miss Butler, Acting Medical Superintendent of the Hull Sanatorium, has been appointed for a further period of six months.

The Royal National Hospital for Consumption at Ventnor has received a donation of £1,000 from Mrs. Bell to endow a bed in perpetuity in memory of her late husband, Dr. J. Hougham Bell, a member of the board of the hospital.

The Penal Reform League held its Annual Meeting in the Connaught Chamber of the Caxton Hall, Westminster, on Tuesday last, when an interesting address was given by the Hon. Secretary, Captain Arthur St. John, on his tour in America, which he visited last year in connection with the International Prison Congress. Those who desire to know more of the prison question should join this excellent League, the object of which is "to interest the public in the right treatment of criminals and to promote effective measures for their cure, rehabilitation, and for the prevention of crime." The address of Captain St. John, to whom applications for membership should be addressed, is 7, Holly Village, Highgate, London, N.

## Hygiene in Relation to Rescue Work.

A very interesting Conference on "Hygiene in Relation to Rescue Work," was held at the Caxton Hall, Westminster, S.W., on Thursday, November 21th.

### MORNING SESSION.

The Lady Laura Ridding, President of the National Union of Women Workers, which convened the Conference, presided at the Morning Session, and said that the Conference was really the sequel to one held at Portsmouth last year. The Union felt the need of gathering statistics on this question, and a Sub-Committee of the Rescue Committee had been appointed to deal with the question, which was approached by the Union primarily from the Christian point of view.

### PHYSICAL HEALTH AND HYGIENE IN HOMES FOR WOMEN.

Dr. Jane Walker presented the first paper on the above subject, and said that the functions of a Rescue Home were to receive persons brought there, or who came there willingly. Rescue work should be applied to both sexes, but as things were at present these Homes dealt with women who were the victims of vice. She emphasised the fact that a large number of such women belonged to the feeble-minded class, and it was well known to rescue workers that nearly every unprotected feeble-minded girl sooner or later became a prostitute. Such girls could be cared for in Homes and protected up to the age of 16; after that time protection could not be enforced.

In connection with the hygienic precautions necessary in carrying on a Rescue Home, Dr. Walker advised that each girl should be provided with a number on admission, with which the crockery and linen she used should be marked and be used by her only. She should have a bedroom, or cubicle, to herself, and when she left everything she had used should be boiled, and her mattress should be disinfected. The whole secret of the prevention of infection was scrupulous cleanliness in every detail. A woman doctor should be attached to every Rescue Home.

### THE VENEREAL DISEASES.

Dr. Florence Willey said that there was a fallacy current amongst social workers that there was one specific venereal disease, and that it resulted from vice. She explained that there are several diseases—syphilis, gonorrhoea, and chan—caused by distinct micro-organisms. Dr. Willey urged that young men and women should have clear instruction on sex questions, that girls should demand a high standard of purity, that more facilities for the treatment of patients suffering from the venereal diseases were needed, and that patients attending such clinics should not be marked persons. The whole community suffered from the presence of these diseases in its midst; every other consideration must go, and they must be treated, cured, eradicated.

## THE PREVALENCE OF VENEREAL DISEASES.

Dr. Helen Wilson said that the fear of the venereal diseases was a serious embarrassment to those engaged in rescue work. Fear came from want of knowledge. Precautions should be taken in three directions—by sufferers from these diseases, by the healthy, and by the public authorities. Although venereal cases were not necessarily infectious if precautions were intelligently and conscientiously observed, it was advisable to exclude all sure cases from Rescue Homes; but they might crop up in any Home and have to be kept for a time before they could be transferred. They should then be isolated. But infection was not to be feared, with proper precautions, from known cases of the disease—the chief danger arose from the unknown. Safety lay in scrupulous surgical cleanliness; in the encouragement of refinement in mind and body in the inmates of a Home. It was sometimes suggested that Poor Law Guardians should have the power of detaining persons known to be infectious. The objection was that the knowledge that Guardians had the power of detention would prevent patients applying for treatment. In the best-managed hospitals and wards the number of those who discharged themselves against advice was very small.

Again, notification of venereal diseases was advocated. This was all right in theory, but impracticable. The notification of the disease in the upper classes would be impossible, and if insisted on would drive patients to quacks. Dr. Wilson insisted, in conclusion, that cleanliness or purity does not consist in ignoring dirt and refusing to see it, but rather in activity in combatting it.

Miss Clifford, who was unable to be present, wrote suggesting the establishment of hospitals for venereal diseases in suitable centres by co-operating Poor Law Unions.

The President then vacated the chair, which was taken by Mrs. Alfred Booth.

Amongst those who took part in the discussion were Miss Blanche Lepington, Miss I. M. Baker, Mrs. Raffles Bulley, Mrs. A. J. Webb, Mrs. Schooling, Miss Lucy Deane, Miss Fox, Miss Hargreaves, P. L. G., Miss Verrall, Miss Curtis, Miss Martindale (Church Army), Miss James, and Dr. Stacey. The chief points emphasised were the uselessness of compulsory detention of infected women in infirmaries while dissolute men outside still infected healthy women; the unsuitability of laundry work as employment for girls in Rescue Homes owing to the roughness of the work and the temptations to which girls were subjected when they left the Home; that women must demand purity in men, when they do they will get it; the importance of legal powers of detention of the feeble-minded over sixteen years of age, with their segregation in colonies, so that they will not produce more feeble-minded children; the desirability of evening treatment for out-patients at the London Lock Hospital for women as well as for men; and of the appointment of a woman physician. The consideration of a Resolution in this connection was eventually deferred to the Afternoon Session.

## AFTERNOON SESSION.

## THE NEED FOR BETTER PROVISION FOR RESCUE CASES SUFFERING FROM DISEASE.

At the Afternoon Session, when Dr. Helen Wilson presided, Dr. Alice Corthorn presented the first paper on "The Need for Better Provision for Rescue Cases Suffering from Disease." She emphasised the necessity for the classification of cases in some infirmaries wards where venereal cases are received. On the physical side, the disease must be controlled by individual attention, and morally the patients must not be exposed to moral contamination. This was impossible in institutions where hardened prostitutes, young girls in their first trouble, and even little children were to be found in the same ward. Miss Corthorn was not in favour of the establishment of special venereal hospitals by Boards of Guardians, an added objection being that the existence of Guardians themselves was threatened.

Miss Amy Hughes, from her practical experience as Superintendent of a country workhouse infirmary, urged the importance of legislation giving powers of restraint over feeble-minded, degenerate girls, physically and mentally defective, who are let away. She had known a number who took their discharge, went out to a common lodging-house, and in a few months returned half-starved and verminous, to be mothers of more feeble-minded children.

Others who joined in the discussion of this paper were Miss Greig, Mrs. Creighton (who pointed to the necessity of avoiding the assumption that the feeble-minded are only girls), Mrs. E. Nott Bower, P. L. G., Richmond (who spoke of the difficulties of women guardians), and others.

## RESOLUTION.

A Resolution respectfully urging the authorities of the London Lock Hospital to provide facilities for evening treatment for women out-patients as well as men, and to consider the advisability of appointing a woman doctor, proposed by Miss Richmond, was then carried, and it was arranged to send it to the President, Lord Kinnaird.

Miss Richmond also desired to memorialise the Committees of Metropolitan Hospitals to re-open their lock wards; but Mrs. Bedford Fenwick pointed out that the question was a very wide one, and she hoped it would be referred to the Rescue and Preventive Committee to report upon; the policy of recent years had been to eliminate infectious and contagious diseases from the general hospitals. She thought the Metropolitan Asylums Board was the authority which should deal with these cases in London. Now that infectious diseases were steadily diminishing, perhaps the Board might open a hospital for the reception of venereal cases.

On the proposition of Mrs. Creighton, seconded by Mrs. Webb, it was then referred to the Rescue and Preventive Committee to consider whether it was desirable to petition Boards of Metropolitan Hospitals to open special wards for venereal cases.

It was further proposed from the chair, seconded by Mrs. Bedford Fenwick, and agreed, that the Committee be asked to consider the advisability of calling a Conference of men and women doctors.

Guardians, nurses, and others on "Hygiene in Relation to Rescue Work."

#### EDUCATION IN RESPONSIBILITY.

The last paper was presented by Mrs. James Gow on "Education in Responsibility, Personal and Social, in Rescue Homes."

The speaker thought that in most girls the instinct of motherhood is hidden deep, and that this might be utilised in Rescue Homes so that the older girls might be a help to the more recent arrivals. In regard to the rule of silence so often enforced in Rescue Homes, she pointed out that it meant shutting up a girl with her own thoughts. The restraint of a Home might prove too much for girls who had previously been governed solely by their own impulse at the moment, and they should have more than one chance. There was, to her mind, a touch of real heroism about a girl who consented to enter a Home.

In the discussion, the question of instruction to the young in sex questions was brought forward by a lady Guardian, who said that among the upper and middle classes a sense of responsibility was springing up, but the early Victorian attitude had descended to the poorer classes, who thought it their duty never to touch on these questions with their children.

Mrs. Creighton said that nothing was more touching in rescue work than the number of girls who sent young ones to the Homes though they would not enter them themselves.

Miss Curtis thought that innocence was apt to be assumed where it does not exist. Mothers would like their children to be thought innocent when they knew they were not.

Mrs. Gow, in a brief reply, said that mothers made the mistake of thinking they could choose whether their children should know things or not. The position really was not whether they should know them, but who should give the information.

The proceedings of the Conference will be published *in extenso* by the National Union of Women Workers.

## The "Florence Nightingale" Pledge.

The present is an appropriate moment for the repetition of the Florence Nightingale Pledge for nurses:—"I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practise my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping; and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavour to aid the physician in his work and devote myself to the welfare of those committed to my care."

## The Child.

Dr. T. N. Kelynak, the Editor of *The Child*, is to be congratulated on this new monthly, which deserves well of all the friends of children. In appearance, production, matter, and illustrations it is all that can be desired. The price is two shillings monthly, or £1 1s. per annum.

Amongst the subjects dealt with in the November issue are: "Fear and the Evolution of the Child," by Dr. H. Macnoughton Jones; "Medical Inspection of Schools," by Mr. J. C. Bridge, M.R.C.S., D.P.H.; "Holiday Colonies for Children in Switzerland," by Dr. O. Amigé; "The Inspection of Boarded-out Children," by Miss M. H. Mason; and "The Vermicious Child," by Miss M. E. Bibby, B.A., Sanitary Inspector for the Public Health Department of the Metropolitan Borough of St. Pancras.

Poor little "vermicious child." He "has no doubt existed," we read, "for uncounted years, but as a problem vexing the soul of sanitary and educational bodies, his recognised existence is comparatively recent." With no one is he a more vexed problem than with the School Nurse. When the Cleansing of Persons Act, 1897, was passed, presumably children were included in the persons for whom local authority could provide means of cleansing free of charge, but no separate baths for children existed until 1903, when, as a consequence of representations made to him by a head mistress, the Medical Officer of Health for the Borough of St. Pancras caused inquiries to be made as to the vermin-infested children of the district, with the result that the Borough Council of St. Pancras made separate provision for the treatment of verminous children, an example followed by other councils. Care was taken to make the cleansing process attractive and pleasant to the children, and to make the bath educative. The improvement in the children's health was noteworthy.

The verminous child, until eight or ten years ago, was "an object of disgust not to be spoken of among his superiors, a part of the natural order of things among his associates." Now, authority provides for the parent "a remedy of doubtful efficiency—namely, a fine not exceeding ten shillings if a second time his child is found by an educational official to be verminous."

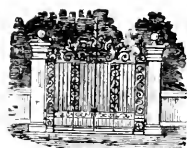
The Medical Officer of Health of St. Pancras many years ago advocated the conversion of basements from living places into bath and wash-rooms, and in the opinion of Miss Bibby few single measures would at one stroke do as much for child life.

In addition to the cleansing of the children attention should be given to their clothing. Cleanliness is, says Miss Bibby, not a beatific state one obtains and ever afterwards possesses. It is rather an unstable and temporary condition maintained with great difficulty, part of that difficulty being the provision of adequate change of clothing.

It will be seen that *The Child* deals in a thoroughly practical way with present-day difficulties. We wish it all success.

## Outside the Gates.

### WOMEN.



In connection with the recent deputations of women to the House of Commons, and to the Prime Minister's House, to demand their political enfranchisement, the brutality of many members of the police force, and the abominable behaviour of men in the crowd, should be thoroughly realised. The brutality has been attested by unimpeachable witnesses. Mrs. Garrett Anderson, M.D., has stated, of the memorable deputation on Friday, November 18th, that though the leaders were courteously treated by the police, their followers were "brutally ill used"; and Mr. C. Mansell-Moulin, Vice-President of the Royal College of Surgeons, wrote subsequently to the press: "The women were treated with the greatest brutality. They were pushed about in every direction by the police, and thrown down, their arms were twisted till they were almost broken, their thumbs were forcibly bent back, and they were tortured in other nameless ways that made one feel sick at the sight."

And Mr. H. W. Nevinson, writing in *Votes for Women* of "The Battle of Downing Street," speaks still more plainly of matters which are common knowledge amongst Suffragists: "I cannot specially blame the police, violent and savage though many of them were. . . . But what death is hideous enough for the men who come to these scenes for the deliberate purpose of filthy insult to women struggling for the rights of human beings. . . . I wish to give these scoundrels full notice that they do this sort of thing at the risk of their lives."

Can we wonder that the Home Secretary, and his wife and child, have to be guarded by detectives when such things are possible? The women have endured brutality with the greatest courage, but students of history—and history repeats itself—know that in France "filthy insult" to women was a leading factor in producing the sense of outrage which resulted in the carnage of the closing years of the eighteenth century.

The following extract from *Hume's History of England* shows how history repeats itself with a difference. Women in 1642 were used, as now, as political pawns by politicians.

The Commons, to excite the people against King Charles I., renewed the expedient of petitioning.

"The very women were seized with the same rage. A brewer's wife, followed by many thousands of her sex, brought a petition to the House; in which the petitioners expressed their terror of the papists and prelates and their dread of like massacres and outrages with those which had been committed upon in Ireland. They had been necessitated,

they said, to imitate the example of the women of Tekoah, and they claimed equal right with the men of declaring by petition their sense of the public cause, because Christ had purchased them at as dear a rate, and in the free enjoyment of Christ consists equally the happiness of both sexes. Pym came to the door of the House and, having told the female zealots that their petition was thankfully accepted and was presented in a seasonable time, he begged that their prayers for the success of the Commons might follow their petition."

Many people have dreamed of communal house-keeping combined with the privacy of home life, and at "Homesgarth," at Letchworth, people with moderate means seem likely to have their dreams converted into reality. When the scheme is complete there will be 32 houses built round three sides of a quadrangle, three and a-half acres in extent, and laid out as a garden. There is a central administrative block with dining-hall, kitchens, tea-room, reading-rooms, etc., where meals are served, and the manageress, Miss M. B. Brown, supplies the domestic work in the individual houses, so that the cares of house-keeping are reduced to a minimum. It should be, and no doubt will be, a great success.

Viscountess Morpeth, in opening a sale of work at the Deaconess House, Albert Square, Clapham Road, in aid of Mrs. Merodith's Prison Mission, said the work done by the Mission in one corner of the field of social endeavour was urgently needed and was carried on with much advantage. The State acted in the only possible way in sending offenders to prison, but it remained for the charitable and kindly, who prayed for "all prisoners and captives," to come to the rescue of the prisoner, however guilty, and to help her, when once more free, to some honest means of livelihood.

## Book of the Week.

### THROUGH THE CHRYSALIS.\*

The preface of this book tells us that "Babette of my story did finally find her way through the meshes she had wound round and round her life, as the butterflies have found their way through the chrysalis." The reader is introduced to this same Babette in the ancient and royal town of Compiègne, at the pension of kindly Madame Berne.

"One afternoon a man and a girl came rather wearily into the courtyard of the pension. It was about five o'clock, and some of the little tables were set with teacups, and a few of the old ladies were sitting in the wicker chairs. The place seemed homelike and peaceful in the softening mellow light of a late afternoon. The man sat down as if he were too tired to walk a step farther.

"'You can arrange it all,' he said."

That same night the man died suddenly, and Babette begins to weave a web of deceit around her life.

\* By E. F. Montessor. (John Murray, London.)

After the funeral, good Madame Berne tells her I have something to confess to you. On the day after your poor father died we tried to get you to answer some questions. . . . I therefore took it upon myself to telegraph in order that your relations might be acquainted with what had occurred."

Now the man who died was not Babette's father, but her stepfather, and his belongings absolutely unknown to the girl, but she allows his family to adopt her and lavish their affection and money upon her, quite unsuspecting of the fact that she has no claim either to the one or the other.

Sir Hubert thought "It was extraordinary that I should be expecting a grown-up grandchild whom I have never set eyes on, of whose very existence I have not known till within these last few weeks. It's extraordinary that Stephen should have been a father and I never have had a word from him; that now he should be dead. . . ."

"Miss Redstone came quickly into the room, eager, and much excited.

"Dear, dearest father, here we are! I've brought her with me. Here is our little Babette! Here is your granddaughter," she cried.

"Sir Hubert came down the steps of the dais, holding out both his hands.

"In the growing dusk he could just see a very slight, black-robed figure and the gleam of fair hair. 'You are welcome to your home, granddaughter,' said he.

"Babette said nothing whatever."

Complications arise when Babette's real father appears on the scene. He had deserted his wife when the girl was a child, and she, believing him to be dead, had married Stephen Redstone.

"In proportion to her gratitude to her stepfather had been her contemptuous dislike for the very memory of her real father.

"I went to Madame Berne's boarding-house on the day on which you left it," said Jethro Cole. "I meant to claim you then, but you had taken the matter into your own hands; you had provided yourself with a fine grandfather and a couple of aunts."

"Then if I had waited I should not have starved," said Babette.

"Babette looked at her real father standing before her now. This was no contemptible skulker. No! If she had waited for him she need not have starved."

Conscience at last compels her to confess her deceit to Sir Hubert, and though he dies heart-broken with his disappointment, everything ends quite happily for Babette, which seems rather unfair.

This story cannot lay claim to distinction, but it will be very popular with many readers.

II. 11

#### WORD FOR THE WEEK.

A diamond in the rough.  
Is a diamond sure enough;  
For although it may not sparkle,  
It is made of diamond stuff.  
But when it's found and when it's ground  
And when it's burnished bright,  
That diamond everlastingly  
Is flashing out its light.

#### COMING EVENTS

*December 2nd.*—Meeting of Nursing Masque Committee. 131, Oxford Street, W. 1.30 p.m.

*December 2nd.*—London Co-operation of Nurses' Needlework Guild At Home and Show of Needlework, Howard de Walden Home, 35, Langham Street, 3.30 p.m.

*December 3rd.*—St. Bartholomew's Hospital Nurses' League General Meeting. Clinical Lecture Theatre, St. Bartholomew's Hospital, E.C. 3 p.m. Social Gathering, 4 p.m.

*December 3rd.*—Executive Committee of the League of St. John's House Nurses. 3 p.m.

*December 6th.*—Irish Nurses' Association. Lecture: "Massage and its Use in Common Ailments," by T. Douglas Good, Esq., M.D. 86, Lower Leeson Street, Dublin, 7.30 p.m.

*December 7th.*—Royal Infirmary, Edinburgh. Lecture on "The Nursing of Neurasthenic and Hysterical Patients," by Dr. Edwin Bramwell. All trained nurses cordially invited. Extra-Mural Medical Theatre. 4.30 p.m.

*December 12th.*—Hammersmith and Fulham District Nursing Association. Miss Curtis and the Nurses At Home. Hammersmith Town Hall, 4 to 6.30 p.m.

*December 16th.*—Territorial Force Nursing Service, City and County of London. Meeting, Grand Committee, Mansion House, E.C., 4 p.m.

*December 15th and 16th.*—Central Midwives' Board. Special Meetings to deal with Penal Cases. Caxton House, S.W., 2 p.m.

*December 16th.*—Central Midwives' Board Examination. Examination Hall, Victoria Embankment, London, W.C.

#### THE NURSES' MISSIONARY LEAGUE.

The official organ of the Nurses' Missionary League announces the following At Homes:—

##### AT HOMES.

London: Miss Richardson will be "At Home" to District and Private Nurses, on the second Wednesday in each month, at 52, Lower Sloane Street, from 2.30 to 5.30 p.m. There will be a Bible Circle on the Bible Study Notes for the previous week.

Nottingham: Miss B. B. de Lasalle "At Home" on the first Wednesdays at 4, Derby Terrace, The Park, 3-5 p.m.

Leeds: Mrs. Ewing "At Home" on second Thursdays at 11, Blenheim Terrace, from 3-5 p.m., and 6-8 p.m.

Manchester: Miss Broadbent "At Home" on third Mondays, at Elmhurst, Victoria Park, from 5-6 p.m.

Glasgow: Miss Robertson "At Home" on first Sundays, at 2, Lynedoch Place, from 4.30-6 p.m.

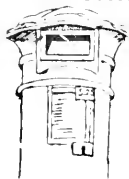
Sunderland: Mrs. Raw "At Home" on fourth Wednesdays from October to May, at 12, Grange Crescent from 3.30-6 p.m.

Southampton: Mrs. Waddington-Ingram will be "At Home" at Cranbourne, Winn Road, any afternoon during the winter, by appointment.

Liverpool: Mrs. Bird "At Home" at 93, Arundel Avenue, Sefton Park.

In addition to these, Miss Richardson will still be "At Home" every Wednesday morning as usual.

## 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 MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM.—I should be greatly obliged if you would allow me, through the medium of your valuable paper, to appeal to the members of the Matrons' Council to be kind enough to send me the names of any ladies, with whom they are acquainted, who are eligible for membership, and desire to join us, but have not received the necessary papers.

I am most anxious that all who are interested in our aims and objects should have an opportunity of studying our bye-laws, and of joining us if they feel so inclined, but it would be much easier for me to carry out my good intentions if other members would kindly supply me with the information I mention above.

I remain, dear Madam,  
Yours faithfully,  
M. MOLLETT, Hon. Sec.

Royal South Hants Hospital,  
Southampton.

### NO SUPERINTENDENT IN FUTURE.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM.—The Sutherland Benefit Nursing Association, under the Presidentship of the Duchess of Sutherland, has again come into somewhat unenviable prominence.

The Superintendent of Nurses, Miss Bremner, has been dismissed, and this, so far as is known, without any good or sufficient reason.

It will be remembered that in 1904, when the then Superintendent of Nurses resigned, several of the oldest and leading members of the Committee resigned office as a protest against autocratic rule.

It is the old story. The poor have to suffer from much so-called philanthropy. The work of midwives and maternity nurses in desolate and scattered districts, far from medical and neighbourly assistance, is of great value, but once an institution gets a name for injustice and changeableness its usefulness and influence is woefully lessened.

In the interests of justice it is hoped that full publicity will be given to the action of the Association in the dismissal of Miss Bremner, who has worked with so much zeal and energy in the interests of the Association.

Yours truly,  
FAIRPLAY.

[As we reported last week, although the nursing staff is not thoroughly trained, the Committee have decided to abolish the office of Superintendent to save expense. Ed.]

### NURSES' REGISTRATION BILL.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM,—Nurses are indebted to you for again pointing out that the question of State Registration of Nurses is "primarily" a nurses' question. This aspect of the question has, unfortunately, not yet been fully realised in some quarters on this side the Border.

In a letter in your columns of the 19th ult., Dr. Campbell Munro practically condemns his own argument that a separate register is essential to the welfare of the fever nurse. After advocating "a place on the Register of Fever Nurses carrying with it a statutory certificate given after a training and examinations prescribed by a statutory body," Dr. Munro advocates reciprocal training—a training which would place the fever nurse in a position to qualify for the General Register.

For the general hospital nurse, he advocates a training on a similar plan, and would have her qualify for a place on the Fever Nurses' Register. But Dr. Munro does not explain (perhaps it is not easy to explain) why in such circumstances both a general and a fever register are necessary!

Under the Bill before Parliament the way is left clear and open to the establishment of a full or reciprocal training. The Fever Nurses' Association supports the Bill, and, as you say, many Scottish nurses support it, seeing clearly the end in view.

Yours faithfully,  
E. A. STEVENSON,  
Vice-President, Scottish Nurses' Association.

## Comments and Replies.

*Cottage Hospital Matron.*—It is advisable to have all bottles for lotions, linaments, pots for ointments, etc., an entirely different shape from those used for medicines which are taken by mouth. A good plan is to have the former made triangular in shape, the danger of mistaking one for the other is thus reduced to a minimum.

### NOTICE.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.  
The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

## Notice.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives Board.

### THE MONTHLY MEETING.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, November 24th. Sir Francis Champneys presided.

A letter was received from the Clerk of the Council requesting the Board to furnish the Lord President with statistics as to the number and distribution of certified midwives in the country, for the use of the Austro-Hungarian Ministry of the Interior.

### REPORT OF THE PENAL CASES COMMITTEE.

On the recommendation of the Penal Cases Committee, it was decided, in connection with the claim of Dr. A. F. Whitwell for a fee of £1 1s. for information given in the case of a certified midwife, that a fee of one guinea be paid to Dr. Whitwell without prejudice to the action of the Board in any similar cases arising hereafter.

After considering reports made at the request of the Board by various Local Supervising Authorities on the conduct of midwives previously censured or cautioned for offences against the rules, the Board decided that three midwives be cited to appear before the Board, and that no further action be taken in twelve cases, the reports being generally satisfactory.

A letter was reported from Dr. G. Reid, County Medical Officer for Staffordshire, reporting the conviction at Cannock Petty Sessions of a certified midwife for disorderly behaviour. It was agreed to ask Dr. Reid whether the Local Supervising Authority finds a prima facie case of misconduct or negligence to be established.

In the case of a certified midwife whose conviction at the Oxford City Petty Sessions for being drunk and incapable was reported by the Inspector of Midwives, and in a second in which the Clerk of the Cornwall County Council forwarded a report by a Medical Officer of Health on a complaint lodged by a registered medical practitioner against a midwife, it was decided to cite both to appear before the Board, subject to a prima facie case being found by the Local Supervising Authority in each instance.

It was further decided to cite 28 other midwives to appear before the Board, after consideration of the charges alleged against them by their respective Local Supervising Authorities.

It was decided that special meetings of the Board be held on Tuesday, December 13th, and Thursday, December 15th, at 2 p.m., for dealing with all penal cases and applications then ready for hearing.

### REPORT OF THE STANDING COMMITTEE.

On the report of the Standing Committee a letter was considered from Dr. Niven, Medical Officer of Health for Manchester, forwarding a copy of a Resolution passed by the Local Supervising Authority for that city as to the taking and recording of

temperature. It was decided to inform Dr. Niven that the matter will be considered on the revision of the rules which is about to take place.

A letter was considered from the Birkenhead Medical Society suggesting an amendment of Section 1 (2) of the Midwives Act, 1902, so as to prevent uncertified women holding themselves out as "emergency" women and practicing as midwives with impunity. It was decided to inform the Society that the suggestion will be borne in mind should opportunity arise for dealing with it.

A letter was considered from a certified midwife suggesting that the Board should issue a badge as the distinguishing mark of a certified midwife. It was decided to refer the question again to the Standing Committee for consideration and report.

### APPLICATIONS FOR REMOVAL AND RESTORATION OF NAMES.

The applications of twelve certified midwives for the removal of their names from the Roll on the grounds of ill-health, old age, inability to comply with the rules, and one on account of her marriage, were granted, and the Secretary was directed to remove their names from the Roll and cancel their certificates.

The Board granted the application of Margaret Michael for the restoration of her name after voluntary removal.

### REVISION OF THE RULES.

The Board decided, in connection with the revision of the rules, that it be referred to the Standing Committee to revise the rules and to report to the Board thereon. That, with this object, the various Local Supervising Authorities be invited to suggest amendments.

### REPORT ON BOARD'S WORK FOR THE YEAR ENDING MARCH 31st, 1910.

The Board considered and amended the draft Report already circulated to members of the Board; and, after having approved and adopted it, ordered that it be forwarded to the Privy Council.

### APPLICATIONS FOR APPROVAL AS TEACHER.

The following applications for approval as teacher were granted:—John Henry Farlstein, Esq., M.B., F.R.C.S.; Arthur Cecil Dexeux, Esq., M.B., F.R.C.S.; Robert Henry Norgate, Esq., M.R.C.S., L.R.C.P.; William Pinck, Esq., M.B., L.R.C.S.; William Octavius Pitt, Esq., M.D.; William Stuart Vernon Stock, Esq., M.B., F.R.C.S.; Crawford Smith Crichton, Esq., M.D.

### APPLICATIONS FOR APPROVAL TO SIGN FORMS

#### III. AND IV.

The following applications for approval to sign Forms III. and IV. were granted:—Eveline Harriet Barnes (No. 2624), Evelyn Hessie Furminger (No. 28335), Florence Mabel Griffiths (No. 26143), Lilian Rickman (No. 26191), Jessie Williams (No. 18219), Jane Carnegie Wishart (No. 26243), Jessie Flora Mackintosh (No. 28676), Annie May Wilkinson (No. 24434), Delia Sellay (No. 9352), Sophie Pulsac (No. 1300).

## Association for Promoting the Training & Supply of Midwives.

A meeting of the Council of the above Association was held at 2, Cromwell Houses, 23, Cromwell Road, S.W., on Thursday, November 24th.

In the absence, through prior engagements, of the President of the Council, H.R.H. Princess Christian of Schleswig-Holstein, Mrs. Samuel Bruce, who kindly lent her house for the occasion, occupied the chair.

Mrs. Wallace Bruce, Chairman of the Executive Committee, gave a short account of the work of the Association during the year, and referred in particular to the Midwives (No. 2) Bill. Mrs. Bruce said there were two points upon which the Executive Committee of the Association felt strongly—viz., Clause 12 (1) (b), which would permit a midwife, qualified under regulations of the Local Government Board for Ireland to be entitled to be certified under the principal Act, and to practise in England; and Clause 17, relating to the payment of doctors' fees. In the first case the Committee considered that the clause should be omitted entirely, as it does not deal in any way with the regulation of midwives' practice in Ireland, for which a separate Bill is necessary, while it would allow a second standard of qualification for midwives practising in this country, a suggestion greatly deprecated by this Association on a former occasion, as well as by a large majority of those who gave evidence on this point before the Departmental Committee in 1909.

With regard to Clause 17 Mrs. Bruce quoted the following resolutions passed by the Executive Committee:—

"That all things considered this Association accept Clause 17 as a temporary measure which provides for the payment of the doctor, but expresses no opinion as to what authority should ultimately be responsible for the payment of fees."

"That satisfactory assurances should be given, or a new clause introduced, to allow town councils to make use of Section 133 of the Public Health Act, 1875, as hitherto done in certain towns."

These resolutions were put to the meeting for confirmation, and were carried *unanimously*.

Amongst other speakers, Miss Lucy Robinson gave an account of the training given under the auspices of the Association and of the Training Home at East Ham, with a special plea for the "cupboard" which has so frequently to produce fire, light, and food where poor mothers are suffering for want of the bare necessities of life. Miss Lorent Grant made a financial statement, and Mr. F. E. Fremantle, in a short speech, asked the members of the Association to bear in mind that they wanted the Bill to pass without serious delay, and not to become a pivot or a test question of Poor-Law reform. The Bill must be considered on its own merits.

In conclusion Lady St. Davids gave a most interesting address on the organisation of district nursing in South Wales.

## The Amending Midwives Bill.

Sir Donald MacAlister, K.C.B., President of the General Council of Medical Education and Registration, in his Presidential Address at the opening of the ninety-second session of the Council recently stated that the wish expressed by the Irish Branch Council that an effort should be made for the extension of the Midwives' Act to Ireland was duly communicated by him to the Government. He had reason to believe that in the Bill then under the consideration of Parliament the Lord President of the Council had approved the introduction of provisions which would have the effect of removing the disabilities of midwives trained in Ireland. It had not been possible to obtain assurances that an amendment would be acceptable providing for the prohibition of midwifery by unqualified men.

As no uncertified woman may now practice midwifery under penalty, it is hard upon many who have been in the habit of attending their neighbours for gain that men can practise without restriction. It is still harder on midwives who have spent time and money in obtaining the certificate of the Central Midwives' Board that they should have to compete with unqualified men.

We hope that when the new Parliament assembles a means will be found whether in connection with the Midwives' Act, or otherwise, to penalise the practice of midwifery by unqualified and ignorant men. If only one sex is to be disqualified from delivering lying-in cases, without a legal qualification, that sex should not be the female one.

## A Meedy Association.

Last week a fancy fair on behalf of the Maternity Nursing Association, 63, Myddleton Square, E.C., was opened by the Dowager Countess of Clanwilliam. The Mayor of Finsbury, Alderman E. H. Tripp, presided at the opening function, and was supported by Major M. Archer-Shee, D.S.O., M.P., and many friends of the movement, as well as by Miss Dauncey, Superintendent of the Association. A specially interesting stall was that stocked with gifts from the ten parishes in which the midwives work. In all 550 cases have been attended in the past year, 100 more than last year. The expenses have been £720, and the income £151 from patients' fees, £240 from pupils' fees, and £171 from subscriptions and donations, thus leaving the considerable sum of £155 to be raised by other means. As the Association works in a very poor locality outside financial assistance is essential, and the Hon. Treasurer, Miss Blunt, 5, Sussex Mansions, South Kensington, will gratefully receive subscriptions and donations.

The very inclement weather affected the attendance at the fair, but all who were able to be present were greatly interested. In the evening were various competitions, and there were "side shows." A very popular café chantant in the Minor Hall was under the direction of Mrs. Evelyn Clifford.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,184.

SATURDAY, DECEMBER 10, 1910.

XLV

## Editorial.

### THE CARE OF PRISONERS.

A more forcible example of the need for the appointment of trained Matrons and nurses in prisons could hardly be advanced than that afforded by the death of a woman prisoner in the Oxford Prison, which was recently the subject of an inquest, followed by a question in Parliament. Sir Francis Channing asked the Home Secretary whether, having regard to the fact that it was proved that the death was caused by a wardress having applied to the prisoner undiluted carbolic acid, and that the wardress stated that she was ignorant that carbolic acid was harmful and corrosive, he would either direct a formal prosecution for manslaughter or take such steps as would protect prisoners from such treatment, and ensure that prison authorities should not allow wholly unfit and ignorant persons to be in positions of trust on the prison staff. Mr. Churchill replied that the accident was due not to the ignorance of the wardress but to the unfortunate misunderstanding of a message, which led to her being supplied with pure carbolic acid in mistake for carbolic lotion. It was clearly an accident, and there could be no prosecution for manslaughter. The Prison Commissioners were giving instructions which would make the recurrence of such a lamentable event impossible.

Two comments seem inevitably to follow on the Home Secretary's explanation. First, that pure carbolic is a solid substance in the form of crystals, needing to be subjected to heat in order to liquefy it; and, secondly, that the arrangements in the prison concerned must need revision if a deadly and corrosive poison, such as pure carbolic, is supplied to an untrained person on the receipt of a verbal message. We have from time to time urged the appointment of

specially trained nurses as Matrons of prisons, and that warders and wardresses should receive training in nursing to fit them for their responsible duties. The present instance proves the justice of this plea.

Further, conclusive proof of this is afforded by the presidential address, delivered by Dr. John Lyell at the annual meeting of the Perth Branch of the British Medical Association, and reported in the Supplement to the *British Medical Journal*. Dr. Lyell, who has had to make a physical examination of every prisoner who has entered the Perth Penitentiary during the last six years—over 15,000 men and women—states that a large number of the true criminal class as met with in prison, are weakly and deformed and diseased, with constitutions undermined by debauchery and privation. He enumerates the following diseases as usual in the Perth Penitentiary: "Deformities of all descriptions, the result of accident and disease; tuberculous glands and sores; venereal disease in all its disgusting varieties; weaknesses of the heart and lungs; impaired digestion; different forms of malnutrition, such as anemia and alcoholic cachexia; tumours; hernias of the most aggravated degree; distiguring skin diseases, and so on, which mark out this motley crowd as the dregs and waste products of humanity, and prove the close alliance between gross physical disability and crime."

Surely these poor people need the care and supervision of trained nurses. There is urgent need for the formation of a Nursing Department at the Home Office, as at the War Office and Local Government Board Office, to provide and inspect trained nursing in prisons.

Referring to the conclusions arrived at by Dr. Thomson, first Resident Medical Officer of the Perth Prison, Dr. Lyell stated

that he taught the lesson that crime is nearly allied to insanity. That lesson has not been lost, and "more and more we are coming to see that by making criminality a psychological study we are more likely to arrive at a satisfactory conclusion than by merely looking at crime as the work of the devil, and pinning our hope of salvation on the penal code."

It is quite certain that the conditions of life in the poorer localities of many large towns—the housing, poverty, and the mental and physical degeneration which ensue, predispose to the manufacture of criminals, and that they can only be effectively dealt with by bringing medical science, and hygienic municipal government, as well as the penal code, to deal with the problem.

## Medical Matters.

### INFANTILE BERI-BERI

Much light, says the *Lancet*, has recently been thrown upon the etiology of beri-beri by the researches of Dr. Fraser and Dr. Stanton in the Federated Malay States and by other investigators elsewhere; but a new problem in connection with this disease has recently been raised in a paper read at the biennial meeting of the Far Eastern Association of Tropical Medicine, and published in a professional journal in the Philippines, by Dr. Allan J. McLaughlin, assistant director of health for the Philippine Islands, and Dr. Vernon L. Andrews, assistant professor of bacteriology and pathology in the Philippine Medical School. These observers have been making a study of the causes of the excessive infantile mortality in Manila, and their inquiries have led them to the conclusion that a large number of infants die from a disease presenting a definite pathological picture for which they say no better name can be given than "moist beri-beri." The total deaths certified from this cause in children under one year of age in Manila for the fiscal year 1908-09 amounted to 535. But this does not, it appears, represent the full mortality from the disease. Post-mortem examination of a number of cases certified as due to convulsions, bronchitis, and broncho-pneumonia demonstrated that the cause had been wrongly given and that death was due to "moist beri-beri." In a series of 219 necropsies on infants dying under one year of age no fewer than 121 were found to present the characteristic appearances of this disease. The main post-mortem conditions observed were:

(1) dilated and hypertrophied right heart; (2) congestion of all internal viscera; and (3) anasarca. The investigators did not themselves see the cases during life, but were dependent on others for the clinical histories, which, however, in a number of instances were meagre and not always trustworthy. The symptoms noted were chiefly dyspnoea and cardiac embarrassment with general oedema. The illness was said in some cases to have lasted only a few hours, seldom more than two days, but it is possible that the ailment had existed longer than this, perhaps from birth. It is a very noteworthy fact that nearly all the cases examined were under two months of age, and, what is still more surprising, they were almost without exception *breast fed*. It is distinctly stated that in none of the cases in which a necropsy was made was any rice or other artificial food found in the baby's stomach. In nearly every instance the mothers themselves presented some symptoms of beri-beri, and a number of them admitted that they had already lost other infants who had suffered from a similar illness. The etiology of "moist beri-beri" has not yet been fully investigated, but there seems to be some suggestion that a relationship exists between this malady and the poor quality of the milk yielded by Filipino mothers. This condition of the mother's milk, which is probably deficient in certain essential elements necessary for the normal nutrition of the infant, is due no doubt to the physical condition of the native mother, who, as a rule, lives in chronic poverty with consequent insufficiency of proper food, more particularly during the periods of pregnancy and lactation. Nevertheless, Dr. McLaughlin and Dr. Andrews say that they cannot overlook the possibility of an ultra-microscopic organism being concerned in the production of the disease.

Some ten years ago Professor Hirota, of Tokyo, described a disease discovered by him in infants brought to his clinique for treatment, and which he named "infantile beri-beri." The native medical practitioners in Manila appear to have become acquainted with the views of the Japanese professor and during the past few years have been certifying deaths as due to this cause.

### SLEEPING SICKNESS.

The Rhodesian Government is conferring with the Sleeping Sickness authorities with a view to the despatch at an early date of a new Commission composed of experts to make the fullest investigation on the spot into the question of the appearance of the disease in that country.

## The Decisive Hour of Christian Missions.

### ITS APPEAL TO THE NURSING PROFESSION.

By G. BASH PROR, M.D., M.R.C.P.

*Physician to the London Missionary Society.*

One of the most important and striking of the statements made at the recent World Missionary Conference held in Edinburgh was as to the urgent need for Christians everywhere to recognise the gravity of the present crisis in missionary work abroad. This was the burden running through that most interesting report which Commission I, presented to the Conference on "Carrying the Gospel to all the Non-Christian World," and to which I am indebted for many of my facts.

In every battle, of any magnitude, there comes a moment when the victory hangs in the balance, foe has contended with foe, move and counter-moves have been made, success has been first in one direction, then in another, disasters may have been experienced on both sides, then he is the wise general who calls up his reserves fresh with enthusiasm, and undiminished ardour and strength, to hurl at the foe, and so decide the issue.

It is true that in the world's history never before has there been such widespread effort to carry the cross of Christ to all lands and unto all peoples and nations; nor in the history of modern missionary work has there ever been greater cause for thankfulness and rejoicing at the success attendant on such efforts, but it is this very success which in part has brought about a condition in the history of nations so critical from the point of view of progressive Christianity, that those most fully acquainted with missionary problems, and who like generals, view the conflict in all seriousness state that the next ten years will be the decisive hour of Christian Missions. Opportunities are now present, closed doors have been thrown wide open, Conservatism has broken down, the ancient races of the world have discovered that Western civilisation has something they have not got, in many cases ancient faiths are discarded, and a willingness to be taught and anxiety to learn of the Christian faith is apparent in many directions, where hitherto efforts at preaching the Evangel had proved fruitless.

Let us in imagination visit some of the missionary outposts of the world, and gather some idea of the success and difficulties of missionary enterprise, and some idea as to the urgency of the crisis.

\*An address delivered to the Nurses' Missionary League, November 29th, 1910.

In Japan there are now 5,300 miles of railway throughout the Empire, which opens up the whole country to the missionary, every part being now accessible. There is a population of 52 millions, of which thousands are migrating, to the mainland of Asia, many to take high posts of responsibility under the Chinese Government to educate in Western methods the Chinese soldiers and people. Steamship lines of Japanese ownership run to all parts, and her people possess intellectual energy and acumen which makes them successful competitors with the finest of European intellect.

At least 200 more missionaries are needed during the next ten years, to in any way meet the exigencies of the situation there. China is to-day taking lessons of Japan, and has 4,000 students at Tokio. Japan is sending literature through China broadcast, much of it being materialistic and irreligious.

The call for workers, therefore, is urgent, for the conversion of Japan would be the capture of a strategic stronghold, and Japan then will lead the Orient—true—but to Christ.

Such things are possible. Think of the miracles that have been happening in that little country of Korea, now under the sovereignty of Japan. Twenty-three years ago seven Koreans met behind closed doors in the city of Seoul for the first celebration of the Holy Communion in Korea. To-day the followers of Jesus Christ number 200,000, and these have been praying and working so that half a million may be born into the kingdom of God this year just elapsing. The total population is thought to be about 12 million, so that the whole nation may with effort and faith be won within ten years.

The Korean is especially a witnessing church, and has actually contributed £25,000 annually; this sum may be multiplied sevenfold to indicate its actual purchasing power in that country. One Korean sold his ox, and hitched himself to the plough, and gave the proceeds of the sale so that a chapel might be built. Women give their rings; families contribute the "good rice" and live on millet so as to contribute to the support of native evangelists.

Medical Mission work has been a most valuable agency in breaking down old customs and drawing the people under the influence of Christianity, 150,000 sick are ministered to yearly by the missionary doctors.

Here again to do the needed work, another 150 missionaries, men and women, are needed.

Now let us visit that nation, the contemporary of Egypt and Babylon, possessing even

then a civilisation and literature not much different from what it was a few years ago.

China, with its four and a half million square miles (one-twelfth the habitable globe), and 433 millions of people, presents problems almost appalling in their immensity.

Ancestor worship is practised by nearly all the Chinese, amongst whom also the faiths of Confucianism, Taoism, Buddhism, and Mohammedanism hold sway. Materialism, corruption in every form, superstition, and ignorance are everywhere apparent, and with the growth of railways and commerce intercourse with the foreigner is nearly everywhere practicable: the Chinese are seeking teachers, and doctors, and are in that malleable, plastic state whereby the whole future of that great nation and even of the whole Orient, may be moulded aright if reinforcements adequate in number, quality, and in regard to support could only be sent out.

It is worthy of note here that Medical Missions have been in this country of inestimable service to the people as well as in the interests of Christianity, and have profoundly moved the people in perhaps a way that nothing else would.

Many consider that the present force of missionaries should be quadrupled, and should be more equally distributed throughout the Empire. The Commission point out that women should share largely in this work.

Perhaps the greatest responsibility of Britain is with regard to India. Think of its population of nearly 300 million inhabitants, covering an area as large as Europe—excluding Russia—and divided up into nations differing in race, language, creed, and customs. The greater number (200 millions) are Hindus, and bound by the social order—caste—which grips them like iron, and is the greatest obstacle to the spread of Christianity. Mohammedanism, too, has a strong hold in India, embracing 64 millions of people, whilst the remainder are mere primitive hill tribes and peoples, who are promising material on which to work.

The multiplicity of languages (117 being in use) affords great difficulties for the distribution of literature and provision of the same.

At the present time the dominant movement in India is the awakening to, and realisation of, national life and spirit, and whilst unwisely guided and developed, the movement may lead to untold dangers, it is so far a potent force in the discarding of caste, and a preparing of India for response to Christianity.

The Rev. W. E. S. Holland well urges that "It cannot but demand our sympathy; we must frankly share the Indian's ambition for

his own people. In God's hands it may be our mightiest leverage to lift India to Jesus Christ."

At present the political spirit has developed an anti-Christian phase. Attempts are made to prevent parents allowing their children to enter mission schools, Christian literature is boycotted, even school books containing any Christian thought or tendency are condemned.

On the other hand, there have been mass movements towards Christianity in the Punjab, Assam, and Khasia Hills.

The Bishop of Madras, speaking of the lower classes of India, says that at the present time there are 50 millions of people in India, ready to receive the Gospel message, that if a prompt, aggressive, and adequate campaign were carried out, it would be quite possible to gather something like 30 millions of them into the Christian church, and furnish to the whole people of India a most powerful witness for the truth and power of the Christian faith. Though undoubtedly in cities like Calcutta, there appear to be many missions and missionaries, even then there are large classes of the population untouched by the existing organisations. In the larger districts the reports show that the mission staffs are everywhere inadequate: "there is not a single mission in any district of Bengal," said the Rev. H. Anderson, in 1902, "which is not absolutely under-manned, and the process goes on every year of killing or invaliding missionaries on account of overwork." There is no doubt that Medical Missions have been in India, of the greatest possible service, a practical exposition of Christianity, overcoming suspicion or fanaticism.

Especially is this true of Zenana work, where women alone find entrance.

The present time is one of boundless opportunity: and the whole future of India may depend on the faithfulness of the Christian Church to rise to its great task.

The growth of national sentiment and spirit is apparent and effective in Turkey more than perhaps any other country during recent years.

The centre of Islamism presents now opportunities for evangelisation and Christian activity never before presented: the work both there and in the Levant has been trying, difficult beyond all question, but with a larger development of medical missions, qualified medical men, and nurses, and dissemination of education, great progress under the blessing of God should take place. The great obstacle is lack of suitable and well qualified men and women for the stations.

Here is another of the many spheres where woman's work as a nurse is abundantly repaid,

not only as a helpful and essential agent in relieving suffering and sorrow, but in forwarding the kingdom of Heaven.

The history of missions in Africa affords such important themes that it is scarcely possible to touch even on the essentials in a sketch such as this is.

To the north Egypt presents problems of an awakened national spirit, crude, grasping, and unbalanced, similar to the condition of India.

Islamism is spreading south and west, invading and claiming the hitherto Pagan and Animistic tribes of Nigeria and the Sudan, and further south flowing towards the almost Christianised land of Uganda. Reinforcements are urgently needed not merely to augment the staffs of existing stations, but to open up new ones, so that Christian missions may spread east and west, north and south, to stem the tide of Islam and gain for Christ whole nations hitherto untouched by that faith, which is ineffective to transform and elevate the soul, condemn womanhood to a condition of despair and degradation.

Space will not allow more than reference to the comparatively untouched countries of Central and South America, nor does the Christian church yet realise their vast extent in population and pressing needs. Nor do we yet realise the vastness of the territories unoccupied by Christian missionaries.

With such facts before us, does not the task seem too great, and yet let us remember what God has accomplished in these more than a hundred years of missionary work, and realise how the seed has germinated and grown and increased a hundredfold and even a thousandfold as the years go by.

Suffice it for this to be a trumpet call to arms, to further endeavour, to greater sacrifice and devotion.

You must have recognised how important a factor Medical Missions have proved in the development of Christian enterprise, and how several hundreds of highly qualified medical men and women have devoted life and talents to this section of the work.

Will it not surprise you that, as was pointed out by your Secretary, Miss H. Y. Richardson, to the Medical Missionary Conference in connection with the World Missionary Conference, this year, that there are only 270 British Missionary nurses as compared with 105 medical missionaries. In the Church Missionary Society they have, I believe, 51 nurses against 93 doctors, the London Missionary Society has only 9 qualified nurses as against 38 qualified men and women, and the proportion in other societies is probably much the same.

Could it not do you better prospects? Truly, the Missionary Nurse may not win professional advancement of the kind so sought after at home, but she will at once find here positions of responsibility second to none. She will have to be Matron of a hospital, to be the protector and teacher of modern methods of nursing, to be a Florence Nightingale to some far-off region of Africa or India, or pioneer nursing to that great Chinese nation. She will win the gratitude of thousands, for life renewed and darkness dispelled, and by devoting her life and gifts to the Shepherd of all, will truly and fully realise the highest ideals for herself, and satisfy those inner depths which so much so often starved and hungry amid the race of competition so inseparable from modern life.

There are bleeding sores of the world yet unattended, and it is for consecrated lives to go and bind these wounds.

## The Nursing Masque.

As so many of the affiliated Societies are taking part in the Registration Reunion, which is to take place on February 18th, we are pleased to announce that the Nursing Masque will be presented under the authority of the National Council of Nurses of Great Britain and Ireland.

At the meeting of the Preliminary Committee held at 431, Oxford Street, on Friday, December 2nd, good progress was made with the details of the organisation of the Nursing Masque. Mrs. Fenwick reported arrangements made in connection with the dressing of the Procession, which were approved; also that Miss F. Sleigh, late Sister President, St. Bartholomew's Hospital, had kindly placed her incomparable needle at the disposal of the Committee. It was agreed that each section should be carried out in detail by a subcommittee, and ladies were appointed for this purpose. It is recognised that in the Procession of Morals, Section 1, Saintly Women and the Nurse; 2, Orders and No. 3 (Nursing and the Community) will require much consideration. No. 1 will be arranged by Mrs. Fenwick and Mrs. Shorter, and No. 3 by Miss Cox-Davies, Miss Amy Hughes, Miss Musson, Miss Barton, and Mrs. Spencer, with Miss Cox-Davies as conductor.

Section 2, The Nursing Curricula for Nurses and Midwives, is in the hands of the Matrons' Committee. Section 4 will be carried out by Miss Broom, and as 5 and 6 present few difficulties two Portraits will be mounted. In Section 3 there will be the following subsections:—1,

Hospital Nursing, General and Special; 2, Maternity Nursing; 3, Social Service Nursing; 4, Nursing in the Home (Private Nursing); 5, Missionary Nursing; 6, The State Nursing Services.

The Registration Reunion, at which this Masque will be presented, will be a great opportunity for those who have been working for years for the organisation of Nursing by the State to show the strength of the movement. Seven hundred tickets will be on sale, and we anticipate that by the 18th of February next *not one ticket will remain unsold.*

A limited number of reserved seats will cost 10s. 6d. and 7s. 6d.; tickets will be 5s. and 3s. 6d. for nurses, and 2s. 6d. for those taking part in the pageant.

The Reception will begin at 8.30. The Masque will be presented at 9 p.m., and there will be music and refreshments.

We want Members of Parliament to come and see for themselves the wonderful women our Matrons and nurses are, to see something of the history of their great and indispensable work for the community, through the past ages until the present day, and, having seen, to sympathise with their aspirations for the development of trained nursing in the future.

Members of the Organising Committee will be at the office, 431, Oxford Street, London, W., from 11.30 to 7, on Friday, 9th, and Thursday, 15th December, and will be pleased to see Matrons, Sisters, and Nurses, who would like to take part in the Processions, and who wish for information concerning the Reunion.

## The Irish Nurses' Association.

On Tuesday, Nov. 29th, the members of the Irish Nurses' Association met at their Rooms in 86, Lower Leeson Street, Dublin, for the purpose of listening to a lecture by Dr. T. O. Graham on "Some points of interest in Throat, Nose, and Ear." In place of a "Lecture," Dr. Graham gave a most interesting "Demonstration" on Throat and Eye. He brought models of those parts, and most clearly demonstrated the construction of both throat and eye, and how disease or infection attacked the part and was carried through the system. There was a very large attendance, and the members showed their keen interest by asking many questions at the end, to which Dr. Graham most courteously replied. Mrs. Kildare Treacy, Hon. Sec., Irish Nurses' Association, presided. Dr. Graham has kindly promised to give a demonstration on the Ear and Nose in the spring.

## League News.

### THE 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 on Saturday, December 3rd. The President, Miss Cox-Davies, was in the chair, and the members rallied in force. Never has there been a larger meeting. The minutes of the last General Meeting were read by the Hon. Secretary, Mrs. Andrews. On the minute which recorded that the League had made itself responsible for a scholarship of £160 for the scholastic year, to send a member to take the Hospital Economics Course at Teachers' College, Columbia University, U.S.A., as a memorial to its founder and first President, Miss Isla Stewart, the President said it had been a great satisfaction to the League to do something at that particular moment. She personally could think of no form of memorial more nearly after Miss Stewart's own heart than that one of her own nurses should participate in this advance movement.

The next business was to elect a Vice-President, and the Executive nominated Miss Cutler.

The President said that Miss Cutler had been a great deal to the hospital in a time of trouble, and a help to all. It would be a real pleasure to have her as a Vice-President, and many letters had been received expressing gratification at the nomination. Miss Cutler's election was then formally proposed by Miss Finch, Matron of University College Hospital, seconded by Miss Musson, Matron of the General Hospital, Birmingham, and carried with acclamation.

Miss Cutler, who was present, accepted office, saying that she very much appreciated the honour, and that it would be a pleasure to her to serve the League to the best of her ability.

Statements were then received from Miss Whitley as to the Nurses' Home Fund, and Mrs. Andrews as to the Isla Stewart Scholarship Fund.

In regard to the £500 in hand for the former Fund, it was decided on the proposition of Miss Musson, seconded by Mrs. de Segundo, that Miss Whitley should continue to hold it on behalf of the League.

Mrs. Andrews reported that £141 of the £160 required for the Isla Stewart scholar had already been subscribed. She read a letter from Miss Bunde, giving a most interesting account of her work in New York.

Mrs. Fenwick reported that the National Council of Nurses had inaugurated the Isla

Stewart Oration, to be delivered annually in honour of their dear colleague.

The members present were evidently very anxious that a scheme for a permanent memorial to Miss Stewart should be formulated, and the President, after some discussion, promised to place the suggested schemes before the members in the forthcoming League Journal, and ask for expressions of opinion.

At the conclusion of the meeting, tea was served in the Nurses' Home.

## Nurses' Employment Agencies.

On and after the first day of January, 1911, the London County Council General Powers Act, 1910, decrees that "no person shall carry on an employment agency without a licence from the Licensing Authority, authorising him to do so." It thus follows that for the first time all persons carrying on a private nursing business, that is, acting as an agent to provide nurses to the public for gain in the metropolis, will come under the provisions of this Act, including charitable institutions like hospitals, and nursing homes and institutions, including co-operations of nurses.

It will be necessary, therefore, for a person carrying on a nursing agency to make application in writing to the Licensing Authority under his own name, and state the nature of the work and the address at which he carries on the business within one month after the Licensing Authority shall have given public notice of the effect of the provisions of the part of the Act concerning Employment Agencies.

The Authority has power to refuse to grant or renew a licence to any person under the age of 21, or upon the ground that the applicant is an unsuitable person to hold such licence, or that the premises on which it is proposed to carry on the employment agency are unsuitable for the purpose, or that an employment agency has been or is being improperly conducted by an applicant.

The fees to be charged for licences are as follows:—

One guinea annually by agencies established for five years before the commencement of the Act, and two guineas by a newly established agency.

### By-laws as to Employment Agencies.

(1) The Licensing Authority may make by-laws requiring persons holding licences to keep either books, cards, or forms, showing the business conducted by such persons so far as it relates to their employment agencies, and for prescribing entries to be made in connection

with such business. (2) Such books, cards, or forms, for the production of fraud and immorality in the conduct of agencies, and for regulating any promises used for the purposes of or in connection therewith.

Every person holding a licence shall keep exhibited in a suitable place in the premises a copy of the bye-laws made by the Licensing Authority.

Any officer duly authorised by the Licensing Authority on its behalf may at all reasonable times enter the premises specified in any licence . . . and inspect such premises and the entries required to be made in the books, cards, or forms kept by such persons. Any person who breaks these laws shall be liable to summary conviction in respect of any offence under paragraph (1) . . . to a penalty not exceeding fifty pounds, and to a daily penalty not exceeding twenty pounds, and to lesser fines, or, in lieu of a penalty, may have their licence revoked.

From this brief summary of the clauses of the Act it may be gathered that for the future all those responsible for supplying nurses will have to conform to an inquisitorial if useful Act, and it will be well for all those who intend to carry on such a business to obtain a copy of the Act and study carefully Part V., which refers to employment agencies.

We have no doubt when in working order the Act will be found useful, although no doubt it will be very unpopular with such persons as would have claimed exemption for charitable institutions. It will once and for all place Private Nursing Departments of hospitals on a firm business footing, as they should be, and remove them from the pseudo-charitable atmosphere which has hitherto enveloped them.

It will be interesting to see who will act as agent of these businesses, the Chairman or Matron of the hospital. In our opinion the Committee should hold itself responsible for any business carried on for the financial benefit of the institution, the Chairman for the time being, and not a paid official, being the agent.

One other inevitable reflection results from perusing this Act. Here is a new law, financially and personally affecting thousands of women, quietly passed, concerning which they have never been consulted, nor indeed have they any power to influence its provisions, as they possess no vote, and thus do not exist politically!

This fact should bring home to Trained Nurses the imperative need of enfranchisement, and their duty as working women to insist upon their legal status as human beings.

## The Re-incarnation of Sairy Gamp.

By BEATRICE KENT.

(Concluded from page 451.)

Late the following afternoon, when Nurse Dale was drawing the curtains across the window to shut out the night, she saw a cab draw up to the door. Her curiosity was quickened. Conjecture was unnecessary. Someone large and ponderous had just stepped out, and was standing on the pavement surrounded by band-boxes and bundles! Next she heard the slatternly maid greeting her effusively as "Mrs. Little." Now she was heavily ascending the stairs, then the door was thrown open, and a woman of a very large pattern precipitated herself into the room, panting and puffing, and exclaiming that the stairs had "took" her breath away. A disturbing element in the midst of peace! This large person with the ironical name was arrayed in a black stuff gown and black velvet "dolman"—a strange garment in fashion about 30 years ago—a bonnet heavily trimmed with nodding black plumes, and a large red rose. In one of her large coarse hands, the nails of which were in mourning, she carried a pair of black cotton gloves.

The size, personal appearance, and costume of the new arrival were the very antithesis of the neat little figure in spotted cotton uniform who stood beside her, and Nurse Dale saw a smile flit over the face of her patient as her eyes glanced from one to the other. Nurse Dale herself stood as though spellbound; her eyes danced with merriment, she fully appreciated the humour of the situation. Here was the history of nursing epitomised. A tableau vivant of the old style and the new. Evolution and devolution. An excellent example of moral atavism!

"Well, me dear, how are you?" she asked, depositing a gump-like umbrella and a band-box on a chair.

"I am doing very well, thank you; Nurse Dale is taking good care of me."

The apparition fixed her rival with a suspicious eye.

"Well, now I have come, we need not trouble her any longer."

"But— are you able to leave your patient?"

"Oh, yes; she is doing beautiful."

"When was she confined?"

"Yesterday, at about this time."

"But— who have you left with her?"

"Nobody; she don't want nobody; she is long wonderful well."

Mrs. Weakling looked appealingly at Nurse Dale. "Don't leave me" is what the latter clearly read in her eyes. Aloud she said, "It seems a pity that you should leave her so soon. If you like to return to her, Nurse Dale will stay with me; I am sure your patient will be glad to have you back."

"I've seen you through your trouble with all your other children, and I ain't agoin' to give you up to a stranger with this one, begging your pardon, Miss," turning to Nurse Dale.

Against this there was no appeal, and Mrs. Weakling, with disappointment plainly written on her face, quietly resigned herself to the inevitable. This did not effect the obtuse Mrs. Little, who began to unrobe. She divested herself of the ancient velvet "dolman," and the bonnet with nodding plumes, and so, silently proclaiming her intention of remaining, she took the field.

The baby, who was lying in her cot in the adjoining room, woke up and began to cry.

Nurse Dale took her up and sat down by the fire with her on her knees.

Mrs. Little followed her in, and looking at the tiny creature, she exclaimed, "Pore little thing, she wants a drop o' brandy."

"Brandy! What for? There is nothing wrong with her."

"Ah, but it does 'em good," and she shook her head as though this healthy infant were in extremis!

The humour of the situation had changed to one of seriousness. Nurse Dale knit her brow. Clearly the house could not hold Sairy Gamp and herself at the same time. She must surrender the field to her rival.

A few days later she called to inquire for the mother and babe, a kindly attention, not unmixed, I fancy, with a little of the alloy of curiosity! She called late in the morning. The baby was unwashed, and smelling of sour milk and brandy!

"How is the baby?" she inquired of Sairy.

"She's better."

"Better! she was quite well when I left her."

"She took a turn for the better," persisted the other, "as soon as I gives 'er a drop o' brandy; I always does it." She looked with complacency upon the damage she had wrought.

There was a change in the baby, certainly, not for the better but for the worse; the little face was white, and she lay curiously still in her cot.

The blood of Nurse Dale boiled in her veins. Here was a clear explanation of the reason why

the luckless infants of Mrs. Wankling, under the treatment of this ignorant, slept all night without waking. Drugged infants will, of course, sleep soundly. Small wonder that all the other children looked white and unhealthy. The eldest was an idiot! The causes are unknown, but who shall say that this woman did not contribute to them in some measure. At any rate, she may be justly impeached with the crime of damaging the tender life of infancy.

Nurse Dale left the house sickened and angry, pondering over the cruelty and power of ignorance. Mrs. Wankling lay in her bed content to have it so.

## Personal Rules for District Nurses.

Writing in the *Queen's Nurses' Magazine* Miss M. Loane gives the following notes for district nurses:

1. Spare no pains to make the first visit to a patient a successful one. Encourage the friends to talk freely, and never ridicule or ignore their attempts to describe the course of the disease. If they hesitate for a word, supply it.

2. Never be the first to speak of religion. The nurse's religion must be shown by acts, not words.

3. Avoid speaking of politics or any controversial matters.

4. Make a point of learning as soon as possible the names, addresses, and occupation of all relatives of your patients who are living in the same town. This simple precaution may save many awkward complications.

5. Never repeat what you hear, or describe what you see or do, or carry information of any kind from one house to another. Even the very persons who try to cross-question you will gratefully appreciate this honourable reticence. The fear that their private affairs will become known to all their neighbours is often the reason why the self-respecting poor are unwilling to admit a district nurse.

6. If obliged to refuse a request, never do it in a peremptory manner, but with a gracious reluctance.

7. Always give the doctors your loyal support. When questioned by patients or their friends as to your opinion of any doctor, say that he understands the case fully and is doing all that can be done. Try to encourage the belief that for all ordinary work one doctor is quite as good as another, and that when there is anything unusual in a case, the doctor will be the first person to suggest consulting a specialist.

8. Be on friendly terms with the ministers of every form of faith, with church workers, district visitors, and all who are trying, in whatever measure or degree, to benefit the poor.

9. Co-operate with the Relieving Officer, the School Board Visitor, and the Sanitary Inspector.

10. Receive courteously everyone who comes to see you. Never make an enemy for yourself or the Association.

## Nurses' Co-operation 'At-Home.'

The Nurses' Co-operation were At Home at 35, Lougham Street, W., on Friday, December 2nd, when the annual exhibition of the Nurses' Needlework Guild was on view in the Club Room. Always a most interesting show, the number of articles exhibited exceeded that of last year by 235, a result upon which Miss Laura Baker, Sister-in-Charge of the Home and Hon. Secretary, is warmly to be congratulated. In all there were 875 articles, all most welcome to patients leaving the care and comfort of a hospital to return to poverty-stricken homes. There were new boots and shoes—always so sorely needed and difficult to obtain—warm suits for boys, men's drawers and vests, shirts in stacks—which, by the bye, a member, a private nurse, rose an hour earlier every morning to make—warm flannel, woollen, and knitted petticoats, hug-me-tights, cardigans, scarves, and a whole stand devoted to the babies, with warm and dainty frocks, hoods, and everything that the heart of mother could desire for her bairns. Miss Gethen, Miss Baker, and many of the staff were kept busy displaying the treasures to the constant stream of visitors, some 200 in all.

The restaurant was fully equal to providing the dainty tea which is always most hospitably dispensed on these occasions.

When the work of packing up began, the great piles of garments rapidly disappeared, to appear again eventually in the store cupboards of the following hospitals:—The London, 50; Guy's, 55; St. Mary's, 50; University College Hospital, 55; Royal Free, 50; Brompton Hospital for Consumption, 50; the West London, 50; West Ham, 50; Prince of Wales's Hospital, Tottenham, 55; Central London Sick Asylum, 55; East End Mothers' Home, 50; St. John's Hospital, Lewisham, 50; the Metropolitan Hospital, 50; Nazareth House, 55; the British Lying-in Hospital, 50; Clapham Maternity Hospital, 50; and the Children's Convalescent Home, Broadstairs, 50. And all this as the result of a Society with a sixpenny subscription, the members of which undertake to make at least one garment annually. The members are all nurses, but associates are welcome also, and they pay a shilling annually, and provide two garments. The money in hand when expenses are paid is expended in boots, and boys' suits, and gifts for this purpose are most welcome. We hope that the Christmas of these busy workers will be the happier for the happiness they will bring into the homes of the poor.

## Practical Points.

### The Pulsograph.

We give an illustration of a new patent watch called the "Pulsograph," which is an ideal watch for a nurse. It is of the highest grade, and is manufactured with the finest materials and best workmanship.

It registers the pulse with mathematical precision, does away with all calculations hitherto in use, and relieves the observer from the necessity of keeping her eye on the watch. It is used in the following manner, start the long second hand by pressing the crown instantly a pulsation is felt. Count 20 pulsations, and stop the hand by a similar pressure of the crown, the long hand will then point to the figure which indicates the exact number of pulsations per minute, a third pressure of the crown brings the hand back to the starting point.

It is very moderate in price, and can be obtained from the sole agents, Arnold and Sons, of West Smithfield, London, E.C.

Those who desire to make a useful and acceptable Christmas present to a nurse cannot do better than inspect this useful novelty.



### Laughter in Nursing.

Dr. Caroline A. Watt writes in the *Mothers' Magazine* that the late Dr. Nicholas Senn believed in

making sick folks laugh, and sometimes ordered his nurses to see that their patients laughed three or four times a day.

He expected the order to be carried out just as faithfully as if he had ordered strychnine or nitroglycerine.

Laughter is a physical as well as a mental tonic. This is especially true in nervous cases.

In order to make the sick one laugh, the nurse must say or do something laughable.

Most people find it hard to remember jokes, and a nurse is apt to forget them quickly because of the seriousness of her work.

One nurse, who realised the worth of laughter, kept a joke book, and cultivated the art of telling a funny story. She was cheerful and her patients and friends profited by it.

### Cold Air in Pneumonia.

The temperature in the sick room in lobar pneumonia is set at 65 degrees, and 70 degrees for children;

but the principal point here is to have it well ventilated, says Dr. Huber in the *Medical Times*. We do not fear cold air for the pneumonia patient; this phase of the treatment has indeed become quite revolutionised.

Indeed, not only in relation to tuberculosis and pneumonia, but in connection with the treatment of all diseases, we now recognise fresh air as a most important factor.

## Appointments.

### MATRON.

**Blencathra Sanatorium, Threlkeld, Cumberland.**—Miss Georgina Lord has been appointed Matron. She was trained at the General Hospital, Birmingham, and has been Charge Nurse at Banchoory Sanatorium, Nordrach-on-Dee, Sister at the Chesterfield Sanatorium, Night Superintendent at the Huddersfield Infirmary, Sister and Housekeeper at the Royal Infirmary, Sheffield, and Matron at the Ochil Hill's Sanatorium.

**Cottage Hospital, Market Harborough.**—Miss Beatrice A. Browne has been appointed Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, and has held appointments at home and abroad. She has also had experience of district work at Beccles.

### SUPERINTENDENT.

**Johns Hopkins Hospital, Baltimore, U.S.A.**—Miss E. M. Lawler, who has been acting Superintendent of Nurses at the Johns Hopkins Hospital at Baltimore since the resignation of Miss Georgiana C. Ross, has been lately appointed Superintendent. To follow two such Superintendents as the late Mrs. Hampton Robb and Miss M. Adelaide Nutting, in the superintendence of this leading training school is indeed an honour.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned Staff Nurses to be Sisters. Miss M. Davis (October 20th); Miss E. K. Kaberry (November 1st). The undermentioned ladies to be Staff Nurses (provisionally): Miss M. Jackson (November 1st); Miss E. F. Roberts (November 15th); Miss I. McM. Beaton (November 15th).

### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Sarah Butler, to Lincoln City as Senior Nurse; Miss Mary Kendrick and Miss Edith Bellamy, to Barnsley; Miss Christina Bell, to Isleworth (Hounslow); Miss Edith Bailey, to Putney; Miss Harriette Fowkes, to Swanley; Miss Louisa Parsonage and Miss Nellie M. Lewis, to Carlisle.

### INSTRUCTORS IN HOME NURSING UNDER LONDON COUNTY COUNCIL.

Miss F. R. Letters and Miss I. Macdonald have been approved by the L.C.C. Education Committee as instructors in evening schools in home nursing, health, and infant care, and Miss G. Goodchild, Miss M. Harrod, and Miss M. Offord as instructors in home nursing and infant care.

### WEDDING BELLS

The approaching marriage of Miss Leonard, Matron of the General Lying-in Hospital, York Road, Lambeth, creates a vacancy in the Matronship of one of the most important Maternity Hospitals in London. Miss Leonard will have the good wishes of many nurses for her future happiness, including those who knew her as Assistant to the Superintendent at the Nurses' Co-operation and in her present position. We understand that Miss Leonard's successor has already been appointed, and the appointment will therefore not be delayed.

## RESIGNATIONS.

We regret that ill-health has obliged Miss E. C. Laurence, R.R.C., Matron of the Chelsea Hospital for Women, to resign her position. We hope that after a thorough rest her health may be restored.

It is reported that Miss Esther V. Hasson, the Superintendent of the Navy Nurse Corps of the United States, will resign the position at no distant date. Miss Hasson's term of office has been distinguished by much successful work for the improvement of the Service.

## PRESENTATIONS.

A pleasant ceremony took place at the office of the Chief Constable of Portsmouth (Mr. T. Davies) last week, when Mrs. Davies, on behalf of every constable in the Landport Division, presented a lady's handbag and umbrella to Miss Winifred Shirley, a nurse at the Borough Asylum, in recognition of services rendered by her to the police. On October 28th Constable Gould, in charge of a prisoner, was assaulted by a hostile crowd, chiefly hooligans, and knocked down, and the same fate befell Constable Dobeloe, who went to his assistance. Miss Shirley threw herself on the prisoner, exclaiming "You coward, you shall not hurt that policeman," and held him till the police had recovered themselves sufficiently to secure him.

The Chief Constable, who presided at the presentation ceremony, at which there was a large muster of inspectors, sergeants, and constables of the Landport Division, said they were assembled to pay honour to whom honour was due, and publicly thanked Miss Shirley for the assistance she had rendered to the police. She had acted very bravely in a cool and collected manner, and rendered the constables valuable help in time of need.

Police-Constable Gould said that the prisoner would have got away but for Miss Shirley's help, and she was badly mauled. For some days subsequently the police did not know to whom they were indebted, as Miss Shirley kept her identity secret.

Contrast this with the scenes which took place recently in London, when women of culture and refinement came into collision with the police when proceeding in an orderly and legal manner to the House of Commons as a deputation to the Prime Minister.

On the occasion of her retirement, after being for ten years on the staff at Mrs. Rose's Nursing Home, Aberdeen, Miss Peter was made the recipient of handsome presents. Mrs. Rose presented Miss Peter with a handsome gold bracelet in recognition of her valuable services, while the nurses on the staff at Cairnqueen, the staff residence, presented her with an umbrella. Miss Peter, in acknowledging the gifts, referred to the good feeling which had always existed between herself and the other nurses during her long term of service.

## Nursing Echoes.



Canon E. E. Holmes, on Sunday afternoon last, gave a sequence of addresses to nurses in the Chapel of the Brompton Hospital for Consumption, kindly put at his disposal for the purpose. At the beginning of the service Canon Holmes gave messages to those present from both the Bishop of London, and the Bishop of Kensington. Throughout the service, which, including several hymns, lasted two hours, the greatest interest and attention were manifested, and the time went all too quickly. At its conclusion the Matron, Miss MacNab, most kindly invited everyone present to tea in the Nurses' Home, which is on the opposite side of the Fulham Road, connected with the hospital by a subway. Many Sisters and nurses took care of the guests, so that though such numbers were present all were quickly supplied with tea, and delicious bread and butter and cakes. Nurses are greatly indebted to Miss MacNab for arranging this service, and for her kind hospitality.

The second annual report of the Medical Officer to the Board of Education shows that the allegation that the routine work of a school medical officer is monotonous and uninspiring is unfounded; that, on the contrary, it opens up opportunities for scientific and practical ability to be found in few other regions of professional service. The point is interesting because the same allegation is sometimes made in regard to school nursing, nevertheless we believe it can with equal truth be asserted that the work of school nurses opens up opportunities of professional interest and public usefulness second to none. The total number of nurses in the service of the education authorities, in 152 areas, whose arrangements have been approved, is 289, and these numbers will no doubt greatly increase as the indispensability of the school nurse as a factor in raising the standard of national health is more and more appreciated.

An interesting ceremony, at which Princess Tonsoson was present, took place last week at the Canine Institute, when Mrs. Mackenzie presented a gold medal, in memory of King Edward, and two silver medals to the nurses who were successful in a recent examination.

At the annual meeting of the Higginbotham Sick Poor and Nursing Association, held recently, the report presented showed that the twenty-nine district nurses of the Association had attended to 3,005 cases during the year. The actual expenditure did not amount to 20s. a head of the cases visited by the nurses, who deal with all kinds of medical and surgical cases under the instructions of medical practitioners throughout the city.

The picture which we have pleasure in reproducing on this page, and for which we are indebted to the *Dundee Advertiser*, is of Miss Flora G. Pegg, the recently appointed Matron of the Royal Infirmary, Dundee. Miss Pegg has had a varied experience, as she was trained at Guy's Hospital, and has been Charge Nurse at the New Hospital for Women, Euston Road, N.W.; Staff Nurse at Netley House, London; Theatre Sister, Home Sister, and Matrons' Deputy at the Wolverhampton and Staffordshire General Hospital; and Matron and Superintendent of Nursing at the Salop Infirmary, and also at the District Hospital, West Bromwich, so that she has excellent qualification for the position to which she has been appointed.



MISS FLORA G. PEGG,  
Matron, Royal Infirmary, Dundee.

The nurses of the Cardiff Branch of the Queen Victoria's Jubilee Institute for Nurses, of which Miss Morgan is Superintendent, inaugurated a scheme at the annual sale of the Needlework Guild, held at the Y.M.C.A. Rooms last week, Lady Ninon Stuart presiding during the first part of the proceedings, that for a small fee the wives of working men should not only receive skilled attention at the time of confinement, but also the needful nourishment during the preceding weeks. The nurses of course realise that the fee of 5s. which is charged is not sufficient for this purpose, but hope that the many friends of the work will make up the deficit. There are, they state, a great many women who will not apply to the parish for the care they need, and being unable to afford to pay for nurse and doctor they call

in the services of a friendly but unskilled neighbour, sometimes with unfortunate results.

Mrs. Stoner, a member of the League of St. John's House Nurses, writing to its official organ from India, says:—"I went to Sialhot for a fortnight and had quite a good time. I paid several visits to the city, which is very old and interesting. There is an old fort which played a very important part in the Mutiny (Sialhot was besieged). Just outside the fort in the heart of the city there is a little walled in space with the monuments and graves of those who were killed during that terrible time. It set me thinking of the horrors that those whose bodies were lying there must have wit-

nessed and gone through. The day I was there was so lovely, the sun shining, and a nice breeze blowing and everyone going calmly about their work. I contrasted that day with what was probably taking place on such a day 52 years before on that very spot, our fellow country people being massacred and tortured. There is a very large American Mission Hospital in the city, with a lady doctor in charge. She has a large staff of nurses and compounders (native women). The nurses seemed very smart, and look very neat in their English uniform. They receive a post graduate course, and have examinations

(pretty stiff ones, too) before they are given certificates. They are trained on the American method, and some very good nurses are turned out from that hospital. I was allowed to go to the theatre one afternoon, and see the operations. There were two abdominal operations, and a Caesarian section.

"The nurses in the theatre were splendid, and could easily take their places beside some of our English trained nurses, and be equal to them in their surgical work. They seemed to quite realise and understand the importance of aseptic surgery. The outpatients are a very important part of the hospital's work."

At a meeting of the managers of the Metropolitan Asylums Board last week the Clerk re-

ported that the total number of patients in the Board's hospital on the previous Saturday was 2,758. On the motion of Mr. Helby, the returns were referred to the Hospitals Committee to report what steps might be taken so that the excess of staff over the number of patients might be discontinued. The matter was, he said, a serious one, as, during this year, only on four occasions had the number of patients exceeded the number of the staff.

"Nursing in Labrador" presented in extracts from letters from Miss Mayou, of Harrington, sent by "dog mail," are most fascinating. She writes in the *Queen's Nurses' Magazine*: "The winter is just slipping by, the cold has not been very severe, the thermometer varying from zero to 24 degs. below, the monotony being varied by regular hurricanes, and tremendous changes in the temperature productive of coughs and colds. . . . My classes are well attended; those in cooking are liked so much that I shall try next winter to have one for the lads, who are often away for a week or more at a time fishing, sealing, cutting wood, or trapping. Their knowledge of cooking does not extend much beyond pancakes and meat fried in half-warmed fat in a frying-pan, washed down with boiled tea and molasses, and they wonder why they have a "wormful stummick." Labrador anatomy is quite different from Gray's; rather misleading until you get used to it." Miss Mayou tells of an epidemic amongst the dogs which swept along the coast causing most serious loss. Fancy the dear doggies in the forefront of "labour." We learn "for six months in the year dogs are our only means of locomotion; they carry the mails, bring and take away our patients, haul the wood and water; in fact, are to the coast what trains, horses, street cars, etc., are to the civilised regions of the Dominion—dogs are the most valuable asset on this coast." Dear fellow workers, no doubt they are well done by, as they are of so much economic value, but we do hope they have a happy as well as a useful life.

One of the stalls at the fête and art union which is to be held on behalf of the Nurses' Home extension at the Royal Prince Alfred Hospital, Sydney, early in April, will be staffed and furnished by the past and present nurses of the hospital. An influential committee, under the presidency of the Lord Mayor, is undertaking the arrangements, and Mr. W. Epps is Hon. Secretary.

## Scottish Matrons' Association.

The quarterly meeting of the Scottish Matrons' Association was held on Saturday, December 3rd, in the Board Room, of the Royal Infirmary, Edinburgh. The President, Miss A. W. Gill, R.R.C., Lady Superintendent of the Infirmary, was in the chair, and 40 other members were present, a number coming from a considerable distance. Two new members were elected. Among other subjects the Nurses' Memorial to King Edward VII. was discussed. Considerable interest was evinced in this project, and the feeling of those present was strongly in favour of making an effort to raise sufficient funds to have one of the proposed homes in Scotland.

After the meeting a visit was paid to the Diamond Jubilee block, to the kitchens which cook food for about 1,300 daily, and to the nurses' dining room, which has recently been enlarged and improved. This proved of great interest. Afterwards the members were entertained to tea by Miss Gill.

## "Mrs. Bull" Recommends Registration.

Mrs. Bull says: "What About The Nurses?" and goes on to say:—

"I shall never be astonished to hear a cry that the hospitals can get no more nurses—just as the Church can get no more curates, and for very much the same reason—a desperate want of reform in the "trade" conditions of both these professions. Already the class of girls offering themselves as hospital nurses is sinking every year, whilst, curiously enough, the class going in for City clerkships, typists, etc., is higher than it was even a few years ago. The City trains, both morning and evening, with their daily load of quiet, well-dressed, lady-like girls and women, show that plainly enough. But the poor nurses are in a sad way. A proper State registration, with its consequent protection of their uniform from the base uses of impostors and worse, is denied them. Little general servants are permitted to imitate it, and degrade it in public flirtations on park seats. And unnameable houses quite openly clothe all their inmates in this dress, or a vulgar travesty of it, with dire consequences to the real nurse. No wonder educated ladies are with difficulty persuaded to enter the ranks of such a grossly insulted army! When even the other poor souls find it all out, they, too, will strike. Then we may get registration. Meanwhile things have come to such a pass that there are actually restaurants and public places of that sort into which, according to the rules, 'no one in nurse's uniform may enter.' And this in the year of Florence Nightingale's death!"

As this paper is read by the hundred thousand, it does not present us to the public in a very self-respecting light.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Prince Alexander of Teck, Chairman of the Weekly Board of the Middlesex Hospital, has received a letter from Mr. J. William Gifford, of Chard, stating his intention to present forty milligrammes of radium to the Cancer Research Laboratories of the Hospital. At current rates this quantity of radium, weighing approximately one-seventh hundredth part of an ounce, is worth about £600.

Lady Hardinge, of Penhurst, has sent from Government House, Calcutta, a large box of dolls and toys for the Christmas festivities in the Children's Ward of the Metropolitan Hospital. The box was accompanied by a charming letter in which, after referring to the great interest which, though so far away in India, she still takes in the admirable work of the Metropolitan Hospital, Lady Hardinge says, "Please tell the children that I think of them and wish all the patients 'A very happy Christmas.'"

A letter from India this week tells us that during her brief stay in Bombay Lady Hardinge found time to visit the Cama and All-India Hospitals, and to express the greatest interest in all she saw.

At a meeting of the Board of Management of the West London Hospital, presided over by the Duke of Abercorn, Dr. H. J. F. Simson was elected Assistant Physician for Diseases of Women.

The National Food Reform Association are asking candidates for support in their efforts to combat the widespread physical degeneracy by securing the standardisation of bread; the passing of a Pure Milk Bill; the improvement of the teaching of cookery; legislation regarding patent medicines, etc.

At a recent meeting of the London County Council plans were passed for the rebuilding of a St. Pancras School at a cost of £20,000. A feature of the new school is to get a roof playground. We are getting on in spite of the reactionary attitude of some of the women members of the Council, who ought to be the first to sympathise with the children.

We commend to nurses—especially School Nurses—a pamphlet on "The Spread of Immorality Amongst Children," by the Rev. T. G. Cree, M.A., Hon. Secretary of the Church Penitentiary Association, and published by the Reformatory and Refuge Union, 117, Victoria Street, S.W., price 2d., or 1s. 4d. a dozen.

*School Hygiene* is a monthly review which might with great advantage be studied by educationists, and all those interested in the physical welfare of the young.

It is proposed to establish a hostel for senior medical students in connection with the Manchester Royal Infirmary, in order that they may have the opportunity of additional experience in the

management of accident and emergency cases only possible to students residing close to the hospital. A warden has been appointed, and it is proposed that the inclusive charge for board and lodging shall be 25s. a week. Nothing is being done for the benefit of women students, as usual.

The American Hospital of Paris, which is situated in the charming suburb of Neuilly, and is a model of its kind, and equipped with all the latest appliances, is already justifying its existence. Its primary object is to provide a place where an American living in Paris, or travelling, could be cared for, if taken ill, by doctors educated in American methods, and nurses speaking his own language, and its appeal is specially to strangers taken ill in hotels. The Lady Superintendent is Mrs. Dean, and the House Physician Dr. A. G. Brenner. There is no fixed charge, but patients occupying private wards are expected to make donations to the funds. There are also two free wards. The laundry arrangements are specially interesting. All the soiled linen is collected in canvas bags, which are subjected to dry heat and then to steam under pressure. After washing the linen is again sterilised by dry heat before ironing.

The Queen Victoria Memorial Hospital at Nice, of which their Majesties the King and Queen are Patrons, and which contains 50 beds for British subjects, without distinction of creed, stands on a fine site on Mont Boron. The President of the hospital, upon which £25,000 has been expended, is Sir George White, and the institution is at present free from debt, but liberal contributions are needed for the maintenance fund. The annexe for isolation cases was built by Sir Bernhard Samuelson, in memory of his father, and the nurses' wing by Mr. John Jaffé.

### WELL DESERVED HONOURS.

Down Bros., Ltd., of St. Thomas's Street, London, have been awarded the Grand Prix (highest award) for surgical instruments and aseptic hospital furniture at the Buenos Aires Exhibition, 1910, as well as the Grand Prix (highest award) at the Brussels Exhibition, 1910.

### OXO IN CUBES.

Oxo is always a favourite article of diet with nurses—in the ordinary form for their own use and as "Nursing Oxo" for their patients, and many will be glad to know that it can now be procured in cubes, in tins of six and twelve, one of which, at a cost of one penny, will make a breakfast cupful of delicious soup by the addition of boiling water. A disadvantage of a liquid preparation of beef is that there is a certain amount of waste, both because more is used than necessary and because some clings to the bottle. This is now entirely obviated. For night nurses there could be no more acceptable variation to the "hospital egg" so frequently served out for the midnight meal than a cube of Oxo, which can be prepared in a moment and is nutritious and invigorating.

## Professional Review.

### PRACTICAL NURSING

The fact that "Practical Nursing," by the late Miss Isla Stewart, Matron of St. Bartholomew's Hospital, and Dr. Herbert E. Cuff, F.R.C.S., Medical Officer for General Purposes to the Metropolitan Asylums Board, which was first published in 1899, has already been through nine editions, the last having been brought out recently by Messrs. William Blackwood and Sons, is a proof that the volume meets a need, and is appreciated far beyond the limits of the direct spheres of influence of the authors.

In the revision of the present edition Dr. Cuff has had the assistance of Miss Beatrice Cutler, Assistant Matron of St. Bartholomew's Hospital.

The chief revision is in connection with the preparation for operations, and in those parts dealing with asepticism, which have been brought up-to-date in some details.

After detailing the best method of cleaning sponges, the authors state: "Before an operation the sponges are removed from the jar with a pair of sterilised forceps and placed in basins containing the antiseptic solution which the surgeon is going to use. They should be handed in the basins, the operator or his assistant squeezing them out as they require them. They are then more likely to be aseptic than if they are wrung out by the nurse, since the less they are handled the better."

"As they are used during the operation, they are thrown at once into a weak solution of washing soda."

"After an operation the sponges should be thoroughly washed at once in soap and water, and afterwards treated as recommended for new sponges. . . . When preparing sponges a nurse should wear rubber gloves, and thus ensure that her hands are surgically clean."

In regard to the cleansing of instruments, we read: "Special instruments, such as cystoscopes, certain catheters, etc., which cannot be boiled, must be rendered surgically clean by some antiseptic solution. Knives should not be boiled for more than two minutes, as this process quickly dulls their edges; indeed, some surgeons prefer to rely only on carbolic lotion or methylated spirit."

Silk, silk-worm gut, and horse-hair are usually sterilised by boiling. Catgut, after a careful scrubbing of each strand with a sterilised nail-brush and soap, may be placed in methylated ether for eight days and then stored in 1 in 250 biniodide solution; or, after scrubbing, be placed in a 1 per cent. solution of both iodine and iodide of potassium, and either kept there permanently or be removed at the end of eight days and be placed in 1 in 40 carbolic acid.

In relation to the costume of the surgeon and his assistants, they "before entering the operating theatre put on over their boots either rubber shoes which have been washed with carbolic lotion, or canvas covers that have been sterilised. They wear sterilised cotton overalls, and sterilised caps and masks over their heads and faces, leaving only the eyes exposed. Finally, they put on rubber gloves.

The nurses are similarly equipped, except for the face mask. The gloves are sterilised by putting in plain water for thirty minutes, after which they are placed in a reservoir containing sterile water, a weak solution of lysol, etc. After use they are washed with soap and water, dried and powdered. Repeated boiling spoils them, consequently they are only treated in this way before an operation. Dipping the hands in methylated spirit allows the gloves to be put on without risk of tearing."

In connection with the preparation of the patient, it is suggested that before going to the theatre "the patient be placed between sterilised sheets, the nightdress having previously been taken off, and a sterilised nightdress, stockings, and cap be put on. A clean folded blanket, which must be removed before the patient enters the theatre, is laid over the sheet."

### CONTAGION AND DISINFECTION.

In laying down the principles underlying the management of infectious diseases we read: "It is of great importance that a nurse should appreciate the extent of her responsibilities when she undertakes the charge of a patient suffering from infectious fever. She must think of her patient, the public, and herself."

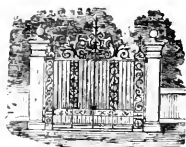
While doing her utmost to help the patient safely through his illness, she must never forget that the slightest carelessness on her part may result in others catching the disease. At the same time it is clearly her duty to guard herself by all reasonable precautions against infection. She should keep her finger-nails short, never omit to use the nail-brush before a meal, and get all the fresh air she can. She ought never to eat any food in the sick room, and when sitting there she should endeavour not to have her chair placed between the patient and the fireplace, otherwise she will breathe in air which is passing from him to escape by the chimney. Not that she ought ever to put herself first, and be careful to the verge of fearfulness on her own behalf—that is a fault that can very seldom be laid to the charge of nurses; much more often one has to blame them for not taking enough care of themselves, which is in itself a serious error. Moreover, those who are careless about themselves are apt to be the same about other people, and hence are more likely to carry contagion away with them from the sick room."

The book is one which is full of practical wisdom, the result of wide experience and thorough knowledge of the subject discussed. The collaboration between a medical practitioner and the Matron of a great Training School for Nurses has been productive of the happiest results, and it is not surprising that the constant demand for this admirable handbook necessitates the publication of new editions.

The first Nursing Exhibition ever held in Germany will be organised by Sister Agnes Karll in connection with the triennial meeting of the International Council of Nurses at Cologne in 1912. Let us do all we possibly can to show our German colleagues how heartily we are in sympathy with their efforts by making the British Exhibit just as good as it can possibly be.

## Outside the Gates.

### WOMEN.



Mrs. Greenwood and Mrs. Bulstrode were the hostesses at the members' tea on Tuesday in charming old Clifford's Inn, when Mrs. St. Hill, President of the Chirological Society, gave a talk to the Society of

Women Journalists on the "Psychology of the Hand," more especially in relation to the writer's hand. Mrs. Bedford Fenwick presided, and the room was crowded with a deeply interested audience.

Before the close of the meeting the presentation of an address and beautiful opal pendant and gold chain was made to Miss Mary Fraser, the late Hon. Secretary, subscribed by her fellow members. In clasping the gift round her neck the President remarked that it was given with sincere affection and as a token of warm appreciation for the manner in which Miss Fraser had worked for the Society and the help she had always given to the members who came to consult her about their work. Miss Fraser spoke feelingly, in expressing thanks, of the benefit which her association with the Society of Women Journalists had always been to her, of the invariable sympathy of her colleagues, and how deeply she appreciated their friendship and generosity. Altogether the gathering was a very happy little interlude to hard work.

Mrs. Hylton Dale, of 60, Onslow Gardens, S.W., has arranged an At Home for December 12th for the National Association of Women's Lodging Homes, Rowton Houses, at which the speaker will be Mr. Mackeneth.

No one who read a paper by Mrs. Hylton in a recent issue of *The Common Cause*, now reprinted in leaflet form, reviewing a book entitled "Where Shall She Live," can fail to appreciate the primary importance of this question to the woman worker.

The book, which is written by the joint secretaries of the above Association—Mrs. Higgs, of Oldham, and Mr. E. E. Hayward—"throws a positively lurid light on certain phases of social life affecting a large number of women workers, who, being without homes and with no friends, are kicked about like footballs, the sport of a cruel social system." Mrs. Hylton Dale pleads for the establishment of municipal lodging-houses for women on the lines of those maintained by the Corporations of Manchester and Glasgow, and said, "We do not think of herding the sexes together in the tramp ward; yet throughout the country conditions are allowed common lodging-houses (or 'doss-houses') which denote a state of barbarism." In London there is not a single municipal women's lodging-house, and the police actually lock girls up in prison's cellars as the only safe place.

So Victor Horsley, always a thorough-going Suburbanist, says in his address to the electors of

the University of London, which, according to precedent, takes the form of a letter to Sir Thomas Barlow, Chairman of the Committee promoting his candidature for representation of the University in Parliament, "The question of the political enfranchisement of women, which affects so directly the interests of many graduates of the University, is one which is before the electorate. . . . I shall strenuously support any measure which will help to bring about this much needed social reform."

One more State has been added in the United States of America to those in which the women have obtained their political enfranchisement. We heartily congratulate the women of Washington on obtaining their political freedom.

## Book of the Week.

### THE BROAD HIGHWAY.\*

"Ah!" said the Tinker, "I never read a novel with a tinker in it, as I remember; they're generally dooks, or earls, or baronetes—nobody wants to read about a tinker."

"That all depends," said I. "A tinker may be much more interesting than an earl, or even a duke."

The Tinker examined the piece of bacon upon his knife-point with a cold and disparaging eye.

"I've read a good many novels in my time," said he, shaking his head (here he bolted the morsel of bacon with much apparent relish). "I've made love to duchesses, run off with heiresses, and fought dooks—ah! by the hundred—all between the covers of some book or other, and enjoyed it uncommonly well—especially the dooks. . . . 'Young fellow,' said he, 'no man can write a good novel unless he knows summat about love, it ain't to be expected.'"

And no doubt the majority of novel readers agree with him. The author recognising his theory as sound, tells his public that in the book that lies before them though they shall read, if they choose, of country things and ways and people, something also of blood and of love. So skilfully are these desirable ingredients manipulated that they produce a volume of rare charm and distinction.

The broad highway calls to Peter Vibart in his fallen fortunes, and he decides to go on a walking tour, and when his money is all gone to turn his hand to some useful employment—digging, for instance.

"Deuce take me," ejaculated Sir Richard feebly, 'the boy's a Revolutionary.'"

The reader must know that the times of this story are the days of postchaises, duels and highwaymen—when young bloods would carry off distressed damsels against their will, and hearing this in mind, may be sure that the King's highway would not be lacking in romance for him who had a mind for it.

\* By Jeffrey Farnol. (Sampson Low, Marston and Co., London.)

Peter meets with a peddler.

"Are you tired?"

"Course I'm tired."

"Then why not sit down and rest?"

"Because I'd have to get up again, wouldn't I? . . . They'll find me some day dangle to the thing that looks like a oak tree in the daytime."

"What do you mean?" said I.

"The peddler sighed, shook his head, and shouldered his brooms."

"It's just the loneliness," he said, and spitting over his shoulder trudged on his way."

And Peter, after meeting with all sorts and conditions of delightfully good and bad men, at length eliminates his fascinating experiences with Charman.

"I think"—she began, speaking with her back still turned to me.

"Well?" said I.

"—that you have—"

"Yes?" said I.

"—very unpleasant eyes."

"I am sorry for that," said I.

But in spite of this, as Peter lay in the dark that night, when the souls of unnumbered dead still rode upon the storm, there came to him a faint perfume as of violets at evening-time, elusive and very sweet, breathing of Charman herself. . . .

"She was still wrapped in her cloak, as she had been when I first saw her, wherefore I put the hood from her face."

"And behold! her hair fell down rippling over my arm, and covering us both with its splendour."

"It seems wonderful to think that you are my wife," said I.

"Why, I had meant you should marry me from the first, Peter."

"And thus did I, all unworthy as I am, win the heart of a noble woman, whose love I pray will endure, even as mine will, when we shall have journeyed to the end of this Broad Highway which is Life and into the mystery of the Beyond."

Read it.

H. H.

#### COMING EVENTS.

*December 12th.*—Hammersmith and Fulham District Nursing Association. Miss Curtis and the Nurses At Home. Hammersmith Town Hall, 4 to 6.30 p.m.

*December 15th.*—Territorial Force Nursing Service, City and County of London. Meeting, Grand Committee, Mansion House, E.C., 4 p.m.

*December 15th and 15th.*—Central Midwives' Board. Special Meetings to deal with Penal Cases. Caxton House, S.W., 2 p.m.

*December 16th.*—Central Midwives' Board Examination. Examination Hall, Victoria Embankment, London, W.C.

#### WORD FOR THE WEEK.

At last, after the lapse of twenty centuries, the Christian doctrine of the equality of woman recognised by Christ and His Apostles is becoming fully recognised as an element of political justice.

M. LE PASTEUR RAMETE

At the *Entente Cordiale Society*.

## 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.*

### NURSES' MEMORIAL TO KING EDWARD VII. *To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—May I draw the attention of your readers to a scheme for establishing an Imperial Nurses' Memorial to the memory of our late beloved Sovereign King Edward VII.

A Representative Committee of the nursing profession have conferred with Sir Everard Hambro, and it has been decided that the Memorial shall take the form of Residential Homes for nurses incapacitated from further active work, to include all nurses, whether policy holders in the Royal National Pension Fund or not, and that the Homes shall be managed from the offices of the Pension Fund. Conditions for admission to these Homes will be that:—

Candidates must be in a position to support themselves while in the Homes.

The charge for board and lodging will be fixed at the discretion of the Committee, and will be as low as is consistent with the self-supporting principle of the scheme.

I have been asked by the Representative Committee to undertake to receive funds collected for this purpose in the London district from private nurses and Nursing Homes. I need hardly say that this does not apply to the private nursing staffs connected with hospitals.

I would ask your hearty co-operation in this work by making it known to the nurses with whom you are personally in touch.

The donations are not restricted to the nursing profession, and will be thankfully received from all.

It is desirable that all subscriptions, which are not limited in amount, should be sent to me not later than March 31st, 1911.

Yours faithfully,

(MRS.) FLORENCE LUCAS,

*Supt. of the Nurses' Co-operation.*

8, New Cavendish Street,  
London, W.

### OUR GUINEA PRIZE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I am so grateful to you for the £1 is. prize. It was a pleasant surprise. I have been a regular reader of the *BRITISH JOURNAL OF NURSING* for five years, and have hardly failed in that time to send in solutions for Puzzle prizes. Perseverance has been rewarded. I thank you, Madam, for all you do for the welfare of nurses—so many kindly acts. If not too early

may I wish you all good things for Christmas and the coming year?

Yours truly,

A. M. SHOESMITH.

Nurses' Home, Durham.

#### PLEASE HELP NURSING IN NORWAY.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I am venturing to write to you because I know you take an interest in nursing all over the world, and I hope you will excuse me troubling you. I was at the Congress in London last year, where we got so many inspiring thoughts, and all the time since we have been trying to realise some of them.

We train nurses for work in the country. The National Committee for Tuberculosis is now wanting to give them special lectures on "How to Prevent Consumption" and on "Hygiene." We are not quite sure of how we are going to arrange these, and that is why I am writing to you.

Perhaps you would kindly forward my letter to a Matron of District Nurses, or you might be able to send me some syllabus. May I ask some questions:

(1) Is the three years hospital nurse obliged to have some special training in order to become a district, factory, or school nurse? If so, would you kindly send me the syllabus?

(2) I believe I have heard about nurses giving hygiene lectures in the district. Have you got any syllabus?

(3) Have you any pamphlets for distribution to the public on prevention of consumption and cleanliness? If so, may I ask you to send them?

I feel quite sorry to give you so much trouble, but I do not know anybody else to whom I can write. It would be a very great pleasure to me if I were able to render you any service.

With many thanks for your answer.

I am, dear Madam, yours faithfully,

CAMILLA STRIVE,

Head Nurse.

The Bergen Hospital,  
Bergen, Norway.

[1] The Queen Victoria's Jubilee Institute requires nurses to have six months' special practical and theoretical training in a District Nurses' Home, followed by examination, before they are accepted as Queen's Nurses. (2) So far we are not aware of any nurses having taken up special work in factories in this country. Miss Delano, Office of Surgeon-General, U.S.A., Washington, D.C., who read the paper on the Factory Nurse at the International Congress of Nurses, might be able to give some information on this point. (3) Special training is not compulsory for School Nurses so far, but useful special courses have been established by the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W., for Health Visitors and School Nurses and on School Hygiene, and by the Royal Institute of Public Health, 37, Russell Square, London, W.C., followed by an examination. The National Association for the Prevention of Consumption, 20, Hanover Square, London, W., publishes some useful literature and leaflets; also the Women's Imperial Health Association of Great

Britain, 3, Princes Street, Hanover Square, London, W., also the Women's National Health Association of Ireland, communications to which should be addressed to the Secretary of the Association, Vice-regal Lodge, Dublin. Perhaps some of our readers will communicate with our correspondent.—Ed.]

#### WOMEN INSPECTORS OF LUNATICS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I note with much pleasure that the Blackrock Urban Council has been urging the appointment of women inspectors of lunatics and women members of Asylum Committees. It is only right that these afflicted people should have the benefit of supervision by women as well as men, and the only wonder is that this has not been arranged for long ago. Women should be appointed on all committees which supervise institutions; they are much more conversant with the details which need inspection than men. What man, for instance, sees the thousand and one things which need attention in his own home, and if he does not see them there why should his eyes be keener in an institution?

Further, it is only due to women patients that they should be able to speak of their troubles—real or imaginary—to members of their own sex. It is a far greater necessity than that men patients should have access to male members of a committee, for men will not untruly turn to women for sympathy and understanding, but what woman will willingly speak openly to a man about many matters which she desires rectified. We know that she would often prefer her wrongs to remain unrighted if their rectification involves detailing them to one of the opposite sex. Again, it is wrong that there should be no woman on a committee whom the large female staff employed in asylums can approach. I think also that the necessity of appointing women as well as men as Visitors-in-Lunacy should be represented to the Lord Chancellor.

I am, dear Madam,

Yours faithfully,

MATRON.

### Comments and Replies.

*Private Nurse, Wolverhampton.*—A very pleasant and useful mouth wash is Listerine, which also has antiseptic properties, and is commendable for this reason. Few of those who have once used it would willingly be without it.

*Questioner, London.*—It is a mistake for a baby's binder to be applied too tightly. The main use of a binder is to keep the dressing on the cord in position. When the cord separates the flannel binder may still be applied for the purpose of keeping the abdomen warm, but the same object can be achieved by a warm Shetland vest.

### Notice.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Prophylaxis in Obstetrics.

Dr. A. W. Russell, M.A., Obstetric Physician to the Maternity Hospital, and Surgeon to the Royal Samaritan Hospital for Women, Glasgow, delivered a most illuminating address on the above subject at the opening of the present session of the Glasgow Obstetrical and Gynaecological Society, which is published at length in the *British Medical Journal* of December 3rd, and deserves careful study by all midwives.

The lecturer states that prophylaxis is defined as "the mode of defending the body against disease," and says that "in relation to obstetrics we may define it as the prevention of complications in the course of pregnancy, during the progress of parturition, and throughout the puerperium until complete convalescence has again been established."

### HEREDITARY INFLUENCES.

He further says:—"I think it is Oliver Wendell Holmes who somewhere says that, if we want to cure some diseases of the present generation, we must go at least two generations back. I do not propose, however, to take much account of hereditary influences, though we must not entirely forget them even in such an inquiry as the present. Antenatal pathology is a fascinating field of study, and a whole address might with profit be devoted to the interesting facts of such study, or a night given to their discussion. As yet prophylaxis, as applied to this particular period, is probably limited to the prevention of the pregnant woman from exposing herself to any of the infectious diseases, as her immunity, acquired by previous attack, does not extend to the unborn infant. In an epidemic of small-pox it might be advisable to vaccinate her to increase the immunity of the infant. If she is the subject of syphilis, she should be treated both for her own and for her child's sake, and, even if the father alone is affected, she should be treated for the child's sake. It is important also to remember that in certain cases where the infant's vitality is reduced in the last month of pregnancy, the induction of premature labour at an earlier date may save a subsequent child. I pay little regard to what has been written about maternal impressions, but it has been established with almost scientific precision that alcoholic indulgence on the part of the mother is seriously prejudicial to the growth and life of the child. I believe, also,

that the expectant mother should be encouraged to a cheerful life and the avoidance of mental irritation and excitement and low desires. If we cannot remove such influences, we can at least endeavour to secure that they will not be perpetuated in future generations."

He then deals with the future mother, the infant and rickets, girlhood and the approach of puberty, the young woman, and marriage. In connection with marriage, he says: "It is almost a criminal thing that gonorrhoeal infection of a wife by her husband, with its disastrous consequences to her much more than to him, should be of so frequent occurrence. Motherhood and the prophylaxis of pregnancy are next discussed, the prophylaxis of labour, and the prophylaxis of the puerperium."

### PROPHYLAXIS IN LABOUR.

"The aim here is," the lecturer states, "to promote normal labour, and do nothing at any stage of it that will be prejudicial to the mother or the child. Prophylaxis is exercised in regulating the conduct of the patient as to her movements or her rest or her position in bed, according to the stage or the labour, and in protecting her from chill, from exhaustion, and from mental excitement. The rules as to asepsis must be observed from the very beginning of labour. The patient must be handled or examined internally as little as possible, and attention must be given instead to external abdominal palpation as a means of diagnosis, and when such handling or examination is necessary it is desirable that rubber gloves be used. Premature rupture of the membranes must be avoided, but it is just as important to rupture them at the right time."

"The greatest care must be taken at this stage to diagnose the exact position of the child, for often in lingering labour the delay and difficulty arise from the least error in the position of the presenting part, and any abnormality of this character can best be corrected before rupture of the membranes."

"For the preservation of the perineum many directions have been given, but probably none of them are universally applicable. Any involving the insertion of a finger into the rectum deserve unqualified condemnation. The least we can do is to maintain flexion and to keep the presenting part, especially if it is the head, from emerging hurriedly at the crisis of a pain. A laceration often begins high up in the vagina, owing to the lack of sufficient flexion or some other abnormality in the position of the pre-

senting part. A torn perineum is not the worst thing that can happen, but it should, of course, be at once and carefully repaired. It is better to postpone the repair for a few hours than to do it ineffectively at the time, for it has been found that such a repair is a poor support to the pelvic structures and often necessitates secondary repair.

#### PROPHYLAXIS IN THE PUERPERIUM.

"Even if the precautions hitherto described have been properly observed, there is still need in the puerperium for a vigilant prophylaxis, as a mere enumeration of the possible complications sufficiently shows. The patient must be saved from the effects of constipation, hæmorrhoids, retention of urine, blood disorders, nervous disturbances (such as eclampsia insanity, neuritis, aphasia), anomalies of the breasts and the milk secretion, too severe "after pains," tardy involution of the uterus, undue hæmorrhage, and septic infection. Alike in the worst and in the least serious complications that threaten the puerpera, attention to the earliest symptoms will often save her from troublesome after-results, and sometimes even from a fatal issue. The first and most alarming complication, on account of its suddenness, is post-partum hæmorrhage. If prophylaxis has been exercised in the final stage of labour by controlling the uterus from the moment that the presenting part emerges from the vaginal orifice until the placenta is born, there is little likelihood of alarming hæmorrhage.

"Of the minor complications none is more upsetting than mammary abscess, and it hardly needs to be remarked that this can almost invariably be traced to some previous inattention to precautions in the care of the breasts and the regular feeding of the infant.

"In 1908, 241 deaths from puerperal fever were notified to the Registrar-General for Scotland, and of these 119 occurred in Glasgow. The registered deaths in Scotland during the ten years 1899-1908 numbered 2,612, and yet it is a preventable disease. What a toll to pay to defective method! And this is not all, for it is impossible to estimate the much greater number of women who have more or less "morbidity" from milkier sepsis and are more or less handicapped afterwards in their lives. The reasons are some of them not far to seek, and until every practitioner, midwife, and obstetrical nurse not only practises surgical cleanliness as to the hands, instruments, and swabs that are used, but also, and as carefully, cleanses the parts of the patient that are to be handled, one need not expect in private practice to abolish puerperal septicæmia as one of the most frequent and least justifiable causes of death of women in childbed."

#### THE BRITISH MEDICAL ASSOCIATION AND THE MIDWIVES BILL (No. 2).

The last issue of the Supplement of the official organ of the British Medical Association gives a full report of the reception of a deputation from that body to the Right Hon. John Burns, M.P., President of the Local Government Board, on the subject of the Midwives (No. 2) Bill. The deputation was introduced by Mr. H. T. Butlin, President of the Royal College of Surgeons, and the principal speaker was Mr. T. Jenner Verrall, Chairman of the Medico-Political Committee of the British Medical Association, who said that the part of the Bill in which they were specially interested was Clause 17.

In the course of a sympathetic reply, Mr. Burns said, in response to a request preferred by Mr. Verrall, that he would be only too pleased that a small deputation of the British Medical Association should see his medical officers and those officially concerned with the Bill.

As Parliament is now dissolved the Bill is dead, and it remains to be seen whether it will be resuscitated in its present form in the new Parliament.

#### THE MIDWIVES' INSTITUTE.

Miss Jane Wilson, who has been President of the Midwives' Institute since 1894, has placed her resignation in the hands of the Council. We regret that the condition of Miss Wilson's health was the cause of this decision. Miss Wilson held the position of President of the Midwives' Institute during the strenuous years before the passing of the Midwives Act, and as the representative of the Privy Council on the Central Midwives' Board in its early years was a valuable member of the Board, owing to the experience she had thus acquired. Her resignation will be deeply and rightly regretted by the members of the Institute.

We learn from the official organ of the Institute that Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute, and for many years a member of the Council of the Midwives' Institute, has unanimously been nominated by the Council for election to the Presidency at the annual meeting in January. We do not doubt that the members will endorse the nomination as a wise and acceptable one.

#### THE MATERNITY DEPARTMENT AT ST. BARTHOLOMEW'S.

The decision to open a maternity ward at St. Bartholomew's Hospital necessitates a number of alterations, and "Elizabeth" is to be devoted to the obstetric cases, with fourteen beds in the back ward, the front being divided into a labour room, babies' bath room, and waiting room.

The weak point in this arrangement is that the one ward must be in constant use, and cannot be closed periodically for thorough cleaning as is certainly desirable. At Queen Charlotte's Hospital, for instance, when one floor, which has its own lying-in ward, labour ward, and appendages, sends out the last patient the department is closed for thorough cleaning, and new patients are received on the next floor.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,185.

SATURDAY, DECEMBER 17, 1910.

XLV.

## Editorial.

### COMING EVENTS CAST THEIR SHADOWS BEFORE.

Christmas Day is one of the great landmarks of the year, and long before the actual date we live under its influence. We cannot take up a daily paper without seeing the arrangements which are being made for the convenience of the travelling public; the shops, in festive dress, remind us that we need calendars and cards and Yule Tide gifts for friends at home and abroad. On all sides Christmas comes to meet us, and impresses us with its claims upon our thoughts, our time, and our pockets.

To none does it appeal with greater force than to the nursing staffs of hospitals and infirmaries, and to those whose work takes them into the homes of the poor. The season brings no holiday for them—their work is doubled, and it is a weary staff who go off duty when Christmas Day is at length over. But if Matrons, Sisters and nurses are weary, they are happy, for the day has seen the consummation of the work of weeks of forethought and endeavour, and in sharing the joy of hundreds of patients—joy in the promotion of which they have been the main factors—they themselves have found the peace and contentment which are the outcome of unselfish devotion to others, and it is certain that nowhere for a less expenditure is greater pleasure given than by the Sisters and nurses in the hospitals and infirmaries throughout the kingdom—for if their pockets are light their sympathies are wide, and their fingers nimble, and, given a combination of foresight, skill and earnest desire, it is possible to achieve much on a small expenditure.

Nevertheless, the demands on the slender incomes of nurses who work amongst the

sick poor in institutions and elsewhere, and know their needs, and those of their families, upon whom the sickness of father or mother always presses hardly, are many. If there were a deeper purse to be dipped into much more could be done, and those well-endowed with means could scarcely expend a portion of them to better advantage at this season than in co-operation with the nursing staffs of our hospitals, infirmaries, district nursing homes, or with school nurses, any one of whom could give expert information as to how money can be laid out to the best advantage at this season.

The patients in the wards, and even more the out-patients of our great hospitals, need to have help and brightness brought into their lives on Christmas Day, for in-patients are at least certain of warmth and comfort, and good food; while, if the condition of the homes of many of the out-patients in our hospitals were once realised, surely no one in the wealthy districts of our great cities could eat their Christmas dinner in luxury without doing something to ensure that some of those whose grates are often fireless, whose cupboards are often bare—are sure of warmth and food on this one day of the year.

Neither let us forget the school children, the necessitous among whom are now fed while the schools are open, but during the holidays often feel the pinch of hunger. We hope that every school child will have a Christmas dinner, and that something of the joy and comfort of the season will penetrate to every cheerless home in the kingdom.

If those with means would co-operate with those with knowledge, this end would be speedily achieved, and plenty for one day at least would be brought within reach of all.

## Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.

### ENTERIC FEVER.

In considering the subject of enteric fever, I shall depart somewhat from the description of the disease as it is usually given in the medical text books, and adopt an explanation of its pathology which has been furnished by some recent laboratory work on the subject, and which has also the merit of simplifying very considerably our conception of the nature of the infection. As previously, I shall not give a detailed description of the symptoms of the disease, but shall confine myself to general principles only.

Enteric fever is due to invasion of the body by the bacillus typhosus—to that, and to that alone. An attack *may* be caused by inhaling the air laden with the organisms, but in the vast majority of cases, the germ is swallowed, that is to say, some article of food or drink becomes contaminated with bacilli—always, be it noted, derived from a previous patient suffering from enteric fever—and is unwittingly consumed by the patient.

Epidemics of enteric are usually due to a polluted water supply, that is to say, the excreta from a previous case of the disease find their way into a well, or even, as in the Caterham outbreak, into a reservoir, and very many of the consumers of the water contract the disease. Or the infection may be indirect, as when articles of food are washed with polluted water, and it is in this way that oysters and cockles or mussels give rise to enteric. What then happens is that the shellfish, though they are quite innocuous when they are taken from the deep sea, are laid down to fatten in beds where they become contaminated. Now these beds are very frequently situated at the mouths of rivers, or on the sea shore where there is a tract of shallow water through which the tide ebbs and flows, and it often happens that they are not very far from the mouths of large drain pipes, and in practice the oysters fatten on the sewage thus discharged. For some reason or other, they seem to prefer typhoid bacilli, and these germs grow inside the shellfish, and thus give the disease to anyone who eats them. In the same way water-recess is often grown on sewage, and is then apt to infect the consumer of it.

Another way in which food becomes contaminated is by flies, which carry particles of infected matter from the waste matters on which they feed to the food over which they so freely crawl, and recent research has shown

that flies play a very important part in the dissemination of enteric and kindred diseases in this manner. The lesson is obvious: though we cannot avoid polluted water, unless we never drink any that has not been recently boiled, or filtered through a germ-proof filter, it is not essential to our existence that we should consume shellfish, and we can always keep food covered up with covers of wire gauze.

But it is well-known that nurses are very prone to contract enteric fever, and there are now many instances where young and useful lives have been sacrificed in this way, so it is perhaps well that we should investigate this part of the subject rather more closely. Now, while it cannot be denied that it is possible for a nurse to contract the disease by inhaling the breath of her patient, infection by this route must be very rare, and there can be no doubt that a more usual way is for the bacilli to get on to the hands of the nurse and thence to her food. We must take it that whenever a nurse is in constant attendance on a patient suffering from enteric very many germs must reach her hands, however careful she may be, unless rubber gloves are worn—as, in my view, they should be—not only when soiled linen or utensils are being handled, but also whenever the patient's mouth is being cleansed, or any dressing done.

How many times, I wonder, does a nurse go straight from a ward where there is a typhoid patient to the dining-room, after an ordinary washing of the hands, and forthwith begin to eat bread with her fingers while she is waiting for more solid fare? Or again, it may be her "afternoon off" and she changes hurriedly into out-door garb, and puts on a pair of gloves, which are not removed until she reaches the seductive tea shop (the visit to which may be necessitated by the fact that her dinner has been so badly cooked that she has eaten as little of it as possible), when she again manipulates the appetising confectionery with her fingers. As a matter of fact, I once took cultures from the gloves of a nurse in an enteric ward, who was really one of the most careful and conscientious people I have ever met, and grew a very fine selection of typhoid bacilli from them. No nurse who is in attendance on even one typhoid patient ought ever to touch her food with her fingers. Eating bread and butter with a knife and fork may be unconventional, but it is better than contracting an attack of enteric fever.

We now come to the results of swallowing these germs, and here I am going to deviate a little from the text books. We know now that the bacilli get straight into the circulating blood, and we can find them there in almost

every case during the first week or ten days thence they are discharged through the kidneys, and in the vast majority of patients, the urine from the middle of the second week onwards for a variable period contains the bacillus typhosus. They are also found in the spleen and in certain portions of lymphatic tissue in the intestine which are known as Peyer's patches. In the latter situation they cause death of the tissue, and ultimately the dead portion is cast off leaving an ulcer.

So we have in enteric fever two facts to keep before our minds; one is that the bacilli with which the circulating blood is swarming are producing poisons, or toxins as they are called, and that the patient is therefore suffering from a general disease, which goes on whatever we may do to the intestine; and another is that the presence of weak spots in the bowel itself is a source of danger. Formerly we did not know that the organisms got into the blood from the first, and so we concentrated our attention somewhat too closely on the ulcerated intestine.

The incubation period of enteric fever is usually 12 or 14 days, and though we have as yet no definite evidence on this point, the probability is that during this time the bacilli are growing in the blood to a certain extent; most people feel ill during this incubation period.

The onset of the disease proper is not well marked as a rule, but the patient has a headache, which continues steadily—though the pain is not, as a rule, very acute—instead of passing off as most headaches do; he also becomes more and more tired, and feels heavy, stupid, and ill.

As a rule the patient now thinks that he has a bilious attack, and takes an aperient, which gives him abdominal pain and diarrhoea, or rather, instead of his bowels being opened once or twice only, they continue to act for a few days. In severe attacks there is sometimes diarrhoea apart from any aperient, but as a rule the onset of enteric fever is not marked either by abdominal pain or undue looseness of the bowels when no purgative has been administered or taken; this, as will be seen later, is rather an important point.

At the onset the temperature is raised, and it advances by two degrees at night and falls by one degree in the morning until a pyrexia of 103 or 104 degrees is reached, when it remains with but slight variations for a fortnight or so; the temperature then begins to drop to the normal, or nearly so, in the mornings, the evening readings being gradually lower until the normal line is reached altogether, at about the end of the third week; both shorter and longer periods are, however, quite common.

With the headache and the pyrexia there is prostration, which may be extreme, so that the patient lies almost unconscious of his surroundings, and there is almost always some delirium at nights. He becomes steadily thinner.

Now these are simply the signs of toxæmia, and in many cases there is nothing, or very little, to show where the manufactory of the toxin is; before the discovery of the bacilli in the blood we assumed that they were formed in the intestinal ulcers, but against this is the fact that if we examine the body of a person who has died of enteric we find very many more bacilli at the beginning of the intestine than lower down, where the ulcers are; also the degree of poisoning observed at the bedside does not correspond to the amount of ulceration found post mortem.

But in many cases the ulceration does give rise to signs and symptoms, and of these the most important is distension of the abdomen, which, when it is well marked, is known as meteorism; sometimes abdominal pain and diarrhoea are due to ulceration, but, as will be seen later, this is not the most common cause of either. Sometimes the ulcers are deeper than usual, and one of them may penetrate the submucous layer of the intestine and open up a blood vessel, so that we get hemorrhage from the bowel, or it may go deeper still and make a hole right through all the coats, so that the contents of the intestine escape into the abdominal cavity; this is known as perforation; the signs of both these complications will be described in a future article.

To sum up, enteric fever is a general infection of the blood with the *B. Typhosus*, which also irritates the intestine, so that ulceration results. Keeping this before our minds, we will next consider how the disease may best be treated, and then discuss the signs which should indicate to the nurse that all is not well with the patient.

## The Irish Nurses' Association.

On December 6th Dr. Douglas Good gave the members of the Irish Nurses' Association a most interesting lecture on "Massage and Its Use in Common Ailments." After telling the origin of massage and how it was practised in the far-away ages, Dr. Good described the kind of nurse who should take up massage, and also the proper conditions for her to live under, so that she might keep herself in good health. He also gave some valuable information with regard to breathing movements in order to relax muscles. Miss Shuter presided and there was a large attendance.

## The Matrons' Council.

### A RECENT MEMBER

Miss Mary Winnill, the Matron of the Children's Infirmary, Carshalton, under the Metropolitan Asylums Board, and a member of the Matrons' Council, was trained at St. Bartholomew's Hospital, London, entering the Special Probationers' Home in February, 1894, and after an interval, entered as a regular probationer at the end of that year. On obtaining her certificate she passed on to the Trained Nurses' Institute, after which, desiring to obtain experience in maternity nursing and midwifery, she went to the Lewisham Infirmary, where she acted as Ward Sister and Night Superintendent, getting her theoretical instruction in town in her off duty time. She obtained the certificate of the London Obstetrical Society in October, 1899, and when the Midwives' Act came into force was enrolled as a certified midwife.

Miss Winnill left Lewisham Infirmary in order, by special request of H.R.H. Princess Louise, Duchess of Argyll, to nurse, with Miss Maudie Thomson, some officers, wounded in the South African War, in a suite of rooms at the Savoy Hotel, placed at the disposal of her Royal Highness by the Manager. From there, by desire of the Princess, she went to Roseneath, Argyllshire, to organise and superintend a Home for wounded and convalescent soldiers in a charming house generously devoted by the Princess to the reception of soldiers wounded in South Africa. Some of the furniture in this house had once belonged to Queen Victoria. Later Her Royal Highness summoned Miss Winnill to Kensington Palace, and presented her, for her work in this connection, with a medal of her own designing.

Miss Winnill then returned to St. Bartholomew's Hospital for some further experience in hospital administration and housekeeping, tak-

ing charge of the Trained Nurses' Institute, and the Special Probationers' Home during the holidays of the Superintendents. During this time she also attended classes on massage, going into the wards to massage some of the patients daily.

In December, 1900, Miss Winnill was appointed Sister-in-Charge of the female patients at the Hospitals' Convalescent Home, Parkwood, Swanley, and in September, 1901, entered the service of the Metropolitan Asylums Board as Superintendent of Night Nurses at the Grove Fever Hospital, Tooting, acting as Assistant Matron for several months during the

temporary absence of the Matron at the Gore Farm Lower Hospital, during the small-pox epidemic. Miss Winnill was promoted to the position of Housekeeper in 1904, and in January, 1905, was appointed Assistant Matron at the South-Western Hospital, Stockwell, where she spent five happy years, leaving in January of the present year on her appointment to the post of Matron of the Children's Infirmary, Carshalton, the largest Children's Hospital in the world.

Through the care of Mr. John Burns, President of the Local Government Board, for the sick and infirm children of the Metropolis, this great hospital, on the Surrey hills,

is devoted to the reception of the children from the Metropolitan Poor Law Infirmarys, from which they are transferred by special motor. A certain proportion of the beds are for acute cases, but probably the hospital is of even greater benefit to the halt and the maimed, who in the sharp air of Carshalton develop abnormal appetites, and whose physique in many cases develops and improves. Added to which they are removed from the undesirable association with adults in infirmary wards, and placed in surroundings calculated to strengthen their moral stamina.

In addition to being a member of the Matrons' Council, Miss Winnill is a member of the Society for State Registration of Trained



MISS MARY WINNILL,  
Matron, Children's Infirmary, Carshalton.

Nurses, a Vice-President of the Fever Nurses' Association, and a Sister attached to No. 1 City of London Hospital, Territorial Force Nursing Service. Her record of work is therefore both varied and honourable.

## The Last Puzzle Prize.

A large number of our readers who have enjoyed competing for the monthly Puzzle Prizes will no doubt regret the discontinuance of these competitions. For the future there will be a five shilling prize every week, which we hope will prove most interesting to those who take the *BRITISH JOURNAL OF NURSING*, and thus support and spread its teaching for *the organisation of trained nursing into a legally constituted profession*.

This high aim, which our readers support, necessitates the consideration of serious matters, which not only affect nurses, but the welfare of the whole community, and requires a keen professional conscience. It also requires courage to stand consistently for duty, and resist the unethical policy of expediency by the adoption of which we so often find others pre-terred before us.

Together with serious professional matters it is well to associate something to stimulate personal interest. After all, we are only human, and cannot always be so strung up to concert pitch.

In our issue of January 14th, 1911, the first weekly five shilling prize will be paid to the writer of the first letter opened by the Editor naming the *Novel of the Year*, which has appeared in 1910, and which is named as the favourite by the largest number of competitors. The *our* coupon to be filled in, cut out, and forwarded to the Editor will appear in our issue of January 7th, 1911.

## Welcome Help.

The President acknowledges with many thanks the following donations to the funds of the Society for the State Registration of Trained Nurses:—

The Defence of Nursing Standards Committee (per Mrs. Shuter), £3 10s.; Miss Forrest, £2; Stevens' Hospital Nurses' League (Dale), 10s. (per Miss Kelly), £1 1s. 4d.; The League of St. John's House Nurses (per Miss M. Burr), £1 1s.; Ella, Lady Simon, £1 1s.; Mrs. G. F. Watts, £1 1s.; Miss Elma Smith, 5s.; M'ss Theodora Unwin, 5s.; Miss Treuman, 4s.; M'ss Isabella Axton, 1s.

## The Nursing of Hysteria and the Rest Cure.

NOTES OF A LECTURE BY DR. EDWIN BRAMWELL

Dr. Edwin Bramwell, on Wednesday, December 7th, lectured to trained nurses in the Royal Infirmary, Edinburgh, on "The Nursing of Hysteria and the Rest Cure."

Dr. Bramwell said that the nursing of such cases should be made a speciality, as knowledge above the average was required. Trained and certificated nurses had sometimes had no experience in nursing hysteria.

The prevalent idea of regarding a patient suffering from hysteria as malingering was to be deprecated, and the event often proved this to be incorrect.

Dr. Bramwell considered the subject under the following headings: The nature of hysteria; attitude of dealing with hysterical patients; qualities necessary and the importance of the nursing details; method of rest cure; treatment by mental therapeutics; relations of the nurse to the patient.

Hysteria had been commonly considered to be caused by an affection of the ovaries, but now it was known as a brain disease. Inherited hysteria might have its effects lessened by training a child in healthy open-air surroundings, by wise regulation of lessons, and by the avoidance of excitements and shocks.

Dr. Bramwell said that in major cases of hysteria the patient was self-conscious, self-absorbed, selfish, and a striking trait was lack of decision.

In severe hysteria the patient might become paralysed, have tremors, constant vomiting, and great loss of weight. Inability to move the limbs was apparently present. Hysteria was not malingering, and an hysterical patient must not be bullied; it was essential that the patient should have confidence in the nurse. The points to be remembered were: Firstly, gain the confidence of patients; secondly, let them know that they are suffering from actual disease, if not, one loses their confidence. It was not by bullying, but by persuasion, that a nurse succeeded with these cases. She should listen with sympathy, but only say things that would have a good effect, and at the right time.

The scope of the nurse could not be over-estimated, and her work played an important part in treatment. She should be a great help to the physician.

Dr. Bramwell said that on the first visit the physician made a complete examination of the patient, the reasons for this were two-

told. Pure hysteria might not be caused by any organic disease, but it was an aid in gaining the confidence of the patient when the case was thoroughly investigated, and it also gave the physician the knowledge he required. If the original cause were emotional, he considered if the primary cause still dominated the position, the patient's mode of life, nourishment, etc. If justified by this investigation, the physician informed the patient there was no reason why she (or he) should not recover, and many patients had been helped to recovery by a cheerful, kind, and persuasive manner.

In grave hysteria the Rest Cure (Weir-Mitchell), including the isolation of the patient, the withholding of letters, a diet consisting principally of milk, massage, and the application of mental therapeutics, should be employed. When the physician had examined the patient he explained to her the treatment he considered necessary. She must fully realise what a Rest Cure implied, as, unless she agreed to undergo it, it would be futile. She would ask how long this treatment must be continued. It was not wise to give any stated time as it might be necessary to exceed this. Six to ten weeks was an average time. If a patient desired to recover she had a much better chance of so doing. After admission to a Home the physician re-examined the patient and might find organic or valvular disease. Was he to inform the patient? In exceptional cases it might be unwise; generally it was best to be frank, as the patient might have already consulted a physician and knows her condition, in which event she would lose confidence in his present adviser. The diet should be milk at first—two to five pints in the 24 hours. The patient should be weighed weekly; the knowledge of an increase in weight was a help to a nervous patient. There was more than one reason for isolation: the patient had new surroundings, new faces, and the case had special attention; the absence of visitors gave her time to think and eliminated the chance of contradiction. Suggestions from outside might do considerable harm, and isolation prevented this possibility. Patients should never be asked about their symptoms; if they complained of headache or other ailments they should receive sympathy, and generally their nervous condition would improve.

The employment of drugs was of little value. Anemia and constipation required attention. Sometimes a sleeping draught might be ordered, such as bromide of potassium, also other bromides and asarifida; massage was to be useful, and took the place of exercise; electricity was sometimes of value.

Dr. Bennet, in conclusion, emphasised the

importance of impressing upon the patient that she would get well; tell her to blot out the past, to look to the future; sympathise with her general condition, as she improves all past troubles will disappear; tell her of increased weight; notice if her grasp is stronger; inspire, firstly, a wish to get well, and, secondly, a hope. The first few days were very trying. The patient might knit, crochet, or play patience, and may be allowed books. The greatest stress should be laid upon any improvement, and if possible the patient should be got to admit to a slight advance each day. If then a relapse occurred she should be informed that these will become less frequent as she becomes stronger, and impressed with the thought of how pleased and astonished the friends will be at any improvement. Hysteria would cause the patient to sulk and be unreasonable; an attitude difficult to deal with. If no notice were taken she would probably soon become amenable. On leaving the home she should receive strict injunctions regarding exercise and feeding, and be instructed to live the life of an ordinary individual. The nurse in cases of this kind must be sympathetic, firm, and tactful; tact was most important, and a sense of humour used at the right time was of great value. The nurse might reply, "We will ask the doctor." The work of the nurse was to drive in the nails which the physician had put in position.

#### THE TERRITORIAL FORCE NURSING SERVICE.

The annual meeting of the Grand Committee of the City and County of London Territorial Force Nursing Service was held on Tuesday at the Mansion House. The Lady Mayoress, Lady Vezey Strong, who has accepted office as Chairman, presided, and among those present was the Lord Mayor.

The annual report showed that excellent work had been achieved during the year, while the expenditure had been only £33. The service had sustained a serious loss through the death of Miss Isla Stewart, Matron of St. Bartholomew's Hospital, who had taken the warmest interest in its work. The kindly action of Queen Alexandra in presenting the badges of service to the enrolled nurses at Buckingham Palace last year had been greatly appreciated.

Lady Dinsdale was re-elected Vice-Chairman, and Miss Goodhine hon. secretary. Lady Burnett, Miss Crosby, and Mrs. Lancelot Dent were added to the Grand Committee, and Lady Faudel Phillips, Lady Hanson, the Hon. Mrs. Hombker, Mrs. Makins, Miss Amy Hughes, and Miss Finch elected on to the Executive Committee.

## The Nursing Masque.

A large number of the 200 performers, required for the pageant on the Evolution of Trained Nursing, have already volunteered to take part in this interesting event, and every day its possibilities seem to grow. To present this subject in detail would require the participation of 500 persons, and a year's preparation. The processions in preparation for February 18th, will, however, give to the public a very good idea of the immense importance of trained nursing to every section of the community, and the devotion of the noble women who have tended suffering for centuries with little appreciation or recompense.

It won't do to tell too many secrets, but of the four Sections into which the Procession of Mortals will be divided, the first will bring us down to the middle of the 19th century; it will be led by Agamemnon the Fairhaired, mentioned in the *Iliad*, "who knew all drugs so many as the wide earth nourisheth," and will end with the great Elizabeth Fry, between whom will come the most celebrated of those innumerable great-hearted saintly women who by their compassion sweetened every century. It is much to be regretted that with so little time at its disposal the Committee find it impossible to include in this procession the Military Knights, Templars, Teutonic, and of St. Lazarus, but the Brothers of Pity we must have. Sections 2, 3, and 4 will be headed by distinctive banners inscribed "Education," "Nursing and the Community," and "State Registration," and Miss F. Sleight has this work in hand. The three Petitions will briefly touch on the education, practical work, and right to legal status of trained nurses.

We have received letters warmly approving of the scheme of the Masque, but suggesting that it would be more generally popular if Legislation for Trained Nurses were not alluded to. But as the primary motive of the Revue is to publicly support and demonstrate the urgent demand for Legislation, with the resulting organisation of trained nursing by the State, the suggestion does not appeal to us. We don't want this Masque to be a bit more popular than it already promises to be. What we want, and feel sure will happen, is that the magnificent rooms will be crowded out, and if registered nurses are true to their colours, they will soon dispose of those 700 tickets we want to turn into golden sovereigns for the good of the cause. Nurses have contributed thousands of pounds, to say nothing of labour and health, to further this great reform during the past quarter of a century, and it

is high time the public, who will benefit enormously from a disciplined profession of nursing, should shoulder a bit of the financial burden. Yes, those tickets when they must just go out like hot cakes!

### CONSULTATIONS.

Members of the Committee will be found at 84, Oxford Street, every Thursday, from 11.30 a.m. to 7 p.m., during December for consultative purposes by those taking part in the Masque, as every detail of the Masque must be ready to the last pin by the 1st of February.

## League News.

### THE SCHOOL NURSES LEAGUE.

A meeting of the School Nurses' League was held on December 1st, in the Library of the Education Office, L.C.C., London, W.C. Miss H. L. Pearse, the President, was in the chair.

The minutes of the last meeting having been read and confirmed, Miss Pearse asked Miss Layton, the Secretary of the Benevolent Fund, to read the financial report of the dance held on November 11th. The report showed a balance of £2 15s., which was credited to the Benevolent Fund, and a hearty vote of thanks was accorded Miss Layton and those who assisted her, for the admirable way in which everything in connection with the dance had been arranged. The President reported a communication from Miss Cave, the Hon. Secretary of "The Nurses' Memorial to King Edward," asking her to collect subscriptions from the school nurses for the memorial.

Discussion ensued, and a resolution was agreed to expressing the opinion that the present did not consider that the committee was representative of nurses—that a widely advertised public meeting should have been held—to permit an expression of opinion by thousands of nurses working independently of hospitals, before a scheme was adopted, and that it should be made quite clear if the scheme before the meeting was a Pension Fund Memorial, or really a Nurses' National Memorial, if the latter, it should not be connected with, and managed by any institution whatever. Furthermore, the resolution expressed disapproval of the scheme's best.

Other questions of professional and social importance were discussed, before the termination of a very interesting evening.

## Nurses' Employment Agencies. • For instance—

We have always believed that there are more mistakes made through ignorance than malice, and this specially relates to legislation for women, put into motion by men who are not qualified, through lack of knowledge, to legislate for them.

Last week we referred to the new London County Council (General Powers) Act, 1910, which has a clause dove-tailed in, dealing with Agencies and Registries for the employment of persons, between clauses dealing with the "exciting of street works, the smoke nuisance, and acquiring of lands in Kensington, Lambeth, and Camberwell."

In a matter of so much importance as that of dealing with *the liberty to work* it is to be regretted that the London County Council did not attack the question of Agencies in a Bill for the purpose, when proper publicity would have been given to this very important question, sound advice offered, and just legislation enacted.

We can quite believe that the promoters of the Agency clauses in the new Bill were anxious to prevent "fraud and immorality" in relation to the white slave traffic, swindling, and other evils, but—in so far as the Nursing Profession is concerned—the legal interpretation of the Act as it relates to Nursing Associations will have the directly opposite effect, and will protect the employer, and penalise the worker.

We are strongly in favour of registration and inspection of all public institutions where one human being is manipulated for gain by another; hence, had the Bill brought all institutions supplying private nurses to the public—either for gain, or for the financial benefit of the worker—under its provisions, and these institutions had been compelled to take out a Licence, many notorious practices might have been stopped.

But what does this Bill do, so far as nurses are concerned?

First of all, it slashes at the root of professional co-operation between highly qualified nurses for mutual financial benefit, by prohibiting them from associating together as a Private Nurses' Co-operation unless their Society takes out a licence which places it on the same level as Agencies kept by unprofessional persons who supply semi-trained nurses, domestics, and other workers, indiscriminately, to the public.

And at the same time this extraordinarily unjust Act protects the interests of the employer. All employers, however reprehensible their system, are exempt from licensing and inspection.

For instance—

1. The buck negro, the proprietor—or shall we say the procurer?—of a Nursing Home in Marylebone, who dressed his victims in nurses' uniform, and who came under the penalty of the law for brutally assaulting one of them, would not be required to take out a Licence; he was an employer!

2. The proprietress of a so-called Home—principally used for abortion purposes—but who supplies semi-trained and criminal women, on salary, to the public as private nurses, is not required to take out a Licence; *she* is an employer!

The hospital which supplies probationers to the public as private nurses—no matter how insufficiently trained—or how inadequately paid—is not required to take out a Licence; the institution Committee is an employer!

The hospital which undersells the three years' certificated private nurse, working on the co-operative system, by granting short-term certificates of training, or by supplying these nurses to the public at a cent. per cent. profit, is not required to take out a Licence; the Committee is an employer.

We need enumerate no further instances in connection with the provisions of the Act to prove that it practically protects every abuse in the private nursing world and deprives highly trained reputable Nurses' Co-operations of the prestige which they have earned through many years of upright, honourable dealing with the public. Moreover, it goes deeper, and deprives the professional woman worker of the *right to co-operate* unless licensed along with the unprofessional agencies, association with which, in the mind of the public, would be most disastrous to their professional prestige.

The apathy of the nurses, and the keen business acumen of the hospital employer, has been amply apparent during the struggle for State Registration of Nurses, and behind the new General Powers Act of the London County Council, every employer—good, bad, and indifferent—is securely entrenched.

And where are the rights of the co-operative workers? They have been deprived of the independent right to co-operate.

Is it presumable that if women were citizens and had the Vote, and qualified nurses were Registered and had legal status, that man-made laws would be slipped through Parliament treating them with no more consideration than machines? This is but one more proof of the demoralising lack of status of women in the community, and must be used not only in support of the professional nurse's demand for

State Regulation and Protection, but for equal human rights before the Law.

In the meantime Co-operative Nurses' Societies must protect themselves as best they may by declining to be associated with unprofessional agencies, until this reprehensible and arbitrary Act has been amended.

E. G. F.

## District Nursing in Australia.

As apparently there is some misapprehension regarding the nature and objects of the scheme for promoting District Nursing in Australia, inaugurated by Lady Dudley, and the progress made up to date in carrying it out, we think it may be of interest to give the facts of the case as they at present stand.

When we recently visited Australia, at the request of Lady Dudley, in order to assist her in the development of District Nursing on that continent, we found, almost universally, that the constitution and rules suggested as to the standard of nursing, and the formation of State Councils and District Committees, and their relation to each other, were acceptable to the medical and nursing profession, and also to the general public, but experience has proved that Australia is not yet quite ripe for the gathering together of the State organisations into a Federal whole.

The high standard of training ensured throughout the Commonwealth by the Australasian Trained Nurses' Association, together with the Royal Victorian Trained Nurses' Association, by the control of approved training schools and the independent registration by examination of all nurses and midwives guarantees a supply of competent nurses. There are long-established District Nursing Associations in Melbourne, Sydney, and Adelaide, where District Nursing is carried out on similar lines to those of Queen Victoria's Jubilee Institute for Nurses at home and the Royal Victorian Order of Nurses in Canada. Moreover, in the State of South Australia there are several associations employing District Nurses in affiliation with, and under the supervision of, the Central Association in Adelaide. In Perth, Western Australia; in Hobart and Launceston, Tasmania; in Brisbane, Queensland; and in other towns, such as Geelong, Broken Hill, etc., independent District Nurses are employed doing excellent work.

Lady Dudley's object is to enlist the sympathy and support of the older Associations, and to extend their work from the large towns to the smaller townships and on into the isolated country or bush districts.

Australia has an excellent system of Cottage Hospitals, which, by co-operation on the part of their Committees, will greatly facilitate the establishment of District Nurses for the scattered places; a plan which has proved successful in Canada under similar conditions.

The constitution for Australia, as mapped out during our visit, provides for self-supporting machinery in each State, whereby nurses can re-

ceive the necessary further experience in the special work of District Nursing, and be thereafter recommended to local Associations and adequately supervised, on similar lines to the arrangements for County Associations in England. The scheme provides also for a Federal Council representative of all the States, but at present this is in abeyance and each State is beginning its work independently. The principle that every local Association should be supported by those who benefit by the services of the nurse, free, except in extreme instances, from all idea of charity, is universally accepted as appropriate to the conditions of the country. The interests of private nurses are fully safeguarded, and the remuneration of District Nurses is on the same level as that of private ones.

The latest report received from Australia, and dated November 3rd, states that—

*Victoria* had formed its Committee, and during the month of November was putting out its first three nurses—one in Beech Forest, one in a mining district, and the third rather far out in the Bush.

*New South Wales* was in process of forming its Committee, and three, if not more, District Nurses will be sent into country districts in the near future.

*Tasmania* had started its Committee some weeks ago, and had already sent out one District Nurse, with another soon to follow.

*Western Australia* was taking steps to form a Committee.

*Queensland* was legislating on the subject; District Nurses are to be attached to the Cottage Hospitals, under a scheme practically identical with Lady Dudley's.

*South Australia*, as already mentioned, has the nucleus of a system capable of expansion on lines similar to those adopted in the other States, and pressure from the public in the outlying districts and, probably, from the medical profession will, no doubt, lead to development on broader lines within the near future.

That it was possible in a few months to lay the foundations of a scheme suitable for the huge continent of Australia, with its six sovereign States and varying climatic conditions, should be a matter of great congratulation to the wife of the Governor-General. The feeling throughout Australia is strongly in favour of District Nursing, and most emphatically in the so-called Bush districts, where the need for it is most felt, as we found in the course of our travels. It is evident that Lady Dudley's scheme is already on a sound foundation, and that before long it will develop under the best possible conditions and fulfil the needs of the people of Australia. (Signed) AMY HUGHES.

HAROLD BOULTON.

## QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Mrs. Ada Barrow and Miss Gertrude Hardy are appointed as County Superintendent and Assistant County Superintendent, Staffordshire; Miss Ethel Blair, to Cheltenham, as Assistant Superintendent; Miss Lily Fenton, to Little Shelford; Miss Edith Ashton, to Weston-super-Mare; Miss Amy Sanger, to Chatham; Miss Elizabeth McNally, to Bury.

## Appointments.

### MATRONS.

**Poor Law Infirmary, Hammersmith.**—Miss Emily Northover has been appointed Matron. She was trained at the Middlesex Hospital, and has held the position of Ward and Theatre Sister at the Bethnal Green Infirmary, and of Night Superintendent and Assistant Matron at Croydon Infirmary.

**Cottage Hospital, Market Harborough.** Miss Edith Lewis has been appointed Matron, not Miss B. A. Browne. She was trained at the Royal Albert Edward Infirmary, Wigan.

### SISTER.

**Fever Hospital, Wallasey.** Miss Langston has been appointed Sister. She was trained at the West Didsbury Infirmary, Manchester, and the City Hospital, Birmingham, and has had further experience in various capacities at the City Hospital, Old Swan, Liverpool. She has also worked as a Queen's Nurse in Birmingham.

### THE LOCAL GOVERNMENT BOARD FOR SCOTLAND EXAMINATION OF NURSES.

On November 22nd, 23rd, 24th, and 25th the Local Government Board held at Glasgow University and Glasgow Western Infirmary an examination for the certification of trained sick nurses. Fifty-seven candidates presented themselves for examination. The subjects of examination were (a) elementary anatomy and physiology, (b) hygiene and dietetics, (c) medical and surgical nursing, and (d) midwifery. The following candidates have passed in the subjects indicated. Those whose names are distinguished by an asterisk have now passed in all the subjects of examination, and are entitled to the certificate of efficiency granted by the Local Government Board:—

\*Mina Allan, (b) and (c); Mary Allardice, (b) and (d); Helen Armstrong, (a); Alexina H. Bell, (b) and (d); Janet M. Campbell, (c); Amelia M.K. Cochran, (b); Isabella M. G. Cornack, (a); Jeanie F. L. Dawson, (a); Williamina C. L. Dawson, (a); Kate F. Deas, (c) and (d); Mary Delaney, (a) and (b); Isabella H. Eaglesham, (a); Maggie F. Gomm, (c); Jean M.M. W. Gibson, (a); Annie Hadden, (a) and (b); Jeanie W. F. Henderson, (c); Helena J. M.D. Irving, (c); Margaret Johnston, (a); Georgina Johnstone, (a) and (b); Jessie Johnstone, (c); Catherine M. Kippen, (b); Jessie M.L. Leitch, (a); Margaret G. Moir, (a), (b), and (c); Margaret F. I. Morton, (a), (b), (c), and (d); Christina S. Murray, (b); Annie B. M'Coll, (c); Flora M. MacDonald, (c); Lena MacDonald, (b); Donaldina MacLean, (a) and (b); Agnes B. Macnab, (c); Agnes H. Paton, (b); Annie Ross, (a), (b), (c), and (d); Elizabeth A. Ross, (b); May F. Russell, (a); Elizabeth H. Scott, (c); Margaret C. Scott, (a), (b), (c), and (d); Mary C. Scott, (a); Maggie Steewright, (c); Elizabeth T. Simpson, (b); Agnes Slater, (a); Maggie Steele, (b) and (c); Lily J. Stephen, (b); Jeanie C. Stewart, (a); Jeanie G. Tait, (c); Lydia Templeton, (a); Margaret D. Thomson, (a), (b), and (c); Annie Urquhart, (c); Isobel J. G. Watt, (a); Lilian M. Watt, (a) and (b); Agnes Westwood, (b); Helen Whittaker, (b); Zara T. Willis, (b), (c), and (d); Grace V. Winter, (c); Nellie C. Young, (b) and (d).

## Nursing Echoes.



In watching the election returns so far, trained nurses have cause to congratulate themselves that many friends have already been returned to Parliament, among them Mr. R. C. Munro Ferguson, who has championed the Nurses' Registration Bill for the past six Sessions. We all owe him gratitude, and beg to

offer him hearty congratulations.

Nurses always take a keen interest in the *Truth* Toy Show, this year held at the Albert Hall on Wednesday and Thursday, December 14th and 15th. The Hall is a wonderful sight, and some of the work beautifully done, and many children in hospitals and infirmaries will be gladdened thereby.

We hope every private nurse will carefully read our remarks in another column on the effect of the new General Powers Act, 1910, of the London County Council, on the status of private nursing. As interpreted by legal opinion it is one of the most astounding pieces of legislation affecting professional women working in the metropolis which the Father of Parliaments could have thrust upon them without their knowledge or consent. We hope when Parliament meets its true significance will be exposed in the House of Commons and a demand for the amendment of the Bill pressed forward. So far as private nurses are concerned it provides for the apotheosis of the exploiter.

Miss Curtis and the Nurses of the Hammersmith and Fulham District Nursing Association were at home at the Hammersmith Town Hall on Monday, December 12th, when many of the friends and well-wishers of the Association were present. The guests were received by Miss Curtis, and the members of the staff were kept busily employed in dispensing tea at little round tables, while the London Diocesan Orchestra, conducted by Mrs. Ronald Carter, delighted them with an excellent musical programme.

About half-way through the programme there was an interval when the Mayor of Hammersmith took the chair, and introduced the Lady Mabel Egerton, who read the list of sums collected in the past year by means of Parochial collections (house to house visiting), £28 19s. 11½d.; collecting books, £66 12s. 11½d.; and collecting boxes, £22 11s. 6½d. Lady

Mabel said that these sums represented hard work and self-denial, and in the name of the Committee she warmly thanked everyone who had helped to raise this amount. Concluding, she spoke of the individual responsibility to the sick of everyone who had means. "It was an American bishop who said, 'God looks for co-workers and finds on-lookers.' If we could but realise the dignity and honour of sharing in this Christ-like work there would be no on-lookers, for all would claim the privilege of helping on the work."

Mr. Von Glehn, Chairman of the Committee of the Association, proposed a warm vote of thanks to Lady Mabel Egerton, to the Mayor of Hammersmith for presiding, and to Miss Irene Brown, who had worked up the subscriptions throughout Hammersmith. The Resolution was seconded by the Rev. G. H. Walsh, Vicar of St. Paul's, Hammersmith, who included also in the vote of thanks the London Diocesan Orchestra, and the Superintendent, Miss Curtis, for the enthusiasm with which she inspired those working under her. The Rev. H. Vincent, Rural Dean of Fulham, who supported the motion, said he could never sufficiently express his gratitude for the work of the nurses. It was always at the highest level, and extraordinarily brave. However disagreeable the cases, the nurses always stuck to them, and were daily to be found trudging through the dull streets of Fulham and Hammersmith. The resolution was carried by acclamation.

The second Annual Meeting of the Scottish Nurses' Association will be held in the Masonic Halls, 100, West Regent Street, Glasgow, on Saturday, December 17th, when the President, Sir William Macewen, will be in the chair.

According to the *Toronto Globe*, Detroit, in the State of Michigan, is to have the first complete noiseless hospital in the world. Four of the citizens having made this possible by the gift of 600,000 dollars, so that a new hospital will replace the present Harper Hospital. In this up-to-date building there will be no call bells or ringing of telephones. All calls will be made, not by bells, but by light signals. On each floor in the building will be a nurses' station conveniently and centrally situated, where at least one nurse will be on duty constantly. Near these stations will be telephone booths, and also at each station a glass door cabinet built in the wall to contain a series of lights, each light having a number representing an interim. In each of the rooms of the new hospital there will also be a call system of lights for patients.

## Some Suggestions for Christmas Presents.

AT THOMAS WALLIS', HOLBORN CIRCUS, E.C.

One of the most fascinating of Christmas bazaars is that at the establishment of Messrs. Thomas Wallis and Co., Holborn Circus, and those who cannot here find something to meet their needs for Christmas gifts for old and young must be difficult to please. There are dainty handkerchiefs, belts, and neck-wear, fascinating cushions, kit-bags, suit-cases, and umbrellas, to mention a few suitable gifts for the elders; while for the children there is a bewildering selection—Gollywogs, Humpty-Dumptyes, Peter Pans, and Pucks, compete for favour: "Happy," the King's dog, and "Cesar," the late King Edward's dog, are to be found in all sizes and at all prices. It is impossible to mention hundreds of the attractive presents to be found there, and we can only advise our readers to go, and go early, to see for themselves. They will not come away without purchases.

AT MESSRS. GARROULD'S, EDGWARE ROAD, W.

The bazaar of Messrs. Garrould, in the Edgware Road, attracts many nurses and their friends at this season, and those who desire to furnish Christmas trees and to obtain acceptable gifts for the small people at popular prices would do well to pay this bazaar a visit. Messrs. Garrould have for so many years catered for the needs of hospitals and their nursing stalls that they know well what to offer them in attractive guise.

### BOOKS FOR NURSES.

Those who wish to make gifts to nurses could hardly find any more acceptable than some of the books on nursing published by Messrs. Charles Griffin and Co., Ltd., Exeter Street, Strand. "A Manual of Nursing, Medical and Surgical," by Dr. Laurence Humphry, is always a prime favourite; "Food and Dietsaries," by Sir R. W. Burnet, F.R.C.P., is also to be recommended; and "The Wife and Mother," by Dr. Albert Westland, M.A., will find a large clientele of readers.

Again, any of the excellent books for nurses published by Messrs. G. P. Putnam's, 24, Bedford Street, Strand, W.C., including "A History of Nursing," by Miss L. L. Dock and Miss M. A. Nutting, could not fail to please.

### AN APPROPRIATE GIFT.

For a convalescent friend a case of Winearnis supplied by Coleman and Co., Ltd., Winearnis Works, Norwich, would be a very acceptable and appropriate gift.

### SOME ILLUSTRATED CATALOGUES.

Those who are unable to pay personal visits need have no difficulty in selecting suitable gifts. The illustrated catalogues of Messrs. Bailey, 38, New Oxford Street, W.; Messrs. Down, 21, St. Thomas Street, S.E.; the Medical Supply Association, 228, Gray's Inn Road, W.C., afford ample scope for selection; while to our midwife readers the babies' hygienic bottles of Messrs. Allen and Hanbury, Ltd., Lombard Street, E.C., and Messrs. J. G. Ingram and Sons' feeding bottles, with special teat and valve, of the London India-rubber Works, Hackney Wick, N.E., will doubtless be of interest.

## Professional Review.

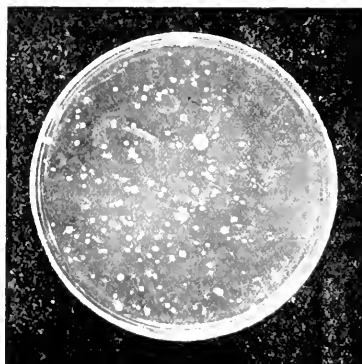
### THE STORY OF THE BACTERIA.

"The Story of the Bacteria and Their Relation to Health and Disease," by Dr. T. Mitchell Prudden, is a book which should be read by every nurse, for she will thereby gain a practical, intelligent insight into the nature of bacteria, their method of growth, their uses and dangers, without over-burdening herself with knowledge pertaining more properly to the province of medicine. A second edition of this valuable little book has just been published by G. P. Putnam's, 24, Bedford Street, London, W.C. The revision of the book for the second edition has been everywhere extensive, and the author expresses the hope that "the addition of pictures, and the enlarged scope of the book, will make it useful to the new generation of readers, whose outlooks for increased efficiency

*Bacteria*, also called "germs," or "microbes," or "micro-organisms" (*i.e.*, small living beings), are distinguished from one another by names which refer to their shapes or habits. Thus the most common form of the round or spheroid bacteria is called a *micrococcus*=a little berry; one variety which produces a yellow colour in masses is called the *micrococcus luteus*=the yellow micrococcus. Another genus of germs are called *streptococci*=a chain of berries, because the little balls tend to cling together, and form chains as they grow, and others are known as *staphylococci*=a bunch of berries.

Among the rod-shaped bacteria the most common germ is the *bacillus*; others are spiral in form.

The great majority of bacteria are beneficial in their action, but some are inimical to health and life, and it is with these that nurses have most to do, and upon which, intelligently or unintelligently, they wage constant war. Those which give the



A SNEEZE PLATE CULTURE.



TRACKS OF A WANDERING "TYPHOID FLY."

and happiness in life is curiously interlinked with the performances of these invisible earth neighbours, whose story is here briefly rehearsed."

The first chapter is devoted to the cells of the human body, and after describing the lowest form of animal life, consisting of a single cell, the author shows that in man, too, life commences in a single cell: "a cell which, though harbouring potentialities of the highest order, in many respects resembles our little denizens of the water. In man the simple cell, under favourable conditions, divides and sub-divides, and ultimately we see each highly developed cell working for the others as well as for itself, and for the organisation as a whole."

Next our attention is directed to the bacteria. "There is a great group of lowly plants so small as to be quite invisible to the naked eye, and which, until within a few years, have been entirely unknown to man, which still linger in the primitive simplicity which we imagine to have belonged to the earth's earliest denizens. These are the bacteria."

greatest trouble are the *streptococcus pyogenes* and the *staphylococcus pyogenes*; *pyogenes*=pus forming.

Lastly, the soluble poison produced (toxins) by these bacteria may enter the circulation and cause *typhamia*, or when the bacteria themselves escape from their primary seat and with their toxins gain access to the blood, the condition is called *septicæmia* or *bacteriæmia*.

These bacteria of suppuration apparently do no harm when they lodge on the uninjured surface of the body, but only when they get into the tissues through an injury, or lodge upon the surfaces of the respiratory or digestive tract, or in the heart and blood vessels, which are already the seat of disease, or when they get into the hair follicles of the skin, and under certain conditions incite boils.

This knowledge applied to surgery has supplanted the antiseptic by the aseptic system, the aim being to keep bacteria out of wounds rather than to kill them with antiseptics when they have been allowed

to get in. Just as modern knowledge is leading us to concentrate our efforts on obtaining a pure milk supply which can be safely consumed unboiled, rather than relying on boiling, by which means the bacteria are killed, and so consumed dead instead of living, the lesser of two evils certainly, but by no means an ideal condition.

The illustrations, reproduced from the book by the kindness of the publisher, are (1) a sneeze plate culture, illustrating the way in which tubercle bacilli may be transmitted by the act of coughing or sneezing. In sneezing a veritable spray may be sent forth for several feet in the air, containing fully virulent tubercle bacilli. This fine spray floats for a considerable time in the air, and may be breathed in by others.

"It is thus clear that both safety and decency require that in coughing and sneezing the handkerchief, or at need the hand, should be held before the mouth and nose. This obvious rule of propriety is also a counsel of security under all circumstances, since the mouth and nose of many persons not tuberculous, and not even themselves ill, contain infective organisms which, gaining a foothold upon more vulnerable individuals, may lead to serious disease."

In typhoid fever it has been proved that flies which have access to typhoid discharges may carry and deposit upon human food to which they next address their industries, virulent typhoid bacilli, as well as those of dysentery, in large numbers. If the fly which favours us with his addresses has come, as is most likely the case, from a revel in simple filth, he is just a nuisance, if from infective filth he is also a menace. Flies are fond of milk, and usually fall in. Before they scramble out again a few odd thousands of living bacteria are transferred to the milk. Most bacteria, including the typhoid bacilli, grow excellently in milk, and again and again typhoid epidemics have started through the intervention of the domestic fly.

Our second illustration shows the tracks of a wandering house-fly, dipped first in sewage water and then set to walk over a Petrie plate for a moment. The plate was covered and set aside for three days, when it was found that bacteria had grown wherever the fly's feet had touched the gelatine or his body dragged. We have no space to quote more, but advise our readers to study the book for themselves.

M. B.

#### THE PASSING BELL.

We regret to record the death, which took place last week, of Mr. William John Nixon, aged 90 years, at Brighton. Mr. Nixon was a very prominent worker in the hospital world for many years as a House Governor of the London Hospital, a position he resigned in 1892, after being connected with the institution for 46 years. A most kindly man, of liberal mind, and of the highest probity, the well-being of the hospital (according to the lights of those days) was his unceasing care—and many an old "London" sister can recall his invariable consideration in all that concerned their personal relations. A just and generous man—would there were more such!

## Our Foreign Letter.

### SUNSHINE AND SHADOW IN INDIA.



When a telegram arrived asking for the Nursing Sisters to be sent down to Z— to nurse the Maharajah's small daughter

it caused quite a little excitement among us. My special friend, a charming Irish girl, was first on the list, and I came next. We were delighted at the prospect of nursing a "case together"—and such a case! We rarely had the entrance into a native State, at least not into the sacred precincts of the Zenana.

We had first to wire to the Chief Lady Superintendent of our Association for permission to go to a native State, and then we set about making our preparations for the journey.

In India, where telegrams are often delayed, we were fortunate in getting our answer just in time to catch the evening train at the railway station at the foot of the hill, nine miles distant. The Lady Superintendent's telegram said, "If the Sisters volunteered" we could go. We needed no urging, and, having got our baggage ready while waiting for the necessary permission, we wired back to the lady missionary doctor at Z— to say we were on our way, and set off in rickshaws drawn by coolies, who simply flew down the hill, round sharp corners, and across ravines bridged by narrow bridges that scarcely looked wide enough in the fading light of a glorious September evening. A young moon lighted us sufficiently for our coolies to find their way through the bazaars, where the stalls were dimly lighted with nasty smelling oil lamps during the latter part of our rickshaw ride, which brought us to the railway, which comes to meet the traveller and bear him away across the vast plains of India.

This was only the first stage of our journey, and later, when we had dined at the railway refreshment room and arranged our beds in a very comfortable first-class railway carriage, we covered our heads with motor veils and settled off to sleep, knowing we should not be disturbed till the following morning. When we awoke the sun was rising over a flat sandy plain, and this we realised better when we discovered that we, and everything in our carriage, was covered with sand. We had started on our way across the desert—the part of the journey we had rather dreaded—and we still had to pass another day in that close, hot carriage. Thirty-six hours of continuous railway travelling brought us to our destination, where the lady missionary doctor met us at the station and drove us to the Pearl Palace, set up on a hill in the midst of the native city.

In passing, I will add that our modest baggage

was placed on an open cart and drawn by stately camels in the same direction that we were going. My first impressions of the picturesque red sandstone gates hewn out of the hillsides at the entrance to the city were delightful. A slip out out of the same red sandstone, and inhabited, came to be one of the landmarks on our daily drives. Our way lay up a winding road (without any trees to protect us from the brilliant sun, which was already getting hot, though it was barely ten o'clock in the morning), and climbed a fairly steep hill, leaving the whitewashed city behind us. Grand old carved wooden gates opened on our arrival at the palace, where we had to alight from our carriage and enter pretty sedan chairs borne on the shoulders of men wearing the palace livery.

Once within the precincts, there was much to admire, but our enthusiasm was checked when we inquired as to the red impressions of several hands on the inside walls of the palace gates, and were told that they were made in olden times, when suttee was in vogue, by the wives of the dead Maharajah, then on his way to his burial. The wives followed the funeral cortege on elephants, and as they passed out of the gates for the last time they dipped their hands in blood and left their impressions on the walls in token of farewell.

We had to pass through six smaller gates before we were admitted to the courtyard off which the Maharani's apartments opened. Here the Prime Minister of State, a very handsome and courtly gentleman, received us, and assured us of the honour we were conferring by coming to their assistance. After seeing that we were accommodated with chairs, he left us to inform the Maharani of our arrival, and we were at leisure to admire our picturesque surroundings and the pigeons sunning themselves in the freshness of the morning. The Maharani was a bright, black-eyed little woman, with beautifully braided hair, lips scarlet with the *pan-sopari* she was constantly chewing, and typical Eastern dress of lovely bright-coloured silks, with the daintiest velvet heelless slippers embroidered with gold thread. Her fingernails and toe-nails were pink with henna, and her eyes dark with *bhol*, but her teeth, which were blackened in token of royalty, spoilt what might have been a charming picturesque whole.

She greeted us stiffly and had us conducted almost immediately to our young patient.

Our patient had been removed from the Zomana to the Audience Chamber, opening off an upper court, tessellated with marble, and it had beautiful marble pillars supporting a ceiling painted in gorgeous relief. The walls of this Audience Chamber were also painted in designs of fruit, flowers, and birds of every hue. Seeing some of the panels unfinished, we inquired the reason, and were horrified when we were told that it was well for the artist that he had died a natural death before completing his task. If he had lived to finish the work his eyes would have been put out with hot irons and his *kar* been cut off, so that he would never again be able to paint anything. It was to be his *one piece de resistance*.

The Audience Chamber proved a lofty and gorgeous ward for our little patient, who looked rather frightened when she saw us; but we soon made friends with her and her elder sister, who was allowed to pay daily visits and play with the invalid.

We found elaborate arrangements had been made for our accommodation, and as there were no actual rooms, portions of the courtyard were partitioned off with heavy *klus-klus* screens, and enormous double bedsteads with mosquito-nets (for which we were very thankful later) took up most of the room in these impromptu apartments.

The old palace, though hundreds of years old, was in a state of beautiful preservation, and we were the first English (or, as they called us, white) women to sleep within its walls. Of course, everyone thought us very brave, but we were ignorant of our danger, if there was any, and the novelty of our surroundings did away with any qualms on the subject. The Prince of this State was loyal to the British Government, and though the English residents in Z— rather pitied us, we found much to interest and amuse within the precincts of the Pearl Palace. Bats in thousands had made their generations among the quaint and beautiful architecture, and they could not understand the innovation of *klus-klus* screens, against which they came in contact, as they skimmed, as of old, along the passages and came to grief. Many a morning we issued from our chambers to find heaps of dead bats piled a foot or two high outside the screens. Often a bat came to anchor on the mosquito-net, and it was then we were thankful for the protection they afforded us from bats and the inevitable mosquito, with its monotonous song of "Brother, I come; brother, I come."

Pigeons cooed us to distraction, and a queer kind of weasel, with a beautiful brown fur coat, used to pay us visits at night and create a great commotion among the inhabitants of the palace, all the men turning out with rifles to shoot poor little brownie, who had a reputation for pouncing on sleeping natives.

Our little princess was six years old, and proved a charming patient. With the most serious face she used to tell us of the games she loved to play with her brothers, especially the eldest, who was evidently her favourite. At one time we thought she never would laugh, but when we got used to her own particular patois we understood her better, and she was as merry as a cricket when she forgot that she was a little princess. Her ladies-in-waiting (she had four, but only two continued their duties during her illness) took a vow when her illness first set in that they would neither wash themselves nor change their garments until her recovery was assured, but as the infectious fever from which the princess was suffering lasted six weeks, we had to represent the necessity for ablutions and change of raiment as essential to the welfare of the patient as well as themselves, if they wished to continue in attendance.

In addition to the daily visits of the lady doctor, who lived at some distance in the English colony, there were two native doctors resident in the

palace, one of whom was a noted herbalist and astronomer, from whom we learnt many things about the stars and ancient methods of healing with herbs. The mother of our little patient was a frequent visitor, and she put to us all kinds of questions about the outer world, which she longed to see. And yet it was by her own desire that she kept strict purdah. Her husband was really anxious that she should come out and take her place by his side in all the public State functions, but the ancient traditions of her race were too strong. Perhaps the chief reason lay in the fact that she knew very little English and next to nothing of the English manners and customs. We were always doubtful whether she appreciated our little curtsies when she greeted us of a morning, but there was so little to relieve the tedium of her cloistered life that we never failed to recognise her high birth and station.

All members of the family were presented with a sword at birth, which never left their side—wherever the child went, the sword must go—and it was some time before we discovered that our princess's sword was kept under her pillow, together with other amulets to which she was devotedly attached. When she got better she used to play cards and a gambling game on squares of calico, with the aid of dice, with her ladies-in-waiting. We taught her to do drawn-thread work, but her little fingers were not quick, and she soon tired of the task. Her mother was anxious to learn, too, but she preferred to do wool work on canvas, and made handsome waistcoats in bright green wool and gold thread for the Maharajah and her sons.

There was a sacred temple in the palace grounds, where the Maharani used to go to do puja! This was always a ceremony of importance, and the Maharajah's band used to come over from his palace, which was quite two miles away. This band was trained, and played European music to the best of its ability. The Maharani's band played native music, and both bands were requisitioned on these occasions of religious State ceremony. But the combined effect was not a happy one. Directly the Maharani's sedan chair, closely curtained, emerged from the courtyard of the Zenana, on its way to the temple, the joint bands played each their own National Anthem, and just as the strains of "God Save the King" were making you feel terribly homesick, the native band blazed out a weird discord which made you shudder.

The ceremony of greeting the new moon, whose advent was always signalled with gun-fire, was always strictly observed. Everyone loitered on the roofs in the hopes of being the first to see it, and then greetings were exchanged all round. When the princess grew better the Maharani issued invitations for an "At Home" to all her lady friends, who were nearly all relatives. They arrived about 11 a.m., dressed in their richest hued silks and most wonderful jewels. It was a perfect kaleidoscope of beautiful colour; and they were all so handsome—their clear olive skins and large luminous eyes were in perfect keeping with their Oriental dress and picturesque surroundings.

VIDA BAIRD.

## Outside the Gates.

### THE TALE OF A BLACK CAT.



There were three little red yellow and blue houses, each with a green door and a brass knocker. A grass plot more or less green separated each from the street, and thin green ridings unostentatiously marked the dividing line. The curtains in the green framed windows were all immaculate and frilly; the doorsteps vied with each other in whiteness and the brass knockers twinkled in the sunshine.

It was a joy to behold the respective mistresses of these abodes sitting forth in an afternoon; each with the latest change in costumes and parasols, and a nose carefully tip-tilted at her neighbours' windows; the first departing scornfully, watched from behind two sets of frilly curtains, the latest consoling of but an empty triumph.

The Number Twos were the latest comers, and there had been in the beginning some rivalry between the Number Ones and Number Threes (who had not been on speaking terms for twelve months) as to who should first obtain a footing in the diminutive drawing-room of Number Two, with all its privileges of weak tea from the best china, and assorted cakes from a wicker stand that tell if you looked at it. Then came an incident that almost established an *entente* between the old inhabitants at the expense of the new comers.

One afternoon Mrs. Number One and Mrs. Number Three happened to close their front gates at the same time, shortly after Mrs. Number Two had gone forth with calling cards and daintily fitted skirts (the road in front not having yet emerged from the primal chaos of a newly built district). Mrs. Number One ventured an opinion on the weather, with which Mrs. Number Three, somewhat lazily, concurred. The first lady followed this up by asking if Mrs. Number Three had yet met Mrs. Number Two, to which Mrs. Number Three replied that she had called, that her call had been returned, and that she was even then meditating another sortie in the course of a few days.

Said Mrs. Number One:—"I was wondering if you happened to know anything about this. Of course, I'm not meddling, but Alfred is rather particular who I mix with."

Quoth Mrs. Number Three:—"I don't know who they are at all. Why—How could I find out?"

Rejoined Mrs. Number One: "Well, we did hear that he works in a warehouse, in his shirt sleeves; not even behind the counter, you know!"

With heightened colour and in staccato tones, Mrs. Number Three, who had been before her marriage in the haberdashery department of Smith and Greenings, expressed her horror at this enormity.

"Of course," said Mrs. Number One, "we must be charitable; *she* may be all right, poor thing!"

But Mrs. Number Three would have none of this weakness. "Why weren't they open about it from the beginning then? One would at least be able to feel one had gone into it with open eyes."

"Thank goodness," said Mrs. Number One, "it is not too late to back out. It will teach her a lesson, too."

"Thank you very much for telling me. You must come in some evening for a little music, both of you. Good afternoon."

And two smart sunshades hobbled off in opposite directions.

Very soon after this the Number Ones set off for their annual holiday, and before going Mrs. Number One ventured, on the strength of the new *conté*, to commit her black cat to the care of Mrs. Number Three; leaving minute directions as to hours of feeding, and an order on the milkman for a pennyworth a day. This done, the Number Ones drove off in a hansom, with a very large trunk adorned with a very small label (it is so much more interesting to leave something, such as one's destination, to the imagination), and there was much waving of handkerchiefs by the new allies.

Now the black cat residing at Number One—for I have at length arrived at the introduction of my hero—was a philosophic pussy, and not over young. He had before this seen the drawing-room suite clothed in newspapers, the blinds drawn in daylight, and a large trunk obstructing the hall, and he knew what manner of desolation these signs portended. So pussy waddled his face, gave an extra rakish tilt to his whiskers and tail, and set off on a little expedition of his own that he had meditated by many a winter fire.

Next morning Mrs. Number Three hovered round the door of Number One, calling in sweet and seductive tones, "Blackie! Blackie! Come along then, pussums!" But pussums did not, and Mrs. Number Three, giving expression to a thought not over sugary, returned to the milk. That evening, as she hopped about the garden, noting with fond pride the flowers and the perennials, the sunflower, and the

luxurious wealth of nasturtiums, a gentle purring noise fell on her ear, and looking up she beheld a sleek black pussy, purring, and blinking its eyes in the rays of the setting sun. With eager steps Mrs. Number Three went for the milk. "Blackie! Blackie! Come pussums then!" she called.

It behoveth the Chronicler to be truthful. Pussy Number Two knew full well that her name was not Blackie. But she beheld the saucer, she heard the white fluid softly gurgling from the jug, and after a slight show of polite reluctance she dropped gracefully from the wall, and deliberately drank the milk intended for her absent neighbour; sitting on Number Three's garden seat afterward to accomplish her toilet. Also, I grieve to say that Mrs. Number Two, being a somewhat humorous little woman, watched these proceedings from her back bedroom window with much joy.

For a whole fortnight did Pussy Number Two feast on new milk, fish, and all manner of delights; and daily her coat grew sleeker, her expression smirker, and her purr more full of satisfaction and vain-glory. Surely she had arrived at a felix Valhalla! But, alas! 'twas not eternal.

On the appointed day the Number Ones returned, with cheeks well browned and trunk well battered. And the very same evening Blackie also returned from his expedition, somewhat ragged as to ears and coat, and decidedly gaunt as to figure. Mrs. Number One saw him enter the kitchen as she was preparing the nocturnal kipper, and she shrieked loudly. Alfred flew to her side and joined in her lamentations. He seemed less interested, however, when she proposed a visit of remonstrance and reproach, but was unable to offer any objection when Mrs. Number One tore off her overall and dashed from the house, the astonished Blackie under her arm.

"Well, you are delightfully sublimar," began Mrs. Number Three; when she was stricken dumb by the apparition of a very skeletonic cat thrust close to her face, the furious eyes of her neighbour glaring above it.

"Look at this poor dumb animal!" shrieked Mrs. Number One, to the accompaniment of an expostulatory howl from Blackie.

"I fed it every day," faltered Mrs. Number Three. Then a light flickered through her bewildered mind. "I must have been feeding the next door cat," she said eagerly.

It she thought that this trivial explanation would find any favour with the enraged cat owner she was woefully mistaken. Mrs. Number One surveyed her with withering scorn.

"Do you mean to say you mistook that

"any," miserable, half-starved, crooked, ragged, rat-tailed, *common* cat for my beautiful Blackie, who has won prizes at shows? I'd save my money for a visit to the oculist if I were you. Thank you so much for all your kindness. Goodnight."

You may possibly object to the designation of Blackie as the hero of this truthful yarn, but I uphold the verity of it. He alone comes out of the whole affair without a stain on his character.)

JESSIE HARVEY.

#### WOMEN.

Sir E. J. Poynter, P.R.A., presented the prizes to the students of the Royal Academy of Art at Burlington House last Saturday. He said the male students must look to their laurels. In more than one competition they had been outdistanced by female students. He attributed this to the fact—which he had often observed—that female students seemed more earnest and more assiduous in their attention than men, who had a tendency to take things more easily. This was a failing which it only required an effort on the part of the men to overcome.

The Women's Social and Political Union states that two of the women prisoners in Holloway have been fed by force. They adopted the hunger strike as a protest against the treatment which they were receiving.

Miss Frances Mary Tozer, B.Sc. (London), of Liverpool, and Miss Annie Homer, D.Sc. (Trinity College, Dublin), of Cambridge, have been elected to Fellowships by the Trustees of the Beit Foundation for Medical Research.

The guests at the dinner in celebration of the part taken by women in the production of the 11th edition of the "Encyclopedia Britannica," at the Savoy Hotel, on Tuesday last, at which the Editor, Mr. Hugh Chisholm, presided, included a most representative gathering of intellectual women, remarkable in education, politics, literature, journalism, and many other branches of work, and the occasion was a delightful and memorable one. The toast of the evening, "The Work of Women," was proposed by the Chairman, and responded to by Miss Janet Hogarth in a brilliant and witty speech. Miss Hogarth enumerated amongst the contributors to the Encyclopedia Mrs. Henry Sidgwick, Mrs. Humphry Ward, Mrs. Meynell, Miss Jessie Watson, Miss Bryant, Lady Lugard, Miss Gertrude Bell, Mrs. Alec Tweedie, Miss Adelaide Anderson, Mrs. Barnett, Miss Zimmerman, Lady Huggins, Miss A. L. Smith, the late Miss Mary Bateson, Miss Agnes Clarke, Mrs. Wilde, Miss Anna Parnes, Miss Bertha Philpotts, Dr. Hennessy, Miss Schlesinger, Mrs. Gomme, the late Lady Dilke, and Lady Welby. The work in connection with the Encyclopedia had, she said, given women an opportunity, such as they had never had before, of demonstrating their rightful

place in the learned world. The toast was also acknowledged by Mrs. Everett, Miss A. M. Anderson, and the Mistress of Grays.

French women are likely before long to obtain the right to vote and be elected to municipal and departmental Councils. A Bill to this effect has already been introduced in Parliament, and it has the active support of 200 members, who intend to push it through without delay. As elected members of the Councils, women would also be Senatorial electors, and this would provide a practical transition towards future extensions of the franchise. We congratulate Frenchmen equally with Frenchwomen upon this step towards citizenship for the mothers of the nation.

#### Book of the Week.

##### PAM AND BILLY\*

##### A CHRISTMAS STORY.

The story of Pam and Billy—two little London waifs—Billy Brown, a street musician by profession, and Pamela Payne, his only friend in the wide world, who, in the summer, sold flowers in the streets, and in the winter, thanks to the gifts with which Nature had endowed her, often obtained a pantomime engagement—is a pretty and wholesome tale, which would delight many children as a Christmas gift.

Billy, with "Her," his beloved violin, shares an attic with five other boys much bigger than himself, of whom he calls Pam—"They don't know of 'Her.' They aren't never going to know of 'Her.' They'd be cruel to 'Her,' maybe drive 'Her' away, and I couldn't live without 'Her.' I've been out all day playing in the streets with 'Her,' the nary what lives in my violin, and she's been singing to me all day long."

"He was the son of a musician with undiscovered genius—a genius which might perchance have been revealed had he not died a premature death from want of nourishment, leaving to his small boy no legacy save the violin, which he had taught the child to play."

Pam, cast to play the leading elfin in "Aladdin" at the Old Time Theatre, enshrined in her warm heart the Princess of the Pantomime who reigned as Queen. She loved the Play Princess and worshipped from afar. But Maisie Green, a fellow elfin, also adored the Play Princess with heart and soul, and trouble came of it, for deep down in her mean little soul she was jealous of Pam, and so Jen, the porter, with whom she was a prime favourite, warned her. "You mind that Maisie Green; she's jealous of you; that's what's wrong with her. She's jealous 'cause you've got a fine part and she ain't; she's jealous 'cause the Princess spoke to you in the 'twings' the other night, so have a care of Maisie Green, my dear."

Maisie Green was a toe to be reckoned with, and when the Play Princess arranged that, besides

By Brenda Gavins. (George Allen and Sons, Ruskin House, 1045, Rathbone Place, W.)

having a speaking part. Pam should lead the Bird Chorus as Robin Red Breast, in place of Maisie, who had displeased her, it was war to the knife, war which, in spite of the loyal comradeship and care of Billy, involved both children in serious trouble.

Billy loved Christmas time, not only because the passers-by were wont to be more generous to the street musician, but because he liked to press his nose against the gaily decorated windows, wreathed with holly, glistening with frost, and illuminated with myriad lights of varied colours. . . . He loved the Christmas glare, and to watch the busy crowds thronging the great thoroughfares. And his fairy! She sang to him so sweetly at Christmas time—of peace and joy and goodwill."

But alas! before Christmas Day came the violin lay cracked and broken on the pavement—an empty shell, no longer the hiding place of his fairy, for she had flown out into the night, away from her spoiled, mutilated home, and Billy was desolate indeed.

Pam, too, had her troubles, but "all's well that ends well," and the story for both our hero and heroine ends most happily, as a Christmas story should, with peace and goodwill, and "prosperity, long life, and happiness to the child violinist."

P. G. V.

#### COMING EVENTS.

*December 15th.*—Army and Navy Male Nurses' Co-operation. At-Home and the People's Bargain Sale. Royal Horticultural Hall, Vincent Square, Westminster. Speeches and music, 3.30 p.m.

*December 17th.*—Second Annual Meeting of the Scottish Nurses' Association, Masonic Halls, 100, West Regent Street, Glasgow. Sir William Macewen, F.R.C.S., F.R.S., will preside. 3 p.m.

*December 25th.*—Christmas Day Hospital Festivities.

*January 11th, 1911.*—Royal Infirmary, Edinburgh. Lecture on "Food and Feeding," by Dr. Chalmers Watson. All trained nurses cordially invited. Extra Mural Medical Theatre. 4.30 p.m.

*February 1st, 1911.*—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C.1, 8.30 p.m. to 12. Reception, 8.30 p.m.

A Nursing Masque of the Evolution of Trained Nursing will be presented at 9 p.m.

Music and Refreshments.

Tickets: Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s.; Nurses, 3s. 6d.; Performers, 2s. 6d.

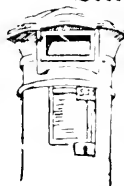
Tickets, on and after January 1st, on sale at 431, Oxford Street, London, W.; at the office *BRITISH JOURNAL OF NURSING* (first floor), 11, Adam Street, Strand, W.C.1; and from Matrons who offer to have them on sale and return.

#### WORD FOR THE WEEK.

Trust men and they will be true to you; treat them untruly, and they will show themselves great liars.

R. W. Emerson

## 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.

#### LIVE ANIMALS IN BUTCHERS' SHOPS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Although we are in the midst of a General Election, I shall be grateful if you will find space before the preparations for Christmas feasting begin for a word of protest against the vulgar, insanitary, and brutalising display of live animals in butchers' shops. It is doubtless assumed by the perpetrators that the overfed victims are indifferent to their surroundings, though that is claiming to know much more of animal psychology than it is at all possible to justify, but if not for the sake of the unfortunate creatures who are penned up among the corpses of their kin, it would be well, Madam, if, in the interests of ethical culture and human progress, you would use your powerful influence against such degrading exhibitions.

If *mater familias* would decline to patronise the establishments where such callous vulgarity is in evidence, our streets would cease to be thus disfigured.

I am, yours faithfully,

Animals Friend Society.

EDITH WARD.

#### A SWEEPING ASSERTION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have seen it stated in a paper that "Private work is the lowest form of nursing." I don't know how the writer convinces himself of this when it is from the private nurses the whole world takes the standard of nursing and nurses. Could you ask for arguments for and against this statement in your paper? Surely this injurious and sweeping assertion could be refuted?

SISTER IN INDIA.

[In our opinion nursing in private families is the most responsible branch of nursing, because the nurse has to rely upon her own initiative and judgment very often in most difficult circumstances. Many of the ablest and most devoted nurses we know are in private work, and we hope the time will come when private practice will rank as it should do, and as it does in the States, as the branch *par excellence*, which requires the best all-round women to succeed in it. In this connection only last week a St. Thomas' trained nurse, in applying for private work, remarked: "We are discouraged from becoming private nurses—it is preferred that we should take up any other branch of nursing!" We inquired, "Why?" She couldn't tell, "but it was so."—Ed.]

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## An Interesting Conference.

A Conference of health promoting institutions, of great interest to midwives and all whose work brings them into touch with problems concerning the national health, was held at the Guildhall on Thursday and Friday last week, convened by the National League for Physical Education and Improvement, when the Lord Mayor presided at the annual general meeting, and said that of all subjects for the holding of conferences none could transcend in importance that of health. The Earl of Aberdeen, who moved the adoption of the report, also spoke of the excellent work achieved by the Women's National Health Association of Ireland.

### FIRST SESSION

#### HOW TO WORK A SCHOOL FOR MOTHERS.

At the first Session of the Conference Alderman Benjamin Broadbent, of Huddersfield, who has taken such a keen practical interest in reducing infant mortality in that town, presided, and Lady Meyer, Vice-President of the St. Pancras School for Mothers, presented the first paper on "How to Work a School for Mothers." The school was first projected in May, 1907, and organised and carried out under the supervision of Dr. Sykes, Medical Officer of Health for St. Pancras. The aim and object of the school has been, firstly, to encourage the natural feeding of infants, as against any system which should make bottle-feeding more easy or more desirable, and a direct result has been the gradual reduction of infant mortality in St. Pancras during the summer months.

During the day the school was on view, and many of the members of the Conference availed themselves of the opportunity of visiting this pioneer school of mothercraft.

#### INFANT WELFARE SCHEMES ABROAD.

Miss Helen M. Blagg presented a paper on the above subject dealing with the special characteristics of the problem of infant mortality on the Continent. She pointed out that here, at home, the general rate of mortality among infants remains stationary, in spite of a falling death-rate, or even in some cases has a tendency to rise. On the other hand, the fall in the birth-rate, which is considerable in almost all civilised countries, has increased the "value" of babies from an economic point of view, and many countries—France especially—are threatened with the dangers of depopulation.

Miss Blagg said that it was not until within the last ten years in this country that organised effort was made to fight specially against infant mortality, either by legislation, by the municipal authorities, or by private philanthropy. The methods of warfare were, broadly speaking: (1) The forcible removal of the causes which led to the evil; (2) the prevention or the amelioration of these causes or conditions; (3) indirectly, by the education of public opinion.

Legislation was chiefly concerned in the following matters: (1) The regulation of the hygienic and industrial conditions of the mother; (2) the regulating of the mental, moral, and physical environment of the child itself after birth; (3) the regulating of the supply and sale of such things as food, drugs, and milk.

### SECOND SESSION.

The Duchess of Marlborough, who presided on the morning of Friday, December 9th, said that she looked forward to the day when the teaching of the care of infants and the education of mothers would form part of a great State-aided scheme.

#### DAY NURSERIES.

The first speaker was Muriel Viscountess Helmley, chairman of the National Association of Day Nurseries, who said that the cry of the children rings from one end of the land to the other, and questions are for ever arising as to what is to be done, both as regards health and education. People spoke as if death were the worst that could befall, but it was not. To drag out an existence unsound in mind or body was a living death, and much of the unsoundness came from violating the laws of nature.

The National Society of Day Nurseries was one of the many societies endeavouring to meet a great want, to provide care for thousands of poor children, and to give them a good start in the race for life when it was impossible for the proper guardians or friends to do so.

#### CHILDREN'S CARE COMMITTEES.

Mr. Whitaker Thompson, Chairman of the London County Council, presided during the reading of the next paper on "What may be Accomplished by Children's Care Committees," by Miss M. Frere, a member of the Education Committee of the L.C.C.

Miss Frere explained that Section A of the Education (Provision of Meals) Act, 1906, lays down that in every necessitous school there shall be a School Canteen Committee, on which shall be imposed the duty of administering the relief work of the school. Previous to this, Relief Committees under the London School Board had dealt with underfed children attending schools in poor districts, and when the London County Council became the local Educational Authority the Relief Committees were reconstituted as Children's Care Committees, consisting of two or three local Managers and other suitable persons, nominated partly by the Central Care Sub-Committee and partly by the group of local Managers from a list of voluntary workers.

### THIRD SESSION.

Sir Shirley Murphy, Medical Officer of Health to the London County Council, presided at the last Session, when Mr. Douglas Eyre, Vice-Chairman of the London Branch Council of the National League for Physical Education and Improvement, presented the first paper.

## HEALTH SOCIETIES: THEIR AIMS AND OPPORTUNITIES.

Mr. Eyre said that the primary aim of Health Societies is the diminution by associated, well organised, and well instructed effort of the appalling rate of infant mortality and the improvement of the health and stamina of infants who survive. Concentration on this primary aim involves contact with many other things which affect the physical and the moral health of the community. Intimately bound up with the infant's state is that of the mother before and after childbirth: the sanitary condition of the dwelling-house, the conditions of the mother's employment, the extent of her knowledge of domestic and maternal duties, and what not, in relation to her and through her to the father of the infant and other members of the family.

We are our brothers' and our sisters' keepers to their lives' end, and so a Health Society is also concerned with the promotion and maintenance of the general health and welfare of the community. THE CO-ORDINATION OF HEALTH-PROMOTING AGENCIES.

The last paper was read by Mr. F. E. Fremantle, F.R.C.S., F.R.C.P., County Medical Officer of Health for Hertfordshire, who made a strong plea for the co-ordination of health-promoting agencies, and moved the following resolution, which was carried: "That this Conference, recognising that there is a great and increasing amount of valuable philanthropic work being undertaken for the physical regeneration of the nation, urges upon all engaged in such efforts the necessity for closer co-operation and for more frequent interchange of experience, and expresses the hope that the National League for Physical Education and Improvement may be more generally recognised as the federating, co-ordinating link between such institutions."

Mr. Fremantle suggested that a fund of £100,000 should be raised to build or adapt some adequate building for the purpose of an Imperial Institute of Public Health, and said he could conceive of no better object as a memorial to the late King than the endowment of such a central institute.

During the Conference, Day Nurseries in different parts of London were open for inspection by members. A particularly charming one is that recently opened in Whitfield Street, Tottenham Court Road, W.

## The Central Midwives Board.

## PENAL CASES.

A special meeting of the Central Midwives Board, presided over by Sir Francis Champneys, was held at the Board Room, Cayton House, Westminster, on Tuesday, 13th inst., to consider charges against the unindentured midwives, with the following results.

## SITTING OFF THE ROLL AND CERTIFICATE CANCELLED.

Margaret Abdul (No. 3201), Hannah Arrow-smith (No. 10181), Ellen Cokshaw (No. 3218), Sarah Susannah Emptage (No. 3032), Sarah Fluton (No. 6390), Elizabeth Jane Haines (No. 20551), Adelaide Harker (No. 8979), Martha Holland (No. 17330), Kate Martin (No. 10002), John Mitchell (No.

17501), Amelia Williams (No. 6885), all charged with negligence, resulting in one case in the death of the patient from puerperal fever and in two others of total or partial blindness of infants, and in the case of Martha Holland, her conviction at the Oxford City Police Court for being drunk and incapable on the public highway on October 22nd was proved.

Edith Mary Dalchow (No. 26094, C.M.B. Examination), who pleaded guilty to a felony at Aylesbury Petty Sessions on September 3rd, and was sentenced to one month's imprisonment.

Mary Ann Wilson (No. 10214), charged with uncleanness and with not wearing a washing dress. Her defence was that she wore a washing dress under her woollen one.

## SEVERELY CENSURED.

Sarah Dean (No. 7556), charged with negligence and with fraudulently notifying a case as still-born.

## CENSURED.

Jane Carrell (No. 16710, L.O.S. Certificate), charged with negligence.

## CAUTIONED.

Sarah Linton (No. 16591).

## ADJOURNED FOR THREE MONTHS.

Elizabeth Harris (No. 11450), Alice Harrison (No. 18851), Jane Snell (No. 19997).

## SENTENCE POSTPONED FOR THREE MONTHS.

Mary Jane Ross (No. 20558), Rebecca Taylor (No. 11624).

## REPORT FOR THE YEAR ENDING MARCH 31st, 1910.

The Report of the Central Midwives' Board recently issued states that on March 31st, 1910, the names on the Midwives' Roll amounted to 29,209, an increase for the year of 1,928. Of the total 8,417 have passed the Board's examination, and 9,643 have been admitted to the Roll in virtue of prior certification under Section 2 of the Midwives' Act. The total number of trained midwives is, therefore, 17,790, as against 11,419 untrained, the percentage being 61 and 39. Owing to the incompleteness of the returns made by the Local Supervising Authorities, it is impossible to estimate with accuracy the respective proportions in the case of practising midwives.

The death occurred on Sunday, 4th December, of Miss C. R. S. Greene, who had been Lady Almoner at Queen Charlotte's Hospital for over five years.

Sister Greene was devoted to her work and showed great sympathy and kindness to the large number of patients with whom she had to deal. Her work was greatly appreciated by the Committee, and she will be missed by a large circle of friends.

Prior to the burial at Kensal Green a service was held at St. Augustine's, Kilburn, of which church she was a member, and many of her friends and members of the nursing staff of Queen Charlotte's Hospital were present. A number of beautiful wreaths were sent, including one from the Committee of the Hospital, one from the Matron and Nursing Staff, and one from the Secretarial Staff.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,186.

SATURDAY, DECEMBER 24, 1910.

XLV.

## Editorial.

### A MERRY CHRISTMAS.

The season of Christmas is one of goodwill—a time when we count up our friends, and our hearts go out to them with every good wish for their happiness and prosperity. Far and wide indeed are the friends of this Journal scattered. Its readers are to be found not only in all parts of the United Kingdom, and of our Dominions beyond the seas, but in the countries of the Continent of Europe, in the United States of America, in Cuba, South America, in the great African continent, in the vast and teeming countries of Asia, and in the far islands of Japan. In all these the incoming mail is awaited the more eagerly because THE BRITISH JOURNAL OF NURSING, speeding across the ocean, will bring news of the nursing world at home and abroad, and no one can be lonesome, even if the expected home letters do not arrive, when the Journal is a big letter, telling all that a nurse thousands of miles from the mother country most wants to know. This assurance has many times been given us, and it is one of our greatest pleasures to be thus united with the brave workers who in the outposts of Empire, in countries where nursing is still in its infancy, fight the brave fight against prejudice, ignorance, and disease, who are perhaps laying the foundation of reforms as great as those initiated by our revered "Lady of the Law" in this country half a century ago, and who quietly and cheerily live sparsely and hardly, and brave disease and death, so that they may spread far and wide the comfort and healing which a knowledge of nursing brings, and train probationers—black, red, brown, and yellow, and all the shades between—who will hand on to their children's children the lessons

they have learnt from women who endured much to light for them the lamp of knowledge—lessons not in technical skill alone, but in high courage, dogged endurance, and gaiety of heart under most adverse circumstances. There are many such, and for these brave comrades we keep a special niche in our private temple of fame. There are other nurses who, at the bidding of King and country, go wherever the British flag floats, and sick sailors and soldiers are to be found under its shadow. We salute them.

And there are many nearer home, working in hospitals and infirmaries, in the homes of the poor, amongst the children in our schools, striving to raise the standard of the national health, undertaking the most responsible and onerous duties for the meagre salaries considered ample for women workers.

We must also add a word of special greeting to the night nurses, both in public institutions, and private houses—an army of alert and tireless workers, who mount guard at the bedside of the sick, the suffering, and the dying while the rest of the community sleeps.

And, again, we greet the many midwives, doing preventive work of utmost value for mothers and babes, perchance like one who paid ten visits to a case three miles distant for a fee of 2s. 6d., thus walking sixty miles, and rendering responsible service daily, for this miserable recompense.

All these are included in our Christmas good wishes, which we hope may be communicated to them by some Marconi-like thought-wave, whether Christmas Day finds them at work under a tropical sun, in the guardianship of "our lady of the snows," or in the rush of work at home. Wherever good nurses and true are to be found, "A Merry Christmas" to one and all.

## Medical Matters.

### THE WEANING OF INFANTS.

In a book on the care of young children Professor Behrens, as reported by the Budapest correspondent of the *British Medical Journal*, says the usual time for weaning a baby is at the end of the first year; but if the child is thriving and has already proved itself capable of digesting cow's milk, it may be done a couple of months earlier, provided that it is not during the heat of summer. The weaning should never take place immediately before or after the warm weather; roughly speaking, therefore, it should not be attempted from the month of May to the end of September. Prolonged lactation is dangerous, causing both ill-development of the child's bones, and delay in his dentition. The weaning should be very gradual; and during the first year the child should be fed solely on milk, since soups, vegetables, wine, etc., are apt to cause rickets. As regards the mother, during the critical period of weaning her child every care should be taken to avoid fatigue, whilst the breasts should be swathed in a cotton binder, and gently rubbed with warm, sweet almond oil both morning and evening. There is no necessity for the use of purgatives; but the patient should be careful to diminish the quantity of fluids in her diet. During the second year, in fact, until the appearance of the twentieth tooth, the child's dietary should consist of milk, eggs, and bread, the latter including not only the various forms of bread, but also cereals. Towards the end of the second year a purée of potato may occasionally be given in small quantities. The main food for a child is milk, and a child of twelve months old should take about a quart a day, a quantity which ought not to be exceeded during the second year. The greatest care should be exercised to avoid overfeeding, which is more frequently the cause of insufficient nourishment than underfeeding. At first a simple gruel should be given once daily, with only sugar and salt added; later on it should be given twice a day, with the addition of a little butter. When, in the course of time, eggs take their place in the nourishment of the child, the yolk alone should be given mixed with the gruel or milk; later the whole egg can be used. But it should be remembered that eggs are often the cause of constipation. Until the child has cut his twentieth tooth his diet should be very closely watched during the summer months.

The discomfort of the weaning period which is endured by many mothers for their infants can be much mitigated by judicious management.

## Disinfectants, their Relative Values and Uses.\*

Formaldehyde, sulphur, bichloride of mercury, and carbolic acid are most efficient as disinfectants. Formaldehyde and sulphur, for general disinfection of infected houses, rooms and contents, dead bodies, public places, steam and electric cars, in fact, wherever disinfection is required; bichloride of mercury, for disinfection of hands, face, hair and beard of an exposed person, the surface disinfection of body, also for infected linen and clothing before washing same, and all infected discharges; carbolic acid for surface disinfection of the body, infected bedding and linen, sinks, cesspools, toilet and wash-rooms, cuspidors, and all infected discharges.

As these disinfectants do not serve identical purposes equally well, but vary as to character, use, and merit, let us consider each by itself.

Formaldehyde ranks first as a general disinfectant, because it achieves the certain destruction of disease-causing germs in the shortest time, with least expense and trouble, and with a minimum amount of injury to the articles to be disinfected. It has a tendency, to be sure, to oxidise iron and form rust, and there are a few delicate aniline reds which it changes to purple or blue by its action, but it is unquestionably the most desirable disinfectant known to-day.

Since formaldehyde may be procured in different forms in the market, and since, for complete disinfection, each form must be used in a certain prescribed way, a few words as to its manufacture, its character and its properties would not be out of place. In general, all formaldehyde is made from wood alcohol. When wood (methyl) alcohol is oxidised, formaldehyde gas is given off, and this gas being readily absorbed by water is easily made into the solution, commonly known as formalin. This is the commercial 40 per cent. solution from which the gas is distilled for disinfecting purposes. Methods of distillation are fully described in a later paragraph. The practice of distilling formaldehyde gas by using the wood alcohol lamp, which was popular with health officers a few years ago, is not now held in such high repute. It is not an efficient method of disinfection. The wood alcohol so burned yields formaldehyde gas too slowly, and never in definite amounts, so that a certain quantity of wood alcohol cannot be depended

\* Reprinted from *Public Health*, U.S.A.

upon to yield a certain amount of disinfecting gas. This, obviously, excludes the use of the wood alcohol spirit-lamp by health officers for complete distillation and thorough disinfection.

When the formaldehyde gas is liberated slowly, as in evaporation from the solution, the solidified formaldehyde is formed. To obtain the disinfecting gas from this solid substance (paraffin), heat must be applied under certain conditions.

The formaldehyde on the market occurs in these two general forms—the 40 per cent. solution and the solidified. Of the solidified, there are advertised many patented forms, none of which are at present endorsed by this Department, for the reason that definite knowledge as to the strength of these various preparations is not yet clearly established, the amount claimed by dealers varying from one-half ounce to two ounces for thorough disinfection of 1,000 cubic feet of air space. It may be said, however, that owing to its greater convenience in form, in length of time in operation, expense, etc., the use of solidified formaldehyde for disinfection has with reason become popular.

When solidified formaldehyde is volatilised, at least two ounces per thousand cubic feet of air space should be used. While this is not the amount recommended by the manufacturers, in the absence of officially authorised tests, it is believed that not less than two ounces per thousand cubic feet should be used.

There have been various ways of liberating the formaldehyde gas from the solution; but since these ways exhibit degrees of efficiency, it may be well to discuss them briefly. It is not recommended that the 40 per cent. solution be merely exposed in pans. This liberation of the gas is too slow, and permits the formation of the solidified formaldehyde, which is useless until treated in a specific manner. Thus, is lost a large percentage of the disinfectant.

If an abundance of the solution be sprinkled on sheets hung on lines in the room, disinfection is accomplished. Owing to the fact, however, that much of the good of the formaldehyde in this method is lost before the gas reaches all infected parts of the room, not less than 10 ounces of the 40 per cent. solution should be used for each 1,000 cubic feet of air space. A sheet 5 feet by 7 feet will hold about 5 ounces of formaldehyde without dripping. This necessitates the use of at least two sheets as far apart as possible, for the disinfection of each ordinary room. The most satisfactory results are obtained in warm weather, or where the disinfection is carried on in an artificially heated room, at a temperature of 65 deg. or

better. In all disinfection with formaldehyde, one of the most important conditions for thorough penetration and disinfection is *rapid distillation* of the solution. A large quantity of formaldehyde and a shortened time of exposure will realise efficient disinfection with formaldehyde, while a smaller quantity and lengthened time of exposure will not.

Rapid distillation, with a still for disinfection, should yield at least eight ounces per thousand cubic feet of air space. For this there are various apparatus, differing in convenience, complexity, efficiency, and expense. Directions for the proper distillation or vaporisation of formaldehyde accompany the various apparatus.

One method requiring very simple apparatus is pouring formaldehyde upon permanganate of potassium. The only apparatus necessary is a flaring ten-quart tin pail. (Do not use an iron vessel.) Rapid chemical action is set up, and the vigorous foaming and boiling will throw a part of the mixture on the floor, unless the vessel is large and deep enough to prevent an overflow. A further precaution to protect the floor is to set the pail or vessel in a pan or tub. It is necessary to use precisely the recommended relative quantities of formaldehyde and potassium permanganate; if the proportion is disturbed, the chemical results are not the same, and the quantity of disinfecting gas liberated is altered. Care should be exercised, therefore, to obtain exactly for each thousand cubic feet of air space thirteen ounces of the permanganate of potash to one quart of the 40 per cent. solution. Less than the thirteen ounces for each 1,000 cubic feet cannot be used with good effect. The crystals of potassium permanganate should be finely powdered.

While this method requires an amount of the solution exceeding that recommended in the distilling process, yet it is believed that the saving in apparatus more than covers the cost. The other advantages of this method of disinfection plainly are: That the apparatus can be found in almost any household, and need not be transported from house to house by the disinfecter; that there is no danger from fire, the heat being generated by chemical action and not by a lamp or flame; that sufficient steam is given off by this heat to permit thorough disinfection; and that almost the entire quantity of formaldehyde gas evolved is yielded within a few moments; that the time of exposure need be only about three hours. The action in this chemical combination is so sudden and so violent that everything should be made ready for disinfection before the fluid is poured upon the crystals.

Another important point to remember is the temperature of the room to be disinfected. Thorough disinfection cannot be obtained at a temperature of less than 65 deg. A temperature of 65 deg or better, with a certain amount of moisture, is essential for complete disinfection.

Formaldehyde disinfection of rooms and contents is, therefore, accomplished in four principal ways:—

First. By the distillation into the room of a 40 per cent. solution in the proportion of not less than eight ounces of formaldehyde for each 1,000 cubic feet of air space.

Second. By the volatilisation of solidified formaldehyde (paraform) into the room in the proportion of not less than two ounces for each 1,000 cubic feet of air space.

Third. By sprinkling a 40 per cent. solution of formaldehyde on sheets hung on lines within the room, in the proportion of from ten to twelve ounces per 1,000 cubic feet of air space, depending on the condition of the room, its temperature, moisture, tightness, etc.

Fourth. By the addition of formaldehyde to permanganate of potash, in the proportion of thirteen ounces of permanganate to one quart of formaldehyde for each 1,000 cubic feet of air space.

By this last method rapid chemical action is set up, and the formaldehyde gas evolved in a very short time. As rapid volatilisation is essential to thorough and complete disinfection this fourth method is especially to be recommended.

Directions for the proper distillation or vapourisation of formaldehyde accompany the various apparatus which are sold for that purpose.

In determining the amount of disinfectant of any kind to be used, the tightness of the room, the temperature, moisture, and the amount of penetration desired, should all be carefully considered.

A temperature of not less than 65 deg. Fahr., and a moist condition in the room, is most favourable to thorough aerial disinfection. Sprinkling the floors, and, where it can be done without injury, the walls of the room just before fumigation, will secure the proper condition of humidity.

After fumigation, washing the woodwork especially around cracks and openings that have been sealed up) with a 1-1000 solution of bichloride of mercury, and the boiling and subsequent washing of all articles of clothing, bedding, and draperies that were in the room and can be so treated, is recommended.

(To be concluded.)

## The Nursing Masque.

During the past week a number of the most interesting characters in the Nursing Masque have been allotted, and it is quite wonderful how enthusiastically and artistically the nurses and their friends mean to play their parts. Four quite lovely young people are to impersonate Earth, Air, Fire, and Water, and the dresses, if carried out as designed, will become their particular styles of beauty. All the dresses will be of one period—Earth with an underdress of golden brown, and fresh green ninon tunic and sleeves, flowers, fruits, and gorgeous jewelled cincture and fillet; Air, soft, misty, blue and silver, and a tiara of silver stars; Fire, flame satin, orange chiffon, and burnished tissue, the coiffure surmounted by a golden sun, and gold and flame coloured jewels; Water, aquamarine, with overdress of crystallised chiffon and ropes of pearls. This charming quartette will be grouped around Hygeia in pure white.

To the left will be the Spirit of Nursing in clouds of pearl grey, and her galaxy of Attributes, in every tender tint—Rose for Compassion, Gold for Kindness, Gentleness in Grey, for Modesty Mauve, Crimson for Courage, Patience in Blue, Purple for Devotion, and Endurance Green.

The Science of Nursing will be gowned in robes of academic style, a long crimson gown over black, with crimson cap; Truth, a robe of shining white through faintest blue, her two supporters, Mental Purity and Moral Beauty, in simple white and silver frocks.

Knowledge, academic robe in a beautiful shade of blue, with shimmering underdress, and she and her four Attributes—two in rose and black and two in blue and black—will wear "blue stockings," buckled shoes, and satin caps.

Of Saints, Queens, Roman Matrons, Abbesses, Sisters, and Nurses there will be a stately procession, and great interest is being taken in arranging correct costumes.

The Matrons and Nurses in Processions 3 and 4 will wear Uniforms and Badges, but the Registration Acts, Bills, and Journals will also have distinctive emblems. The Banners will be few and tasteful, in purple, crimson, pale and Royal blue, white, and green satin.

No nursing pageant would be quite complete without the immortal Gamp, and in spite of her lack of beauty and virtue, she is just the one character to impersonate whom there has been the keenest competition amongst nurses. This speaks volumes for their lack of vanity, and we feel sure the lady to be entrusted with the part will thoroughly enjoy it.

## Educational Progress at the Royal Infirmary, Edinburgh. The Scottish Nurses' Association

The Managers of the Royal Infirmary, Edinburgh, have decided on making the training for nurses a four years' course, and the new terms of engagement will affect all probationers entering after January 1st, 1911. The three years' training was instituted in Edinburgh 21 years ago, and since then the work and various departments of the Royal Infirmary have greatly developed and increased. The daily average of patients last year was 812, and the hospital has many advantages to offer in the way of special training for nurses. The Managers consider that the change in the term of training is not merely desirable, but necessary, in the interests of the hospital, and of the training of the nurses.

A recent development of the Training School is the Board of Direction of the Education and Examination of Nurses which was appointed this year by the Managers. Among the duties of the new Board are to arrange the curriculum, appoint lecturers, supervise the examinations, and to report from time to time to the Board of Managers on the education of the nurses.

We congratulate the Managers of the Royal Infirmary, Edinburgh, on this progressive step. The organisation of a thorough curriculum for nurses is an example which will have to be followed by every school. The extension of the term of training is noteworthy. While the authorities of the London Hospital, with 922 beds, allege that in a hospital of that size nurses can be adequately trained in two years, the Managers of the Royal Infirmary, Edinburgh, with 926 beds, consider that the three years' standard instituted 21 years ago is now insufficient, and that in the interests of the training of the nurses its extension to four years is "not merely desirable but necessary."

### Vignettes from Life.

#### WHERE IGNORANCE IS BLISS.

The following true story illustrates the point of view of the superficially trained nurse of her relation to her experienced Superintendent.

*Queen's Superintendent to Village Nurse:* You seem to have worked very hard, Nurse, while you were training at—

*Nurse:* Complacently! Of course, we had to. We have to learn in nine months what it takes you four years to learn.

Nothing gives us more pleasure than to record the growing interest in their professional affairs by Scottish nurses, and the second annual meeting of the Scottish Nurses' Association, held in the Masonic Hall, West Regent Street, Glasgow, on Saturday last, when Sir William Macewen, president, occupied the chair, was a very successful gathering.

Dr. P. H. Robertson submitted the annual report, which stated that since the association was founded in July, 1909, a large membership had been attained, and the association had had an important and beneficial influence on the course of nursing politics. Reference was made to the steps taken by the association in connection with the question of nurses' registration, and it was stated that there was now before Parliament a single Bill, supported by every nurses' association in the three kingdoms and by the British Medical Association. That Bill provided for the establishment of one system of registration for the United Kingdom, based on the one portal principle. Special consideration had been given by the association to the case of fever nurses, and important steps had been taken to render their position more secure under the Bill. The question of establishing association rooms for the use of members was still under the consideration of the executive. The financial statement showed that there was a credit balance of £42.

Dr. John Patrick, in moving the adoption of the report, said that it seemed to him that the only two professions which had for their life-work the benefit and welfare of the people—the nursing and medical professions—were about the worst organised of any of the professions. So far as the nurses were concerned the report submitted showed that a new era was being entered upon in Scotland. Nurses should be well organised to ensure efficient training, and also that they might receive their proper position as members of a professional body.

The report was adopted, and the following office-bearers were elected:—

*Vice-Presidents:* Mrs. Strong, Miss Aitken, Miss F. Tisdall, Miss Wright, Miss Donald, and Dr. McGregor Robertson.

*Secretaries:* Dr. Hamilton Robertson and Miss Ebbin.

*Treasurer:* Miss Kathleen Burrell.

Sixteen nurse members and eight medical members were elected to the Executive Committee.

Miss E. Strong was elected to the office of President, and Miss V. Macdonald was elected

Executive Committee.

Dr. McGregor Robertson said that every hospital in the country to the extent of its ability ought to be accepted as a training institution, as to restrict the training of nurses to the large general hospitals would limit the profession.

Miss Wright, Stobhill, described the progress made by the association, and said that their aim was to make it a truly national association for Scotland.

Miss Funn, Paisley, spoke of the benefits of registration to the nurses themselves, and to the public.

Dr. Johnston, Belvidere Hospital, congratulated the nurses engaged in fever work on having that association which had their interests so much at heart.

The Nurses' Registration Bill as drafted provides for reciprocal training, and no doubt when the Nursing Council gets to work (and it is high time it did so), more than one reciprocal curriculum in justice to special hospitals will be defined. The large general hospitals are "general" no longer, as for the benefit of the patients, infectious diseases are no longer admitted to their wards. The plan should be to pool the clinical material available for teaching purposes in all hospitals, and divide it up for training purposes. No doubt this will be done.

### International Sympathy.

We have already announced that the School for Nurses of the Salpêtrière Hospital, Paris, would send pupils to St. Bartholomew's Hospital, London, as formerly. The four first have arrived and were warmly received. They now feel quite at home. The first act of the pupils was to testify their feeling devotion to the memory of Miss Florence Nightingale. Two of them—Miss Cuzin and Miss Ruffin—left Waterloo on Dec. 11th for Romsey, and placed a bouquet of beautiful flowers, lilies, lilies of the valley, pinks, and orchids, on Miss Nightingale's grave. Mas! the rain spoiled the flowers, and the tri-coloured ribbon was immediately soiled. However, they wrote to their comrades at Paris that they were very happy and deeply moved by this pilgrimage; and it will long be spoken of at the Salpêtrière.

This expression of international sympathy is deeply gratifying to English nurses.

The Hospital for Invalid Gentlewomen, 19, Lisson Grove, N.W., will henceforth be known as "The Florence Nightingale Hospital for Invalid Gentlewomen."

### The Spiritual Side of Nursing.\*

That "spiritual fitness" is quite as necessary in a trained nurse as technical ability is asserted by William C. Graves, executive secretary of the Illinois Charities Commission, in an address on "The Nursing Spirit," made recently at a training school commencement. In like manner, he says, the physician who inspires confidence by his healing spirit wins the battle against illness more quickly and more completely because of the stimulated hopeful attitude of his patient. This kind of applied psychology aids medicine and the knife in many a desperate case where heroic treatment tides over a crisis for a patient who is conscious of what the doctor is trying to do to help him:

"The same holds true of the nurse. Perhaps spiritual fitness in a nurse is more essential to the relief and cure of a sick person than is the same quality in a physician. The nurse is in charge practically all the time. The doctor, as a rule, sees the patient at intervals. Hence it is a fundamental necessity that a nurse who wishes to succeed in the largest sense of the word must have the genuine nursing spirit. She must love to care for the sick. She must find her greatest delight in gentle ministrations to them. She must receive her greatest compensation in the realisation that persons curably ill are restored to health and the pleasures and comforts of life as the result in part of her tender and intelligent care; and that those who die pass into the great beyond soothed by the knowledge that a sympathetic soul is watching over them.

"These statements may sound like the thunderings of a sermon, or like a scolding, in a period when too many nurses are coldly scientific in their service. If this is a sermon, very well! Let it be one. I have seen ultra-scientific nurses. It would appear almost that they suppress the sympathy, the tenderness, and the mothering instinct that are supposed to well up in the hearts of all women in the presence of illness and suffering, because it is wearing upon them to expend nervous energy in sympathy and the like, although they perform their specified duties with religious fidelity. Many of these women are most capable scientific nurses, but, if you were ill, which would you prefer, to have one of them care for you or one of those heaven-sent creatures whose gentle touch and whose encouraging words are added to scientific ministrations as an anodyne for your troubled heart and a stimulant for your apprehensive spirit?"

In illustration of what he calls "the nursing spirit," the speaker related the following incident that occurred in Chicago during a period of intense heat:

"During one of these stifling nights an inspector visited the Cook County Hospital. In a certain bathroom was a heat case wallowing in a tub of ice-water. He was a Pole. He was muscular, his hair in a tousled mass was matted down over his eyes, his hands were knotted from hard work, he was indescribably filthy, and he kept up a combina-

\* Reprinted from *The Nurses' Journal of the Pacific Coast*.

tion moan and articulation of words nobody seemed to understand. His temperature was limping the top of the tube. His death was a matter of a few hours. Beside the tub containing this brawny labourer stood what the novelists call 'a slip of a girl.' She was eighteen years old. Her brown, wavy hair, her large blue eyes, set far apart and tender but full of the spirit of conflict, and the softness of her skin, and the pink that came and went in her cheeks when she performed some unpleasant task, presented a striking contrast with her uncouth patient. She was working over him as if he were her sick baby. She was genuinely mothering a hulking, strange, sick man. When this young nurse paused for a moment in her exertions, the inspector, who had been looking on, said:

"You seem to be taking pretty good care of that poor fellow."

"He needs it," she replied.

"Who is he?" the inspector asked.

"I don't know," she replied, "but I do know that he has had a hard time and that he is very sick. The police brought him in."

"Do you think you are able to cure him?" the inspector ventured.

"Yes, I do!" she cried. "He *must* get well!"

"He died in the early hours of the next morning. The nurse's battle was a losing one. When the inspector was at the hospital again, he asked her how it was she was so sure that patient would recover. She smiled and said:

"I never give a patient up unless he is dead. I am a nurse."

"So she was. That young girl exemplified what I mean by the nursing spirit."

"Now there are nurses and nurses. Some are natural nurses, who possess only the nursing spirit. Some are scientific nurses, machine nurses, you might say, who secretly believe and sometimes openly affirm that they are just as competent as, or even more competent than, doctors. Some are nurses 'for the fun of it.' Some are nurses because they are pretty. Some are nurses because they are rich and don't know what else to do with their time. Some are nurses who work in sole anticipation of the 'day off.' Some are nurses only for pay. Some are nurses who, like the bibulous and chamber-loving Mrs. 'Sairey' Gamp, think of their comfort and not of the patient's welfare, and, also, 'stand in' with an undertaker who is 'right.' Some are nurses whose business I do not care to discuss before you. None of these nurses is fit for service . . . in these days of progressive and high-grade care of the ill. The ideal nurse, I think, is one who has the nursing spirit, who is neat, good, and wholesome, and who has acquired and can apply scientific knowledge of the art of nursing under the direction of a competent physician or surgeon."

The Metropolitan Asylums Board, on the report of the Hospitals Committee, decided at their last meeting to make the necessary arrangements for receiving measles into their infectious hospitals as soon as the Local Government Board's Order shall have been received.

## Licensing of Nursing Agencies.

The Public Control Committee of the London County Council, as empowered under the new Act, held a special meeting, for the purpose of licensing employment agencies, at the County Hall, Spring Gardens, S.W., on Friday, December 16th. As these meetings are open to the public, a representative of this Journal attended to see what sort of businesses and persons professional nurses' co-operative societies would be classed with now they are compelled to take out a licence.

A large number of the applicants were theatrical, variety and dramatic, and music hall agents. Others maintained agencies for domestic servants, hotel and restaurant stalls, companions and secretaries, and a few were from institutions supplying nurses, midwives, and masseuses.

To report the proceedings:—

1. An applicant for a licence as a musical, dramatic and variety agent was represented by counsel, who said his client was prejudiced by the fact that he was tried for rape in 1900. He was, however, acquitted without the jury leaving the box. In reply to a charge at the Old Bailey of being of immoral character and frequenting houses of that nature, his client had a complete answer. In regard to a woman with whom his name was associated, he had married her in Warsaw and lived with her for a few months, but declined to do so when he discovered her character. Counsel emphasised that, on oath before Mr. Justice Bigham, his client was acquitted of the charges against him. The applicant was cross-questioned by a detective as to whether during 1906 there were four convictions against his wife for soliciting and prostitution, and counsel protested against this irrelevant question.

The detective further stated that he was summoned to a certain house because A—B— (the woman above referred to) stated that she had been robbed by a man whom she had taken home. He had to wait in the passage before he could go to her room, and while there applicant went out of the house. This was absolutely denied.

Another offence unjustly alleged against his client was, said counsel, of getting a girl into trouble. Her relatives recently had visited his flat and demanded £10, and were alleged to have said that if they did not receive it there would be trouble about his licence. He refused to accede to the demand.

The young woman concerned appeared before the Committee, and went into details.

The application was refused.

2. In the case of another variety agency, also represented by counsel, and to the application of which objection was taken by the Council's inspector, one of the directors, who appeared, admitted having been warned off Newmarket Heath. The reason was that he was robbed and could not meet his betting liabilities. The incident had nothing to do with the variety agency. This application also was refused, and in this and the above instance counsel asked for particulars in writing of the grounds of refusal, to which they were entitled under the Act. These were promised.

3. In the next case the applicant was questioned by the chief officer of the Council as to an advertisement which appeared in the *Stage* in August, 1907, in which he advertised for pupils "experience not necessary," also as to statements made concerning him in *Truth* in October last, and whether he had taken proceedings for libel. He replied the paragraph was very carefully worded and there was no libel. The licence was granted and the applicant warned to be careful about his advertisements.

4. In another application for a licence for a variety and dramatic agency, the applicant attended and explained why on one occasion he could not pay the salaries of his artistes, and the steps he had taken to deal with the situation. All his obligations were, he said, discharged except to one lady, who, in reply to a postcard to call upon him, brought her husband, who assaulted him. The lady attended and gave her version.

This man was also granted a licence.

To enable certificated professional private nurses to grasp the situation, the point we wish to emphasise is that the action of the L.C.C. in obtaining powers to control questionable agencies is not concerned with professional standards of education or efficiency, but rather with the personal conduct of persons acting as agents, and, as far as we can gather, as there are no professional nurse-inspectors at present attached to this department of the L.C.C., to take out a licence means exposing the professional Committees and Superintendents to lay and therefore inefficient inspection and control; and perhaps to "blackmail" and malicious misrepresentation before the Public Control Committee of the L.C.C., which is not a Court of Law. This is proved by the applications made to it and the evidence and accusations advanced at its last meeting. Nothing in our opinion could have a more disastrous effect upon the morale and status of the professional nurse in private practice than to be classed with such agencies and agents as fought out in public their claims with so much disgusting detail before the Public Control Committee on Friday. And what good would be gained by taking out a licence? The Act does not deal with standards, and cannot therefore enforce efficiency. Employers and sweaters of nurses are protected and exempt, and the crop of lay domestic agencies which now foist discharged probationers and semi-trained women on a defenceless public as "trained nurses," cannot be refused a licence if the agent is a *respectable person*, as no doubt many of them are.

A smashing blow has been dealt through this Act at the professional status of the trained nurse. She has, in applying for a licence to work, to fight it out in the gutter, side by side with pimps and prostitutes, and a more degrading position it is not possible to imagine. If the nursing profession has an ounce of self-respect its members will not rest an hour until the Bill for the State Registration of Nurses is placed on the Statute Book of this Realm, granting them that legal status which is their right, and a professional title which alone can distinguish them in the public mind from the most degraded of their kind.

E. G. F.

## Legal Matters.

### THEFT AT A NURSING HOME.

At Marylebone Police Court last week Miss Miriam Manning, Matron of a Nursing Home in Gloucester Terrace, Regent's Park, charged Miss V. E. Moore Wright with stealing a gold watch, value £3. She stated that she had been asked by the authorities of a London Infirmary about a month ago to take the accused "partly as a probationer and partly as a patient." She did so, and soon discovered that the prisoner was in the habit of taking morphia, and had evidently done so for years. The prisoner, when appealed to to tell the truth about the watch, eventually confessed having taken it.

Detective-Sergeant Seymour gave corroborative evidence. The prisoner was remanded that her father might be communicated with.

### THE CARE OF SUICIDAL CASES.

The Chichester Coroner last week held an inquiry into the circumstances of the death of a female patient at the Graylingwell Asylum, due to drinking boiling water from a kettle in the kitchen during the momentary occupation of the nurse. The patient was known to have strong suicidal tendencies, and a verdict of "suicide while of unsound mind" was returned, without blame being attached to anyone. Surely the responsible nurse should not be required to undertake duties which will divert her attention, even momentarily, from a case of this kind. Apparently the nurse in charge of the day-room, where the deceased was, answered a door bell a few yards away, and made two journeys to the kitchen with leaves. It was during this time that the unfortunate patient slipped out of the room and took the fatal drink.

### CHARGE OF CRUELTY TO CHILDREN.

At the South Police Court, Dublin, Sister Bernard Smythe and Miss Mary Quilan, of St. Agnes' Home, Twickenham, were last week charged with wilfully assaulting, ill-treating, and neglecting two children in their care while in lodgings at 83, Queen Square, Dublin. We mention the case as it has been referred to in the Irish Press, under the headings: "Alleged Ill-treatment of Children: English Nurses Charged." No evidence was offered that the accused, who were committed for trial, had any connection with the nursing profession. Indeed, as Sister Bernard Smythe, the elder of the two defendants, deposed that she was 21 years of age, and had been a member of the confraternity connected with the Twickenham Home for eight years, it is manifestly impossible that she should be a trained nurse.

## Wedding Bells.

FENWICK STOCKDALE. On the 17th December, at St. Martin-in-the-Fields, Trafalgar Square, by the Rev. H. Rose, M.A., William Stephen Fenwick, M.S., F.R.C.S., 81, Harley Street, W., only son of Thomas Fenwick, of Southampton, to Enid Stockdale, third daughter of Thomas Stockdale, Spring Lea, Leeds, and late Sister, Charing Cross Hospital, London.

**QUEEN VICTORIA'S JUBILEE INSTITUTE  
EXAMINATION FOR THE ROLL OF QUEEN'S NURSES,  
DECEMBER 15th, 1910.**

The following were the questions set at the above examination, three hours being allowed for the paper.

1. If it were considered necessary to sterilise milk supplied from a dairy, how would you do it?

What diseases may be conveyed by milk?

2. Give the treatment which a nurse might have to carry out in a case of inoperable cancer of the womb.

3. Give the cause and symptoms of phlegmasia alba dolens (white leg) and the nursing treatment of such a case.

4. In connection with what kinds of disease or accident have you had experience of "shock"? What is the nursing treatment of such a case?

5. How would you disinfect a room after a case of scarlet fever?

6. (a) What is a School for Mothers? What is the object of such a school? How can a district nurse assist?

(b) What do you consider the essential qualifications of a district nurse? In what ways may she instruct the public?

\* Question 6 is alternative; only *one* part is to be answered.

**TRANSFERS AND APPOINTMENTS.**

Miss Sophie Sullivan, to Peasedown; Miss Daisy Edgley, to Cowley; Miss Wilhelmina McKinnell, to Chapel-en-le-Frith; Miss Edith F. Hall, to Birmingham; Simmer Hill Road; Miss Mary Cotter, to Hleanor; Miss Mary Robertson, to Garston; Miss Olivia Jones, to Coin Mawr.

**LONDON COUNTY COUNCIL.**

**SCHOOL NURSES IN THE PUBLIC HEALTH  
DEPARTMENT.**

The London County Council, on the recommendation of the Establishment Committee, have, subject to their passing satisfactorily the usual medical examination, appointed the following Nurses, who have been selected by the Education Committee as the most suitable out of 118 candidates as School Nurses in the Public Health Department:—

Misses Violet Barugh, Lilla Young Benson, Lottie Amelia Bournier, Rosa Helen Cooper, Bertha Conry, Maud Beatrice Fitzgerald, Ethel May Hall, Lilian Mary Hamer, Helen Muriel Harper, Laura Jane Hawkins, Violet Hubbard, Sarah Hughes, Maggie Louise Hutton, Mary Jefferson, Mabel Adeline Jobson, Ada Beatrice Lane, Amy Gertrude Mayman, Ellen Eliza Mercer, Gertrude Emily Murray, Maud Mary Robbins, Lilian Annie Saunders, Fanny Mather Thackray, Zoë Vickier, and Emily Noble Wilkinson. They will be appointed, as from dates to be arranged, each at the commencing salary of £80 a year, on the conditions approved on 22nd February, 1910, for appointments of School Nurses.

**QUEEN ALEXANDRA'S IMPERIAL MILITARY  
NURSING SERVICE.**

Miss D. Turner, Staff Nurse, resigns her appointment (December 17th). Sister A. Guthrie resigns her appointment (December 20th); Miss E. M. Moore to be Staff Nurse (provisionally) (Dec. 6th).

**Appointments.**

**MATRONS.**

**Walthamstow, Leyton, and Wanstead General Hospital, Walthamstow.** Miss Alice Robson has been appointed Matron. She was trained at the North Riding Infirmary, Middlesbrough-on-Tees, and has held the position of Sister in the same hospital. She has also been Matron of the Palmer Memorial Hospital, Jarrow-on-Tyne, and is a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

**Pontypridd and District Cottage Hospital, Pontypridd.** Miss Gertrude Lawton has been appointed Matron. She was trained at the General Hospital, Altrincham, and has held the position of Senior Nurse at the Pontypridd Nursing Home and at the Q.V.I.L. Home, Wakefield.

**Home for Dying Consumptives, Manchester.**—Miss E. M. Saunders has been appointed Matron. She was trained at the Yeatman Hospital, Sherborne, and has held the positions of Staff Nurse at the Poplar Hospital, Queen's Nurse at Manchester and Banbury, Matron at the Cottage Hospital, Axminster, and Matron of the District Hospital, Shepton Mallet. The Home is a private one, supported by Sir William Crossley.

**SISTER MIDWIFE.**

**Queen Charlotte's Hospital, N.W.**—Miss Edith Downing has been appointed Sister Midwife. She was trained at St. Marylebone Infirmary, where she has held the positions of Sister and Night Superintendent, and has been Midwifery Sister at the Miller General Hospital, Greenwich.

**NIGHT SISTER.**

**Stanley Hospital, Liverpool.**—Miss Anne Maney has been appointed Night Sister. She was trained at the City Hospital, Bradford, and the Salop Infirmary, Shrewsbury, and has held the position of Sister at the Stanley Hospital, Liverpool.

**SUPERINTENDENT NURSE.**

**Bramley Union Workhouse Hospital.**—Miss Hannah Ward has been appointed Superintendent Nurse. She was trained at the Salford Union Infirmary and has held the position of Sister at the Bradford Union Infirmary, and at present holds the position of Deputy Superintendent Nurse and Home Sister at the Seelcoates Union Infirmary.

**CHARGE NURSE.**

**Children's Hospital, Union Workhouse, Oldham.** Miss Minnie Ashworth has been appointed Charge Nurse. She was trained at the Crumpsall Infirmary, Manchester, and has held the position of Sister in the Children's Wards and Sister in the Men's Medical Wards at Prestwich Union Infirmary, Crumpsall, Manchester, and has been School Nurse under the Public Health Department, Bolton.

**SCHOOL NURSE.**

**Borough of Nuneaton.**—Miss Horrocks has been appointed School Nurse. She was trained at the Mill Road Infirmary, Liverpool, and has had experience of private nursing on the staffs of the Royal Infirmary, Preston, and the Ipswich Nurses' Home, and of district nursing as a Queen's Nurse. She is a certified midwife.

**Borough of Lancaster Education Committee.**—Miss Jane Ann Evans has been appointed School Nurse. She holds a three years' certificate of training, and has had two years' experience of plague duty in India. She has also been Sister in Queen Alexandra's Imperial Military Nursing Service, and School Nurse at the Cheshire Branch of the National Children's Home and Orphanage.

**APPOINTMENTS AT THE PARK HOSPITAL, HITHER GREEN, LEWISHAM, S.E.**

The following appointments have been made at the Park Hospital, Lewisham, recently opened as a Children's Hospital:—

**Head Sisters.**—Miss F. M. Morrison, trained at Guy's Hospital, Certified Midwife; Miss Lily Cheetham, trained at Middlesex Hospital, and Charge Nurse at the Park Hospital, Certified Midwife.

**Home Sisters.**—Miss Frances Midgley, trained at the Royal Halifax Infirmary, Staff Nurse at the Grove Hospital, Tooting, and at the Park Hospital, Lewisham; Miss Frances Hales, trained at the City of London Infirmary, Charge Nurse at the Park Hospital, Certified Midwife.

**Staff Nurses.**—Miss Adelaide Burns, trained at the Southwark Infirmary; Staff Nurse at Mount Vernon Hospital, and temporary Night Sister at the Gordon Hospital, Vauxhall Bridge Road, S.W.; Miss Elsie Gabriel, trained at Guy's Hospital, Staff Nurse at King Edward VII's Sanatorium; Miss Jeannette Williams, trained at the West Bromwich Infirmary, Staff Nurse at the Children's Infirmary, Carshalton; Miss E. Rosina Ball, trained at the Hammersmith Infirmary, and who has also had experience of private nursing; Miss Florence M. Pollett, trained at the Woolwich Infirmary, and Staff Nurse at the Children's Infirmary, Carshalton; Miss Martha E. Eastwood, trained at the Birmingham Infirmary, Staff Nurse at the Royal Chest Hospital, City Road, and at Clayton Hospital, Manchester; Miss Edith M. Foyster, trained at the Hammersmith Infirmary.

**RESIGNATIONS.**

The resignation of Sister Hope (Miss Skillman, R.R.C.) at St. Bartholomew's Hospital, after close on thirty years' faithful service as probationer, nurse, and sister, is a great loss to the hospital and the training school. Many generations of nurses are grateful to Miss Skillman for the lessons they learnt from her, both by precept and example, of devotion to duty and to the sick; nor has her influence been confined to the probationers who have come under it, for the high ideals she has always inculcated have been assimilated and carried far and wide by the pupils of the school. Miss Skillman retires upon a pension, and no pension was ever better earned. She is succeeded by Miss A. Simpkin, Sister of Elizabeth Ward, which in the future will be used as a maternity ward.

The resignation for family reasons, by Miss Irene C. Keoch of the position of Lady Superintendent of the Richmond Hospital, Dublin, to take effect on March 1st, 1917, creates a vacancy in the Matronship of one of the most important hospitals in Dublin, which will be found advertised in our Supplement.

## Nursing Echoes.



It is hoped that in the course of next year the Army and Navy Male Nurses' Co-operation—founded by Miss Ethel McCaul, R.R.C., with the two-fold object of providing the public with thoroughly well trained male nurses, of assured good character, and retired non-commissioned officers and men of the Royal Army Medical Corps, and of the Sick Berth Staff of the Royal Navy, with employment—will be self-supporting. But this position has not been reached at present, though during its three years of existence the Co-operation has made steady progress, and on Friday in last week the "People's Bargain Sale" was opened by Mrs. George Alexander, at the Royal Horticultural Hall, Vincent Square, Westminster, in support of the funds, when a number of useful and pretty articles were on sale and found ready purchasers.

At the meeting which preceded the Sale, Colonel Sir Edward Ward, K.C.B., K.C.V.O., who presided, said that the Co-operation had a constant and ever increasing supply of well-trained male nurses for whom employment was wanted, and asked everyone present to obtain work for at least one of these soldier and soldier nurses during the next six months. He pointed out, very truly, that the hospitals of the Navy and Army were the only general training schools for male nurses, and that the Co-operation which had the strong support of the Admiralty and War Office did not want any special indulgence given to sailors and soldiers, but wanted them, on their merits, to have a fair run for their money, and to have the handicap removed under which they started in the race for employment compared with their civilian brethren.

The London Homoeopathic Hospital, Great Ormond Street, benefits by the will of the late Mr. Joseph Henry Houldsworth, who died on November 30th last, to the amount of £5,000. He has also under his will left an annuity of £50 to one of the Sisters of the Hospital, Sister Mary (Miss Mary Ann Watkinson), "as a recognition to her for her valued attention and kindness bestowed upon me during my several illnesses." The hospital is at present appealing for £12,000 to build a New Home for the nurses on a site opposite to the hospital, and

requires another £2,000 to secure a promise of £5,000 made by a nobleman if the amount is raised before December 31st next. Donations may be sent to Miss Clara Hoadley, Matron at the London Homoeopathic Hospital, Great Ormond Street, London, W.C.

A sympathetic nurse performs many actions for the benefit of her patients outside the scope of her professional duties, which is one of the reasons why the value of a nurse's services can never be estimated in hard cash, as the following instance will show. It is reported that a nurse in attendance on a maternity case in which the patient was prematurely confined, found that the serious illness of the patient and the threatened attack of brain fever had their origin in the sentence of two months' imprisonment in the second division passed on her husband, for obtaining credit without disclosing that he was an undischarged bankrupt. The nurse, strengthened by the goodwill of the prosecuting firm, visited the Home Secretary at his private residence, and laid the facts before him, and Mr. Churchill authorised her to return to her patient with the assurance that she would not long be parted from her husband. To the delight of the patient, the husband returned home a few hours later, the Home Secretary having ordered his immediate release.

The London County Council has approved a scheme for the treatment by Queen's nurses in Paddington, of children suffering from suppurating ears. The Board of Education, in a letter dated 28th November, state that they have given their sanction to the scheme, as an experimental measure for a period of six months, only, on the understanding that the nurse will act under the supervision and authority of the school medical officer, and that at the end of the experimental period the Council will furnish the Board with a report by the

school medical officer on the working of the arrangement. The scheme will be put into operation upon the re-opening of the schools after the Christmas holidays.

The birthday party of the Nurses' Lodge, 10, Colosseum Terrace, Regent's Park, N.W., is always a very pleasant and happy gathering. Miss A. E. Hulme, who is much beloved by those who use the Lodge, and whose unvarying courtesy and equable disposition have been a great factor in making it a success, received the guests, and many of the residents looked after their comfort. One is always sure of excellent music at these parties at the Lodge, and Miss

Helen Hulme and Mr. Reginald Clarke both sang charmingly. The latter's song, "Matilda," was delightful, and the duet, "Oh, that we two were Maying," sung by Miss Hulme and Mr. Clarke, was received with great applause. The afternoon concluded with Sir Roger de Coverley, which was danced with great enthusiasm.



A SCOTTISH MATRON IN THE SNOW.  
Miss Wright, of Stobhill.

old the venture was somewhat a bold one, but the programme was largely made up of solo numbers, and the choir, composed of some eighty sopranos and contraltos, proved that it included material which was good to work upon. The whole performance was highly creditable.

The Swansea Schools Medical Inspection Committee has decided to recommend the appointment of two nurses to attend to disabled school children. It was stated that 61 cases of disabled children have been visited. Three children had to lie on their backs.

The annual meeting of St. Lawrence's

Catholic Home, for providing trained nurses for the sick poor in their own homes was held last week at the Institution, 34, Rutland Square, West, Dublin.

The annual report states:—

"The year which ended on October 31st, 1910, was one of expansion and increase of work at St. Lawrence's Home. Nineteen nurses were trained during the past year for the special work, and of these, fourteen have been already sent to different places throughout Ireland, including eight new districts which are now served by Jubilee Nurses. The work done amongst the sick poor in Dublin during the year may be summarised as follows:—3,614 cases have been attended, of which 2,697 recovered, 440 were removed to hospital, or otherwise ceased to be under the nurses' care, 246 died, and 231 still remain on the books. The total number of visits paid was 60,167. In the previous year the total number of cases was 2,624, and the visits paid 53,374, so that this year 1,000 more cases have been attended, and nearly 7,000 more visits have been paid. The financial position of the Home is satisfactory. With the aid of the generous donations and subscriptions received, we have paid all our debts, and enter upon the new year with a balance to credit of £139 10s. 1d. Public attention has lately been directed in an especial manner to the poorer classes of our city, and the conditions under which they live, and much has been said and written as to the brightening of their homes. To anyone who is really interested in the subject, much matter for reflection would be afforded by a visit to the homes attended by St. Lawrence's Nurses, and a comparison with other homes of the same class, which have not had the benefit of the nurses' care. Attention to the patient is not the sole duty or object of our nurses. They endeavour also by their cheerful presence and bright example to lift up to a higher level the homes of the poor, and where it is necessary, to teach the principles of cleanliness, ventilation, sobriety, and decent living."

We hope that the sentiments expressed by Mr. McMahon at a meeting of the Guardians of the Emuistunian Union are unique. On an application being made for £11, the amount of the funeral expenses of Miss Roden, of the Mater Misericordia Hospital, Dublin, who died while nursing typhus fever patients in the workhouse hospital, Mr. McMahon inquired whether they were bound to pay these expenses, upon which the Master pointed out that the nurse had sacrificed her life there. Mr. McMahon retorted that she was well paid for her services, and "it was her duty to sacrifice her life." We are glad to say that the Board of the Emuistunian Union decided to pay the expenses. What sum we wonder does Mr. McMahon consider good pay for the skilled nurse, and his laid down, of this devoted nurse? It seems inconceivable that so callous a retort could be possible to such a tragedy.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Hearty congratulations to the Royal Free Hospital, to which is attached the School of Medicine for Women. By the will of the late Mr. H. Silver, whose personal estate amounted to £1,197,867, the hospital has become entitled to a munificent legacy of £50,000. The Hospital for Sick Children, Great Ormond Street, and the Victoria Hospital for Children, Chelsea, are to receive £25,000 each. The will continues: "Nurse Ellen Brown, who so faithfully nursed my late dear wife, and has lately been in attendance on me," is to have an annuity of £500 a year.

All the hospitals, after a strenuous year, would like a Christmas box; indeed, they could make use of unlimited gifts in support of their work for the community.

The King's Hospital Fund and the Hospital Sunday Fund have just announced that between them they have awarded £226,500 to hospitals and nursing institutions. This is a splendid record of voluntary charity, and still not enough for the ever-increasing demands of scientific medical treatment.

A Special Committee of Inquiry into the method prevailing in the London voluntary hospitals with regard to the admission of out-patients has been appointed by the Governors of King Edward's Hospital Fund. The terms of reference are as follows: "To consider and report generally as to the circumstances and conditions under which patients are admitted to the casualty and out-patient departments of the London voluntary hospitals, and especially as to what precautions are taken to prevent the admission of persons who are unsuitable, and as to whether adequate provision is made for the admission of such persons as are suitable; and to make such recommendations as may seem to them desirable."

The Italian Ambassador, accompanied by the Marchesa Imperiali, will open the recently erected extension of the Italian Hospital, Queen Square, on Saturday, January 7th, in celebration of the birthday of Her Majesty the Queen of Italy on January 8th. The new building, which with the site is the gift of Mrs. Angiola Ortelli, widow of the founder of the hospital, will be devoted to promoting the conveniences of the staff, and will include a new operating theatre and enlarged out-patient department, additional comfort for the nursing staff, and a laundry. The building does not provide for any increase in the number of beds either now or in the future.

Lady Vincent has been anxious for some time past to give to Sheffield some memorial worthy of Sir Howard's affection and loyalty for the city which he represented in Parliament for over 22 years. After considering various schemes, Lady Vincent has been in communication with the authori-

ties of the Royal Infirmary, and has settled, with their approval, to endow one of the isolation wards in the new building, now being erected, on the condition that it shall be called the "Howard Vincent Ward."

Dr. William Robertson, Medical Officer of Health for Leith, describing to a gathering of the Society of Medical Officers of Health the methods employed there by the municipality for the control of tuberculosis, placed the educational factor very high in the list of measures for combating phthisis. In Leith, he said, the Lady Health Visitors had zealously taught the doctrine of the open window, and since the citizens had been called upon to practice what they were being taught the change had been gratifying and noticeable, while now that compulsory notification had been adopted their keenness had been redoubled.

We warmly support the action of the Right Hon. R. C. Munro Ferguson, M.P., in insisting, in the face of some opposition, at a meeting of the Fife Medical School Children Inspection Committee, held at Cupar, that a medical woman should be employed by the local authority. One of the reasons of those who supported such an appointment was that it would be better if the senior girls were inspected by a woman instead of a man. Dr. T. F. Dewar, formerly County Medical Officer, had in his report taken exception to that point of view, regarding it as a suggestion of impropriety and an innuendo against the medical profession. Mr. Munro Ferguson took strong exception to this attitude, and moved that the paragraph in question should be deleted from the report, which was done.

There can be no question that the inspection of school children is a duty for which medical women are particularly suited. It has been the accepted policy of the Fife local authority that a lady doctor should be on the staff, and it is to be congratulated, on the instance of Mr. Munro Ferguson, on maintaining that policy.

#### THE FRAME FOOD PREPARATIONS.

The Frame Food Company, Ltd., Standen Road, Southfields, London, have issued a useful booklet, "The Frame Food Preparations and Their Importance to the Human Race," giving a lucid description of these preparations and their application, as well as directions and recipes for their use. For instance, in making bread the booklet advocates that Frame Food essence should be kneaded with ordinary wheaten flour to a dough. The result is a nutritious bread with the lightness of texture, digestibility, and palatability of ordinary white bread. The many other recipes given would be very useful both in an ordinary household and as affording an opportunity for varying the diet of the sick with nourishing and palatable dishes. The importance of these preparations in the diet of races living and working in order to live, under the terrible strain on body and mind, caused by modern conditions of life, is evident. We commend the booklet to the attention of our readers.

## Professional Review.

### THE WIFE AND MOTHER: A MEDICAL GUIDE.

"The Wife and Mother," by Dr. Albert Westland, M.A., is designed as a medical guide to the care of her health and the management of her children, and the fact that six editions have been required indicates that it has met a widespread need. In his preface to the first edition the author states that the work is addressed to women who are desirous of fulfilling properly their duties as wives and mothers, and is designed to assist them in exercising an intelligent supervision over their own and their children's health, his object being to convey as much information as an intelligent woman might be expected to appreciate and utilise, and he has succeeded in compressing a great amount of useful information into a compact volume. The principal divisions of the book are: (1) Early Married Life, (2) Early Motherhood, (3) The Child, (4) Later Married Life, and an appendix containing the laws relating to registration of births, to vaccination, and to notification of infectious diseases in the United Kingdom.

In introducing the subject the author points out that "every young woman who enters into what are conventionally called the 'bonds of matrimony' voluntarily accepts certain responsibilities and undertakes certain duties, not only important in themselves, but noteworthy also in this, that their neglect and repudiation may be followed by far-reaching consequences for others. Convention has decreed that those duties and responsibilities should be discovered mainly by wives after marriage, and it is seldom indeed that mothers are judicious or enlightened enough to place before their marriageable daughters even a partial view of the difficulties and troubles which almost every married woman will have to face at some period of her married life. It is certainly desirable that women on entering married life should be aware that calls will be made upon their courage, their temper, and their forbearance, and should take what is undoubtedly the most decisive step of their lives with some knowledge of its importance and gravity."

Referring to the influence which maternal impressions may have upon children, and the desirability of the conscious regulation of their own conduct by expectant mothers during pregnancy, the author relates that when the mother of Charles Kingsley became aware that she was about to bear a child she firmly resolved that during her pregnancy she would allow no external troubles to influence her mind, and that, living in a beautiful country, she would give up as much time as possible to the contemplation of natural beauty and to admiration of the work of the Almighty; and it is easy to believe that the thorough sympathy with nature and the earnest humanity which characterised the author of "The Water Babies" and "Yeast" were due in a great measure to the mental attitude of his mother during the months which preceded his birth.

Many nurses and midwives use the term "confinement"

ment" without realising its meaning. It was apparently originally employed to represent the whole period during which a mother was withdrawn from her usual occupations by the act of giving birth to a child; but it is now used in the more limited sense as a synonym for the actual process of parturition.

In the sections "Early Motherhood" and "The Child," much advice is given which will be useful to mothers, both in the care of their own health and in bringing up their children, especially in regard to the management of the minor ailments of infancy and childhood.

The last section deals with the menopause, describes the symptoms, and the means which may be taken for their relief.

The book, which is published by Messrs. Charles Griffin and Co., Ltd., Exeter Street, Strand, W.C., price 5s., is an admirable work of reference which should find a place on the bookshelves of every wife and mother.

#### THE CULT OF HEALTH FOR WOMEN.

A useful booklet on the above subject has been brought out by Mrs. Helen Best, whose writings are already well known to nurses, and whose pamphlet, "The Face: Its Care and Treatment," has proved most popular. The present booklet is divided into three parts.

Part I. deals with (a) the face, and (b) the five senses, with the care of the different organs concerned, showing how necessary gentleness and carefulness are in attending to these delicate organs in young children, and how easily damage may be caused by any roughness or want of skill.

Part II. deals with the body, the bust, the hair, the feet, the waist, the abdomen. In regard to the feet, a most important subject to nurses, the author first urges upon mothers to be most careful in the training of their children's feet, to let them wear square toe boots, with plenty of room and flat heels. Like hands, feet should be put into wear that fits them. Those whose work entails much standing she advises to wear boots.

Part III. is concerned with facial disfigurements and blemishes, including superfluous hair, red noses, greyness of the skin, blushing, and freckles.

Mrs. Best concludes with a cordial invitation to all who are interested in her small treatise to call upon her at 524, Oxford Street, W., where she receives callers daily; she will also forward a copy of the booklet gratis to any nurse upon request.

#### INGRAM'S PATENT "AGRIPPA" BAND TEST AND VALVE.

In connection with the notice in our columns last week drawing attention to the special band test and valve (the "Agrippa" Band Test) of Messrs. J. G. Ingram and Son, the London India Rubber Works, Hackney Wick, N.E., it should be clearly understood that they are not makers or vendors of feed-in bottles, but only of the band test and valve, which is proving indispensable to careful nurses and to mothers unable to breast-feed their infants. Messrs. Ingram will be pleased to send to professional nurses, mentioning this journal, a free sample of their band test and valve.

## Our Foreign Letter.

"VENITE ADOREMUS DOMINUS."



From time to time I have written to you about some of my patients, but have never, I think, given you a glimpse of the hospital

so that you may have an idea of the real home, it, which we nurse the Arabs. The balconies extend all round the hospital. There, during convalescence, after some long and trying illness, the women and children lie for hours during the daytime, drinking in new life and health from the glorious breeze that comes straight from the sea, for it is nearly all round the hospital, this lovely blue Mediterranean, such a view! They watch the steamers come and go, and they wonder what it must be like fil-blad-Inglose (in England). Some of the patients prefer to sit on the balconies on the one side that is not surrounded by the sea, and there they have a still more beautiful and varied scene, dark green foliage laden with thousands of oranges, stately palm trees waving their feathery plumes, and the lovely soft hue of the Judean hills in the distance. When nearly well, for about a week or two, before the patients are discharged, the women sit and work on these balconies, helping with the mending of the ward-uniforms and bed-linen, and the children play around them, happy as the day is long.

I was much amused the other day on finding the children had arranged a miniature ward on the balcony with their dolls and some boxes of bricks. The dolls were all spread out in a row, and pieces of calico put over each for a sheet; between each was a wooden brick, which stood for a locker, and on it a tiny tin cup from a doll's tea service; this was intended to represent a mug of milk or water. I noticed one of the dolls was very pale, the rosy paint all gone from its cheeks from over-much washing. A little girl came up to me and said in a hushed voice: "Matat, ya sittee, alwach!" (She died, just now, lady). Soon after this I heard a prolonged wail, and on going to see what was the matter I learnt that the children were acting the death-ery for the poor little dolly. Weird, wasn't it? The next day the doll must have come to life again, the children had coloured its cheeks, and she was now the bride at a wedding.

And now I want to tell you about the two little children in the picture.

I can almost hear some of the readers of the JOURNAL saying, "Surely those are not Arabs! They look more like French or even English children." Quite true, but they are Arabs, nevertheless. The boy is Mohammed, and, as his name implies, is a Mohammedan, for he is named after the Prophet, the little girl is Zareef, Arab by race, Greek by religion. They were admitted the same day, and Mohammed was given only two days to

live, in fact, the doctor did not wish to take him in, feeling sure his days were numbered. I was leaning over one of the balconies overlooking the courtyard, and there, down below, I saw, poor little Mohammed in his mother's arms; she was pleading with the doctors to do something for him, and I heard one of them say: "I am very sorry, but we can do nothing for him; he is full of dropsy and will die in a day or so; just take him home and keep him as warm as you can." The mother was weeping bitterly, for he was her only child. Seeing she still remained in the courtyard, I ran down quickly and begged the doctor to let me have charge of the child for a day or two to see if anything could be done to save this little life: he smiled and said: "Very well, Sister, have your way, it's useless, but anyhow the child will be better off than in his mud hut." So away I sped with my precious burden in my arms, and carried him upstairs to a small side ward, generally called the "Sunny Ward," for even during our few weeks of winter the sun always finds its way to this corner and makes it warm and cosy. Mohammed certainly looked as if he could not last through the day. However, he was put to bed at once between the blankets, and simply surrounded by hot-water bottles: hot milk was given very freely, and a sitz bath every day. This treatment was continued for three weeks, the child not being allowed

to leave his bed at all excepting for the bath, which was given daily at the side of his bed, and for this he was lifted in and out, that the heart might not be unduly taxed. The child made rapid progress, and was a great pleasure to nurse, for he was always contented, and happy as the proverbial sand-boy. "Sister," he said one day, "how is it, I am so much better and yet so much thinner?" Lucky for him he was! Then, looking very hard at the bread-basket, which was being handed round at dinner-time, he added, "Nicht-khrubsy ya habeeby." ("A little bread, my beloved one"), and as there was scarcely a sign of dropsy now, Mohammed's modest request was granted. Soon after this he was put on light diet, and long before he left us he looked as well as you see him seated in the hospital garden. And what of Zareefy, the little girl sitting beside Mohammed?

As I told you, she was admitted the same day. Her's was a case of ophthalmia. We could not see her eyes, as the lids were half an inch thick, and very purulent, but she appeared a very pretty little person, with a fair complexion and curly, brown hair. She was led into the ward by her mother, and although in great pain, said, in a cheery voice: "Hath-el-beit umshane el-ayyaneen, umshake ya innay? Asson absan hone." (This is the house for the sick, isn't it, mother? I shall get well here.) The usual treatment was given, the lids everted, and painted every morning with sol. arg. nit. grs xv., and the eyes bathed about every half-hour during the day. When the inflammation subsided the lids were rubbed with sulphate of copper (blue-stone pencil) and then bathed with salt water to take away the stinging, pricking sensation which sulphate of copper temporarily causes. This used daily soon filed down the granulations. Apropos of blue-stone pencils I should like to add that by far and away the very best I have ever procured were those in a French pharmacie in Beyrout, at the modest sum of two piasters each,

equal to 5d. English money. They were so neatly arranged in their wooden cases, and the stones smoothed and polished as if of sapphire; these give much less pain than the rough blue-stone sticks I have bought in England or in Germany.

When Zareefy's

eyes were quite well she was allowed to play with Mohammed, and they became great friends. All the other patients christened them "al-arronee wa-l-arronee" (the bride and bridegroom), which pleased them vastly, and one day I caught Zareefy looking in the glass which herself: "Sahieh! anna arronee, wa 'zareefy, hangs in the bathroom and heard her murmur to herself, "Sahieh! anna arronee, wa 'zareefy," mithal isay" (It is true, I am a bride, and pretty, like my name). This with an air of great satisfaction. Both the children were in perfect health now and the time was drawing near when they would have to bid us "good-bye," and we felt we must have a souvenir of this dear little couple: so one sunny morning they were taken down to the hospital garden and were photographed as you see them in the picture sitting on the steps surrounded

\* Zareefy = pretty.



MOHAMMED AND ZAREEFY.

by their toys. Zareely with a sprig of scarlet geranium in her hair and a red mandille on her head; Mohammed with his long necklace of coloured beads and large pieces of alum, his dear little head adorned by the usual red turban. The Arabs have great faith in alum, as some of the poor in England have in camphor. In Syria it is rare to meet anyone who does not wear some sort of amulet. The other day I was in the Sook (bazaars) and met a boy wearing a heart-shaped Scotch pebble; it was attached to a lock of his hair and dangled over his left eye, which was red and looked inflamed.

When I asked him why he wore this charm, he said: "Lady, it is for my eye; the sun's rays will penetrate through the stone and draw the redness from my eye." He was suffering from conjunctivitis, so I persuaded him to come into hospital for a week, and the day he left us, quite cured, he presented me with the Scotch pebble, which I have had mounted and now wear instead of Ahmed. Two small silver frogs I also wear; these were given me by a tiny Arab girl, who had worn them a long time from a lock of her hair, dangling on her forehead like Ahmed's Scotch pebble, to keep her from getting a sore throat. Well, we too have our superstitions. How many of us "touch wood" or say "unbernten"? It is only another form: wearing an amulet or saying "Bism-illa" (In the name of God) or "Baeel-esskarr" (Far be the evil from us) is, after all, pretty much the same. In so many ways the East and the West meet. We think of Mohammedanism as Fatalism; a dozen times a day we hear the people say their troubles, their sufferings, or what not, "Hatha min Ullah" (This is from God) or "Mithal ureel Ullah" (Just as God wills).

I may be wrong, but it seems to me very beautiful, this submission to the Divine will, and I can only liken it to that of Job when he said: "It is the Lord, let Him do what seemeth Him good," or again, "The Lord gave and the Lord hath taken away, blessed be the name of the Lord."

How the year is flying! By the time my letter reaches you we shall be dressing an olive tree for the women's and children's Christmas treat and singing Christmas carols not in English or in Latin, but in Arabic. What matter the language? Think of us beyond the sea on Christmas morning. We, too, shall be singing that beautiful hymn, *Venite adoremus Dominum*.

God speed the time when in all lands that song shall rise from the hearts of Mohammedans as well as Christians. "Oh, come let us adore Him, Christ the Lord."

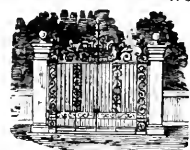
SISTER MARIE

## The Leicester League Journal.

A real lover of books and journals must open the *Leicester Infirmary Nurses' League Journal* with delight; the paper is so superior, the matter and letter press so excellent. The number just issued contains a portrait of Miss Helena Sherlock, the Hon. Secretary of the League from 1903 to 1910, c/o Milton or Aldenbrooke's Home of Recovery at

## Outside the Gates.

### WOMEN.



Mme. Thayer, the President of the American Circle of the Lyceum Club, and a pioneer of the educational movement between different countries, presided last week at a luncheon given by the Circle at the Club, 128, Piccadilly, W., to the Rhodes scholars, of whom sixteen were present, besides Sir John and Lady Cockburn, Lady Becheroff, and Mr. A. W. Cross, the Hon. Secretary of the Association for the Interchange of Students. The toast of the evening, proposed by the President, was "The American Rhodes Scholars," and Mr. A. H. Worthen, of New Hampshire; Mr. F. E. Holman, of Utah, and Miss Points, the first "Rhodes Sister," sent over by the American Federation of Women's Clubs, who is receiving her education at the University of London, responded. Miss Points, in giving her impressions of London life, said it would be a great advantage to American students if they could see more of social conditions than was possible by residence at a University.

The sphere of activity of the Dublin Branch of the Women's National Health Association is now so wide that the various departments of work are to have their own separate reports. Dealing with the work of the Tuberculosis Committee at the annual meeting at which the Countess of Aberdeen presided, held in Dublin last week, Sir William Thompson stated that in the last nine months 350 patients had been attended, and of these one third lived with their families in single rooms.

The Central Administrative Committee of the five French Academies are unable to agree as to desirability or otherwise of admitting women to the Institute of France, and the matter has been remitted to the various Associations and will be discussed further at the next sitting of all the Academies early in the New Year. The question has arisen in connection with the candidature of Mme. Curie for admission to the Academy of Science, from whom France has no more brilliant son or daughter.

The death of Mrs. Sorabji, widow of the Rev. Sorabji Kharsedji, at Nasik, Bombay Presidency, in her 76th year, removes a notable personality amongst Indian women who was devoted both to the country of her birth and to the mother country. No one, of whatever race, in India was outside her sympathy. She loved all, she failed none, and for the first time drew together under her roof in a common friendship, Europeans, Parsees, Hindus, Mohammedans, and Jews. She also rendered great service to the cause of education. Her daughter, Miss Cornelia Sorabji, is legal adviser to the Court of Wards in Bengal and Eastern Bengal, and is very well known to a large circle of friends in England.

## Book of the Week.

## A LARGE ROOM.\*

Mrs. Dudeney has added another remarkable book to her long string of original writing, and in the character of Amaza we find ourselves interested and absorbed through a volume of considerable length. She never once disappears out of its pages, and herself sustains the interest in herself until the end. Throughout her lonely childhood, girlhood, and widowhood she paid the penalties of the imaginative.

"I was only—looking," she whispered, as the wet leaves and little sticks were savagely shaken from her black frock.

"Well, now you walk nicely round the gardens with Master Sébastian, and then we'll get home to tea, for this is what I call a regular ray day."

Nurse had said it was a "roar-re" day with a ripe roll of the words that Amaza, being an epicure in sights and sounds, decidedly liked. She said it to herself, rippling her red tongue in her grave mouth, as she and Sébastian went off according to directions. Her tongue repeatedly and silently said "roar-re," her eyes were fathoming the intricacies of each winter tree high up, and dwelling on the wine-tinted patterns of sodden leaves low down.

And this extract gives a very clever insight into her character.

She thought that the men servants she saw looking blankly over the tops of dining-room blinds were exactly like Turvey, the butler at home.

"Evidently some little babies were born marked 'Butler.'"

At eighteen she is strikingly beautiful, odd, and totally ignorant of life. A sad picture is presented to us of her at Christmas, left alone in the handsome house in Russell Square.

"Never had she been able to bear loneliness alone. After dinner on Christmas night she put a long cloak over her trailing frock and sneaked out of her house. The servants were singing. What would they all say if she ran down the kitchen stairs, broke the ring round the fire, made of herself the extra link? That would be a loneliness even more alone than this. . . . She walked like a hunted thing, listening to the noise of feet, of music, of voices, that came from every house."

Amaza bent to see the shining stars in the puddles. She remained huddled up, half happy. "Some one said presently, and it was a very nice voice, 'Are you looking for anything?'"

"I am always looking," she said, very simply.

"He had never before heard such a simple voice, nor had he seen such a striking girl. . . ."

Amaza through those distracting days that followed walked in a web. It spun across her eyes, it tangled her feet. She beat it from her with both hands. It was a time to tremble over; to be penitent with, reminiscent with, in terror of, yes, and for ever. Not for what was just a vicious and well-bred man of the world, just a very young and totally ignorant girl, but for what was going to be."

\* By Mrs. Henry Dudeney. (William Heinemann, London.)

A sham marriage before a sham Registrar, a terrible realisation, a ruined life, and always the restless insistence of her inner self, "It wasn't me, it wasn't me."

Then comes her marriage, with commonplace, good-natured Humphrey; but Amaza, still persuading herself that "it wasn't me," keeps him in ignorance of the tragedy of her life.

Then the birth of little Jim-John, her passionate delight and absorption in him, his tragic death, and the final shattering of Humphrey's trust in her. "I never wish to see your face again," he said, staring at it. "Get out, can't you?"

She pinned on her hat and slipped into her coat. When she was ready she looked all round the room, heavy as it was with every memory.

"She was feeling for Jim-John, a something more passionate than kisses, more deep than tears. Nothing could heal her but the touch and sound of him, and that would be never more."

We are left in uncertainty as to her fate.

Mrs. Dudeney has created in Amaza a character at once fascinating and repellent, and though she must awaken a sympathetic response, we must feel that there was a great deal to be said for her husband.

H. H.

## VERSES.

It is an old belief

That on some solemn shore,

Beyond the sphere of grief,

Dear friends shall meet once more.

Beyond the sphere of Time

And Sin, and Fate's control,

Serene in changeless prime

Of body and of soul.

That creed I fain would keep,

This hope I'll not forego;

Eternal be the sleep

Unless to waken so.

LOCKHART.

## COMING EVENTS.

December 22nd, and 29th.—Nursing Pageant. Members of Committee at 431, Oxford Street, London, W., 11.30 a.m.—7 p.m.

December 25th.—Christmas Day Hospital Festivities.

December 30th.—East London Hospital for Children, Shadwell, E. Christmas Entertainment for the Patients, 3 to 6 p.m.

December 31st.—St. Bartholomew's Hospital, Rochester. Concert and Christmas Tree, 4.30 p.m.

January 1st.—New Year's Day, 1911.

## WORDS FOR THE WEEK

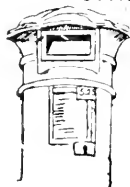
"The supernatural only means the soul of the natural—absolutely no more than that."

"One of my maxims is that there are no such things as nations; and another that every man is worth shaking hands with for something or other."

"Poverty, Temperance, and Simplicity—these three, but the greatest of these is Poverty."

"Now, money, I say, is the one cause of slavery, and work the one hope of salvation."

## 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 DESERVING CASE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I wonder if your readers can help me in the following most deserving case:—

Louisa Jackson, has lived eighteen years at 18, Bolsover Street, where the house is now being pulled down. She is single and aged 46. She was in domestic service until eighteen years ago, when her health failed. Now, totally crippled in all her joints, she is quite unable to support herself in any way whatever, although not bedridden.

Her case is strongly recommended by: Mrs. George Harley, Goreland's, Chalfont St. Giles; Dr. Elliott Brown, 5, Cavendish Mansions, Langham Street; Rev. Grosse Hodge, Trinity Church, Marylebone; Dr. Francis Goodbody, 6, Chandos Street, Cavendish Square; Canon Blagden, 15, Crawley Gardens, S.W.

Louisa Jackson's sister is now in service and can afford to pay a small sum per week towards her maintenance, but if she leaves her situation to attend on the invalid her own income will cease, and they will both be in a worse plight than ever.

Can any of your readers suggest a home for this case, temporary or otherwise, or help me to get her into the Home for Incurables at Putney?

Yours faithfully,

E. ALEC-TWEEDE.

30, York Terrace, Harley Street, W.

[We hope some of our readers may be able to help Mrs. Alec Tweedie in reference to this very deserving invalid.—Ed.]

## THE "APOTHEOSIS OF THE EXPLOITER."

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—As usual, we have to turn to your paper to know the truth. May I point out how the Penalising of Private Nurses' Bill, as we call this fresh bit of L.C.C. legislation for women, without their consent, affects the institution in which I lodge? Although it is a home for private nurses, and not a nursing institution which admits patients, doctors often ring up the trained matron and ask her if she can recommend a good nurse. In the past a number of cases have thus been given to those lodging in the home. And why not? To doctors living near busy men, who often require a nurse at night it has been a great convenience. But this new law prohibits such a course. The Matron must take out a licence, have her nurses' home inspected, and be subject to all sorts of interference by lay inspectors if she gives any, free of charge, one case, and yet a Home Hospital close at hand may send out semi-trained probationers as

"trained nurses" at very high fees, so long as the proprietor pays them an infinitesimal salary. It is this not the "apothecosis of the exploiter" I want to know what is?

Yours truly,

CO-OP. NURSE.

## THE LOWERING OF NURSING STANDARDS IN SUTHERLAND.

To the Editor of the "British Journal of Nursing."

MADAM,—I am glad to see that you are giving publicity to a most retrograde, unjust, and discreditable move in the Highlands of Scotland—the doing away with the post of Superintendent of the Sutherlandshire Nursing Association.

During my sojourns in that county I have had opportunities of judging of the good as well as weak points of the Association. As you state in an editorial remark, the staff is not fully trained, so I shall call the "nurses" midwives, which they really are not "nurses," which they really are not.

The responsibility of a midwife or maternity nurse in a county like Sutherland is great. Her patient may be five miles from the nearest neighbour, and perhaps 15 from the nearest doctor. Such a case is not imaginary, it has come under my own observation.

In cases of general illness, although possessing no recognised qualification to act as *nurses* in such, these midwives often do very valuable work; they are most anxious to follow intelligently the doctor's treatment, and with a fully trained Superintendent to whom they can refer for information on nursing they improve greatly, and, as I have said, do good work.

There is no part of Scotland where a fully trained nurse is more required as Superintendent than in Sutherland, and I protest most strongly against the movement which has taken place.

It is very good of you to give space to this far-off Highland subject, but I can assure you it is well bestowed. Can you, Madam, suggest any means which might be employed to save a useful institution from its "friends"—the Central Management Committee—or could someone who knows the conditions of nursing and the needs of the poor of Sutherland in relation to nursing come forward and give an opinion?

I am, etc.,

ONE WHO DEMANDS FAIR PLAY.

## Comments and Replies.

Miss Ellis, Birmingham.—The training school at the General Hospital, Birmingham, has a first-class reputation both as affording excellent practical experience and for the training which is given there.

Midwifery Candidate, London.—A list of the training schools in midwifery, recognised by the Central Midwives' Board, is published by the Board, the offices of which are at Caxton House, Westminster, S.W.

## OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives Board.

### PENAL CASES.

A special meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, December 15th, for the purpose of hearing the charges alleged against twenty-one women, with the following results:—  
**STRUCK OFF THE ROLL AND CERTIFICATES CANCELLED.**

Sarah Chapman (No. 19065), Catherine Charlton (No. 17770), Mary Hannah Davies (No. 10277), Mary Jane Dickenson (No. 11553), Esther Green (No. 1589), Beatrix Inscow (No. 19350), Emily Jones (No. 5131), Marian Phillis McCormac (No. 10230), Mary Ann Miles (No. 20369), Elizabeth Murray (No. 1170).

**SEVERELY CENSURED AND REPORT TO BE ASKED FOR FROM LOCAL SUPERVISING AUTHORITY IN THREE MONTHS TIME.**

Sarah Elizabeth Brown (No. 11622), Ellen Gentle (No. 27080, C.M.B. examination), Martha Howard (No. 23578), Alice Walters (No. 819), Barbara Young (No. 3195).

### CENSURED.

Sarah Bath (No. 1867).

**CAUTIONED AND REPORT TO BE ASKED FOR FROM LOCAL SUPERVISING AUTHORITY IN THREE MONTHS TIME.**

Emma Gleeson (No. 19461, L.O.S. certificate).

### SENTENCE POSTPONED.

Mary Anne Giles (No. 2244); sentence in this case was postponed until the next penal board after the expiration of three months.

### EXONERATED.

Mary Brown (No. 17912), Bridget Killoran (No. 5210), Sarah Leonard (No. 9595).

In many of the cases the Inspector of Midwives, in the area concerned, attended and gave evidence on behalf of the Local Supervising Authority.

The majority of the cases were of much the same character as usual, neglect to advise that medical assistance should be sent for under circumstances required by the rules, such as inflammation of the eyes, abscess of the breast in the infant (which the midwife, Sarah Elizabeth Brown, treated by squeezing it on each visit), offensive lochia and high temperature, rigor and abdominal pain, premature and dangerous feebleness in the infant, bronchitis, ante-partum hæmorrhage, etc.

Other offences were failure to notify the Local Supervising Authority of intention to practice, or that the friends had not been advised to send for medical assistance, being in the habit of laying out dead bodies without the permission of the Local Supervising Authority, attending cases as a midwife while in attendance as a nurse on a case of uterine cancer, being under the influence of alcohol when delivering a patient.

The most interesting cases were of two midwives cited from Manchester, who, as members of the National Association of Midwives, were defended

by it, Mrs. Lawson, the President of the Association being present throughout the proceedings. Both midwives appeared before the Board, their defence being conducted by Mr. Randolph, instructed by Messrs. Pritchard Englehead and Co.

The first case was that of Mrs. Mary Brown (Manchester Maternity Hospital certificate), against whom the charge was made that "on June 1st, 1910, with intent to evade supervision by the Local Supervising Authority, you deliberately, and without reasonable excuse, failed to admit the Inspector of Midwives to your house, though you had seen her approaching and were well aware that she was desirous of interviewing you."

The charge was supported by a statutory declaration by Dr. Merry Smith, late Inspector of Midwives for Manchester.

Mr. Randolph said that the whole declaration, with the exception of one clause, was irrelevant.

The defence was an alibi.

Mr. Randolph called his client, who stated that on June 1st she visited a friend, Mrs. Mitchell, and went with her to the cemetery to put flowers on her little son's grave. She left home at ten o'clock and went and stayed to tea with her friend before returning home, about six o'clock. The date was fixed in her mind, although she did not hear of the charge until November, because of her visit to the cemetery and because on that day the fees for somnambulic lessons for her daughter were due, and she paid the account.

In reply to the Chairman, Mr. Pertram, who read Dr. Merry Smith's declaration, said that the time of her visit was stated to be 11.30 a.m. Letters from Mrs. Mitchell and others having been read confirming Mrs. Brown's statement, the Board deliberated, and the Chairman subsequently informed Mrs. Brown that in the opinion of the Board the evidence did not bear out the accusation. There must have been some mistake, and her certificate would be returned to her.

The second case was that of Mrs. Killoran, who also appeared, in connection with a charge of negligence when in attendance as a midwife at the confinement of an Italian woman at Ancoats, who subsequently died.

Mr. Randolph said that his client was trained at St. Mary's Hospital, Manchester, where she was afterwards a staff midwife, selected by examination, and had to attend lectures to keep herself up-to-date.

The answer to the charge that the midwife did not advise medical assistance being summoned when the patient had a rigor was that no such rigor occurred. The history put in rested on the evidence of an Italian woman friend of the deceased, through an interpreter, to the medical man.

The case had been one of twins, and after the birth of the first child the midwife summoned the nearest medical man, Dr. Williams, and the second child, which lived about a quarter of an hour, was

just breathing when he arrived. He saw the placenta, but did not examine it minutely.

When the patient's temperature rose to 100 degs. she advised medical assistance being summoned, and sent for Dr. Young at the request of the relatives. The doctor curetted and removed a small amount of placenta. Mrs. Killoran explained to the Board her method of examining the placenta, which was apparently intact. The patient died of pneumonia.

The Board having deliberated, the Chairman informed Mrs. Killoran that the Board considered the charges were not proved, and he concurred. The Board authorised him to say that they regretted she had been troubled to appear before them.

The other midwife exonerated was Mrs. Leonard, and the Board, having heard the charges alleged against her, stated that in their opinion there was no case against her, and they were sorry it had been brought up without a more thorough investigation locally.

A noticeable feature in the proceedings was the age of some of the midwives concerned, one being 70 and another 73. There is no work harder or more exacting than that of a midwife, and midwifery is certainly not a suitable occupation for a woman over 65 years of age, to put an outside limit. We heard of one midwife who goes round to her cases in a bath-chair, her comment being "It's sometimes a bit awkward for me."

#### EXAMINATION PAPER.

The following is the examination paper set by the Central Midwives Board at the examination held at the Examination Hall, Victoria Embankment, W.C., December 16th, 1910:—

1. Describe the full time fetal head and give its measurements.

2. A woman is woke in the middle of the night in the eighth month of her pregnancy by considerable bleeding from the vagina. What would you suspect, how would you endeavour to ascertain the cause, and how would you treat the case?

3. Describe the treatment that you would adopt in the conduct of an uncomplicated breech presentation.

4. A woman on the third day of her lying-in has a temperature of 101 degs., a pulse of 112, and an offensive discharge. What may be the causes of this condition, and how may they be avoided?

5. What is meconium, and what would you think if you found it on the examining finger?

6. On what occasions, according to the Rules of the Central Midwives Board, must a midwife make use of an antiseptic solution?

#### THE NEXT EXAMINATION.

The next examination of the Central Midwives' Board will be held in London and the Provinces on February 14th. In London, at the Examination Hall, Victoria Embankment, W.C. In Birmingham, Bristol, Leeds, at the University; in Manchester, at the Victoria University; in Newcastle-on-Tyne, at the University of Durham College of Medicine. The oral examination follows a few days later in each case.

#### THE ANNUAL REPORT.

The Report of the Central Midwives' Board states that a large percentage of the trained women obtained their certificate without any intention of ever practising, many others have ceased to do so, and a considerable number practise in the colonies or in foreign countries. There can be no doubt that at the present time the untrained practising midwives are largely in excess of the trained.

Two thousand six hundred and eighty-three candidates entered for the examinations, and of these 2,219 passed, the percentage of failures being 17.3 as against 19.2 for the previous year. 1,272, or 57.3 per cent., of the successful candidates declared their intention of practising as midwives, and of this number 758, or 60 per cent., intended to practise in rural districts. This latter class constituted a percentage of 34.2 of the total number of successful candidates.

Leeds has been made an examination centre, and the written part of the examination is held at Plymouth and Cardiff as well as at the regular centres. This has been found a great convenience to candidates from Cornwall, Devon, and South Wales.

The number of cases of ophthalmia neonatorum coming to the notice of the Board in the course of its penal administration has made it apparent that strong efforts should be made to combat the ignorance and carelessness which so frequently lead to the total destruction of the infant's eyesight.

The rules have accordingly been strengthened by substituting "must" for "should" in the rule dealing with the cleansing of the child's eyelids, and by placing on the midwife the obligation of advising medical help in case of a purulent discharge in a woman who is pregnant or in labour.

#### A NEW DAY NURSERY FOR PAISLEY.

At a recent meeting of the Committee of the Paisley Day Nursery the Dowager Lady Smiley expressed her desire to have the privilege of building and equipping a new Day Nursery free of charge, in memory of her late husband, Sir Hugh H. Smiley, who was the originator of the Nursery and took a great interest in the welfare of the children. She hoped the Committee would at the same time see their way to raising an endowment fund.

#### MIDWIFERY IN THE DOMINION OF NEW ZEALAND.

The Inspector-General of Hospitals and Charitable Institutions reports that the names of 1,028 midwives are on the register, viz., trained 283, and untrained 745. Last year 74 trained midwives were registered. There are nine training schools for midwives in the Dominion, and there were 883 patients treated in the St. Helen's hospitals last year. There were 1 death, 829 babies were born alive, 13 babies were stillborn, 4 babies died. There were 353 mothers treated by St. Helen's Nurses as out-patients. Each baby born in the St. Helen's hospitals costs the country about £2.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,187.

SATURDAY, DECEMBER 31, 1910.

XLV.

## Nursing in 1910.

The year just closing is one across which the shadow of death lies heavily, and we have had to record with sorrow the passing of great leaders in our profession, both at home and abroad; it is also one in which events of great importance to the nursing profession have taken place.

### THE NATIONAL COUNCIL OF TRAINED NURSES.

The National Council of Trained Nurses of Great Britain and Ireland is slowly and surely becoming consolidated, and now includes 16 self-governing societies of nurses, with a combined membership of nearly 6,000. During the year two new Leagues have been affiliated with it, viz., the Cleveland Street Branch and the Hendon Branch of the Central London Sick Asylum Nurses' League. One of the most important pieces of work undertaken by the Council has been the formation of an International Nursing Library, through which it is hoped to provide a record of the evolution of trained nursing in the various countries for future generations of nurses.

At its annual meeting in November the Council gave its hearty approval to the Reunion and Nursing Masque to be held in London in February next in support of the Nurses' Registration Bill, and the delegates of the constituent Societies present agreed, on their behalf, to do all in their power to make the scheme a success, and the Reunion will be held under its authority.

In the National Council the nurses of the United Kingdom possess a Society in which they can take counsel together, which, through its Standing Committees, concentrate and can pass on expert information concerning the various branches of nursing, and through which they can enter into professional relations with the organised nurses of other countries by affiliation with the International Council of Nurses.

### THE INTERNATIONAL COUNCIL OF NURSES.

The work of the International Council of Nurses is steadily increasing, and already there is a likelihood of several new Na-

tional Councils—Sweden, New Zealand, Japan, Cuba, and India—applying for admission to membership at Cologne in 1912, thus the *Nursing Journal of India* states: "One of the first duties of our Trained Nurses' Association will be to seek admission to the International Council of Nurses."

### THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

The Matrons' Council has sustained an irreparable loss in the death of its President and Founder, the late Miss Isla Stewart, who consistently used her great influence and talents in support of freedom of co-operation among Matrons and nurses.

The new President, Miss M. Heather-Bigg, Matron of Charing Cross Hospital, whose election was unanimous, was one of the earliest members of the Council, and it could not have made a happier selection.

At the instance of Miss Mollett, Hon. Secretary, a new departure was made by holding the summer meeting of the Council in the provinces. At the invitation of Miss Musson, the Council met in July at the General Hospital, Birmingham, where the members had the pleasure of meeting many of their colleagues in the Midland Counties. The following papers of practical interest have been presented to the Council during the year:—"Hospital Kitchens," Miss E. M. Musson; "Hospital Laundries," Miss Helen Todd; and "The Supply of Probationers," by Miss Mollett.

It has been decided that the Council shall hold meetings in the provinces during each summer.

### PROFESSIONAL ASSOCIATIONS OF NURSES.

In other directions there is evidence of the desire for co-operation. The Poor Law Infirmary Matrons have their own Association and hold regular meetings, and the Fever Nurses' Association, combining Matrons, nurses, and medical practitioners, is organising the nurses trained in infectious hospitals. The Superintendents working in connection with Queen Victoria's Jubilee Institute have also professional Associations in which they take counsel together.

#### NURSING IN THE GOVERNMENT SERVICES.

Nothing could demonstrate more clearly the value of the work of trained nurses to the Empire than the fact that they are employed in connection with a number of Government Departments and are, indeed, indispensable to their efficiency. Nurses now work in connection with the Admiralty, the War Office, the India Office, the Home Office, the Foreign Office, the Colonial Office, and the Local Government Board Office, all of which have definitely established nursing departments of their own, or engage the services of nurses; in the case of the Colonial Office, through a voluntary agency, the Colonial Nursing Association.

#### THE WAR OFFICE.

The War Office is still the only Government Office the nursing department of which has a Matron-in-Chief as its executive officer, and the extraordinary increase in the efficiency and popularity of the Service since this step was taken amply demonstrates the wisdom and necessity for the supervision of the members of a skilled profession, such as nursing, by an experienced member of that profession.

The Nursing Board at the War Office is further distinguished as the only body in this country which has instituted a course of instruction and practical examination for Sisters before they are eligible for promotion as Matrons in the Service. How necessary such a test is events during the past year in connection with a civil hospital, to which we shall refer in due course, have shown.

Miss Hamilton, Matron of St. Thomas's Hospital, has been appointed a member of the Nursing Board.

#### THE ARMY NURSING SERVICE RESERVE.

The members of Queen Alexandra's Imperial Military Nursing Service Reserve are organised to supplement the regular Service in the event of war, either at home or abroad. They work like that Service under the direction of the Matron-in-Chief.

#### THE TERRITORIAL FORCE NURSING SERVICE.

The War Office has also demonstrated its wisdom by the establishment on a voluntary basis of the Territorial Force Nursing Service, which owes much of its success to the energy of Miss E. S. Hablanc, LL.D. The response of the nurses to the invitation to volunteer for this Service has resulted in the enrolment of a most efficient and patriotic nursing staff for the 23 general hospitals provided for in the event of invasion, who could be mobilised immediately if necessity arose.

Early in the year the nurses of the Territorial Service in the City and County of London were

gratified by a summons to Buckingham Palace to receive their badges from Queen Alexandra.

A new office has been created at the War Office, that of Matron-in-Chief of the Territorial Force Nursing Service, to which Miss Sidney Browne, R.R.C., has been appointed.

#### THE LOCAL GOVERNMENT BOARD.

No less than 7,000 nurses work under the Local Government Board in England and Wales at the present time, and in London alone there are more beds in the Poor Law infirmaries than in all the general hospitals south of the Tweed. The Local Government Board has not yet emulated the War Office by creating a definite nursing department, with a Matron-in-Chief at its head, but a most important step forward was taken by the President, the Right Hon. John Burns, M.P., early in the present year in appointing Miss Ina Stansfeld, Assistant General Inspector in the Metropolitan District, as Chief Woman Inspector and creating three new posts for inspectors to which a fourth was subsequently added, to which he appointed experienced nurses, viz., Mrs. Lancelot Andrews, Gold Medallist of St. Bartholomew's Hospital, who had also had experience as Lady Inspector of boarded-out children, Miss Helen Todd, also trained at St. Bartholomew's Hospital, Matron of the Wandsworth Infirmary, Miss Margaret Lea, trained at the London Hospital, and an Inspector under Queen Victoria's Jubilee Institute, and later Miss E. M. Jones, Lady Superintendent of the Royal Infirmary, Liverpool, as Inspector for Wales. All of these ladies are of high standing in the nursing world.

The duties of the new officers include the inspection of the maternity wards, nurseries, infirmaries, and nursing arrangements in Poor Law Institutions, and the wisdom of Mr. John Burns, in appointing trained nurses to these positions, is already amply justified. A further instance of Mr. Burns' care for the efficiency of his department is to be found in the opening of the Park Hospital, Hither Green (in addition to the Children's Infirmary, Carshalton) as a hospital to which the sick and infirm children of the Metropolitan infirmaries can be drafted. It is one of the most humane and hygienic actions to the credit of any Cabinet Minister, involving the removal of the children from the mixed wards of Metropolitan infirmaries to pure country air, in surroundings in which their special needs can be carefully considered.

#### A STANDARD FOR POOR LAW NURSES.

Evidence that the need is felt for greater uniformity and system in the training and certification of nurses is to be found in the

scheme proposed and circulated by the Fulham Guardians, on the initiative of the Infirmary Medical Superintendents' Society, in regard to the training and examination of probationers in Metropolitan Infirmaries—the Infirmary Matrons' Association, by whom the scheme was discussed considered that it should apply to the whole country. It is proposed that before receiving their certificates probationers should be required to pass an examination conducted by a Board consisting of three Medical Superintendents, three infirmary Matrons, and four persons nominated by the Local Government Board, two of whom may be women.

#### THE TRAINING OF FEVER NURSES.

The Metropolitan Asylums Board in the early part of the year, after taking expert advice from the Medical Superintendents and Matrons of the Board's Hospitals, and after conference with the Matrons of ten of the large general hospitals of London, decided to amend the wages scale in respect of the nursing staff in the hospitals' service, and with the object of improving the standing and character of the Board's nursing staff to create the grade of Sister in place of that of Charge Nurse, with increased duties, responsibilities, privileges, and pay. To create the grades of Staff Nurse and probationer, and to abolish the positions of permanent Superintendent of Night Nurses (employing Sisters in this capacity for not more than twelve months consecutively); Assistant Nurse (Class I.), and, in the acute fever hospitals, that of Assistant Nurse (Class II.). The Board also adopted for use in the Managers' Hospitals the schedule of ward instruction and the syllabus of lectures drawn up by the Fever Nurses' Association, and decided to give a certificate of proficiency in fever nursing to probationers who had spent two years in the Managers' Fever Service, provided their work and general conduct had been satisfactory, and they had passed the necessary examination.

#### COLONIAL NURSING.

The Colonial Nursing Association continues to do good service in providing trained nurses for British Colonies, and Dependencies, and other British Communities abroad, both for private and hospital work, and the reports received by the Home Committee of the work of many of these nurses show how great a boon is conferred on Colonies where British residents, but for the good offices of the Association, would be without the assistance of trained nurses in sickness.

#### MENTAL NURSING.

New regulations have been drawn up by the

Medico-Psychological Association in connection with the examination for its Nursing Certificate, including a preliminary examination, the first to be held in May, 1911. The new regulations, which involve two examinations, will not apply to candidates who commenced their training before November, 1910.

#### PRIVATE NURSING.

The private nursing world still continues in a condition of chaos, including on the one hand some of the most highly trained, skilful, and trustworthy nurses in the profession, on the other all sorts and conditions of women, whose professional knowledge and personal character will not bear investigation, and who are only able to pursue their profitable exploitation of the public because so far no standard of professional education is demanded of nurses by the State, and no Governing Body has been constituted to exercise disciplinary control in the ranks of trained nurses. The sick public are thus at the mercy of any specious woman who possesses sufficient assurance to be able to impose upon them.

#### DISTRICT NURSING.

The most important and influential association concerned with the nursing of the sick poor in their own homes in the United Kingdom is Queen Victoria's Jubilee Institute for Nurses. The nurses accepted as Queen's nurses must now have a three years' certificate of training, besides special district training, before enrolment, and a midwifery certificate is also desirable. But, in addition to this body of highly skilled workers, the Institute throws the mantle of its protection in England and Wales over a large number of women (as a rule midwives, with a short term of training in general nursing), who rank as Village Nurses, an arrangement which, to many, has always been a subject of regret.

As the work of the Institute grows, fresh openings for the work of the nurses constantly occur; thus in combatting tuberculosis the services of Queen's Nurses have been largely requisitioned, while a number are Inspectors in connection with the Midwives' Act.

In Scotland, the work of Queen's Nurses is being sought by the Medical Officers of Health in connection with the inspection of school children.

In Ireland the reports of the Inspectors continue to show the special value of the nurses' work in improving the general conditions of health among the people.

#### SCHOOL NURSING.

The development of the Medical Inspection of School Children has caused a simultaneous development in the number of School Nurses

employed both by the London County Council and the Educational Authorities connected with other County Councils. It is difficult to over-estimate the importance of the work of these nurses in the relief of suffering, in inculcating lessons in hygiene, in securing relative cleanliness, in impressing upon parents their responsibility for the health and cleanliness of their children, as well as in relieving suffering in a number of small ailments, and in recognising and reporting at an early stage symptoms of infectious disease.

The School Nurse in a special degree needs tact in relation to the parents with whom she has to deal, and a personality which commands confidence and respect. She should thus be selected from nurses of the highest type, and should command a higher salary than that which she is usually paid.

#### THE NURSES' MISSIONARY LEAGUE.

The Nurses' Missionary League is doing good service in keeping before the nursing world the high motives and aspirations which must always accompany technical skill in the production of the ideal nurse, and by uniting in the League those who desire to translate aspirations into practice. Further, it aims at securing the co-operation of all nurses, of whatever school of thought, who hope to offer themselves for service in the foreign mission field, and, in the autumn, organises a dismissal meeting for those of its members who are proceeding to the foreign field. Thus a bond of union is established between those who have common interests, but whose work lies in far distant directions. It is sometimes brought as a reproach against nurses that there are more medical practitioners at work in the mission field than trained nurses, but it must be remembered that it is only comparatively of recent years that the Missionary Societies have shown any appreciation of the work of trained nurses, or made it possible for them to offer for service abroad.

#### SCOTLAND.

In Scotland we record with pleasure the formation of the Scottish Matrons' Association, with Miss A. W. Gill, R.R.C., Lady Superintendent of the Royal Infirmary, Edinburgh, as President, and Miss Graham as Hon. Secretary.

The Association for the Promotion of the Registration of Nurses in Scotland, and the Scottish Nurses' Association, conjoint societies of medical men and nurses, are both working for educational improvement and State Registration. Until the last two years there was no co-operation amongst nurses in Scotland of any kind, and the formation of three societies in so

short a time is proof that the need for organisation is being felt in Scotland, and will encourage the nurses to take an interest in the questions affecting their profession as a whole.

#### IRELAND.

In Ireland the Irish Matrons' Association and Irish Nurses' Association are consolidating their forces and enlarging their borders, the membership of the latter Association during the past year having considerably increased.

Miss Houghton, Matron of Guy's Hospital, and formerly Matron of Sir Patrick Dun's Hospital, Dublin, has been appointed an Hon. Member of the Irish Matrons' Association.

#### OUR DOMINIONS BEYOND THE SEAS.

*In India.*—In India good progress is being made in organisation, and the Superintendents, and the Nurses, have both their well-organised Associations—the Association of Nursing Superintendents of India, and the Trained Nurses' Association of India—working with dutiful enthusiasm for the organisation and uplifting of their profession in the great Indian Empire, and the Annual Conferences at which subjects of professional interest, and problems especially affecting nursing in India, are discussed, are of great benefit.

A most important step forward has been taken by the foundation of a professional journal, *The Nursing Journal of India*, the first number of which appeared in February last, ably edited by Mrs. W. H. Klosz.

An Association, which is doing excellent work in India, amongst the European population, is Lady Minto's Indian Nursing Association. The Association maintains centres in India, and Burma, and the services rendered by the Nursing Sisters to the community are of the utmost value.

*In Canada.*—In Canada the nurses of Ontario are actively working to obtain a Registration Act in the near future, led by the Provincial Graduate Nurses' Association. They are maintaining their solidarity through *The Canadian Nurse*, which is the official organ of every Association of nurses throughout the Dominion.

*In Australasia.*—In New South Wales and in Victoria the professional Associations of nurses, which have effected a high degree of organisation, both of education and registration, on a voluntary basis, are working for legal registration.

*In New Zealand.*—The reports of the Inspector-General of Hospitals and Charitable Institutions in the Dominion, and of Miss Maclean, Assistant Inspector, prove that the Registration Acts for both nurses and midwives are having an excellent effect. Examinations are

held periodically, prior to the granting of certificates under the Nurses Registration Act, and a scheme of reciprocal training has been defined which must benefit both the hospitals and the pupils in training.

The nurses of New Zealand have now their own professional Association and journal, *Kai-Tahi*, and recently when an eight-hour day was imposed by the Hospitals and Charitable Institutions Act on nurses, the nurses of the Dominion through their Association protested successfully against the inclusion of the registered nurses in such limitation of their hours of work, an instance of the value of a professional association through which they can take conjoint action.

#### ABROAD.

*In the United States of America.*—In the United States there is splendid solidity in the Nursing Profession, through the National Association of Superintendents and Nurses. The nurses of Massachusetts after a hard and courageous struggle at length won their legal status, making the twenty-fifth State in which registration is in force.

Owing to the generous endowment of the Hospital Economics Course at Teachers' College, New York, by Mrs. Helen Hartley Jenkins, a reorganisation of the Department became necessary. Its title is now the Department of Nursing and Health, and it includes four distinct divisions of work, viz.:—(1) Preparation for teaching and supervision in training schools for nurses. (2) For general administration in training schools and hospitals. (3) For public service as teacher nurses, visiting nurses, and school and home-visiting. (4) A preparatory department leading to admission to nurse training schools.

*In Germany.*—In Germany, under the able guidance of Sister Agnes Karll, the German Nurses' Association is working for high professional ideals and just economic conditions. The great work upon which Sister Karll has been engaged this year is the translation into German of "A History of Nursing," by Miss Nutting and Miss Dock, a task of great magnitude and far-reaching importance.

*In France.*—In Paris Mme. Jacques has retired from the Matronship of the Training School of the Salpêtrière Hospital to take up once more the work of midwifery. Her term of office has been marked by the organisation on educational lines of the training of the nurses in the new school, for which she has done much.

In July last the first number of *La Soignante*, the monthly journal of the Association of the

certificated pupils of this Nursing School, published. It is an excellent paper, and tititully produced.

In Bordeaux the in-strokeable way of training probationers under the Florence Nightingale system of nursing inaugurated there by Dr. Anna Hamilton is becoming increasingly far-reaching in its results, and the pupils of the different schools now in positions of responsibility are, in their turn, passing on the lessons they have learnt and introducing the best practical and theoretical methods of nursing in many localities, to the great benefit of the sick.

The high repute of the Bordeaux standards is being widely recognised, and the devoted work of Dr. Hamilton and Miss Elston estimated at its true value.

*In Italy.*—This year has seen the fulfilment of many hopes by the opening by the Queen, who has given the movement her strong personal support, of the "Scuola Convitto, Regina Elena," at the Policlinico Hospital, Rome. At the beginning of April the school, with Miss Dorothy Snell as Matron, and trained Sisters, for the most part English, working under her, took over the nursing of a surgical pavilion of about 80 beds. Like the Bordeaux schools, the aim of the school is to train probationers on "Florence Nightingale lines." Since that time the nursing of a medical pavilion has been entrusted to it, which not only increases the facilities for training, but proves that the work of the nurses has commended itself to the authorities and the medical staff. The foundation of this Roman school must be a great happiness to Miss Turton, who for so many years ploughed a lonely furrow in circumstances of great difficulty.

*In Holland.*—In Holland the Dutch Nurses' Association is working steadily to arouse public opinion in favour of State Registration of Trained Nurses, and is still hoping for a favourable reply to the petitions addressed by it to the Government in 1907. Meanwhile, the Association has been doing useful work in instituting a course of training, of eight months' duration, for certificated nurses in maternity nursing, with an examination at the end of this time. The training is gratuitous, the pupils maintaining themselves.

*In Belgium.*—In Belgium we have to record the foundation of *L'Infirmière*, the organ of the lay nursing schools in Belgium, which includes on its Editorial Committee Mme. Cavell, of Brussels.

*In Denmark.*—In Denmark the provisions of the Bill for the State Registration of Nurses have met with the approval of the Commission.

appointed to consider them. Among the principles incorporated are the restriction of the term, "registered sick nurse," and the limitation of State recognition to those who have obtained the State certificate, also that only women holding the State certificate may be appointed to responsible positions in institutions which are training schools for nurses.

*In Finland.*—In Finland Regulations for Nurses, including a State examination, and the publication of a State Register, have been approved by the Medical Board, and have been before the Senate. So far the assent of the Czar of Russia, which is necessary before these regulations can become law, has not been notified.

*In Sweden.*—In Sweden the Swedish Nurses Association, with headquarters at Stockholm, has been formed, with Sister Emmy Lindhagen as President, and a Governing Body consisting of nine nurses.

*In Spain.*—The hospital and training school for nurses, established in Madrid in 1896, and called after its founder, Dr. Rubio, the Rubio Institute, has now been placed in charge of Sister Marie Zonak, a member of the German Nurses' Association. It is the first secular school for nurses in Spain, and up to the time Sister Marie took up office the nurses had been required to shave their heads and wear purple caps with yellow strings, and also to wear only sandals on their stockingless feet. Forty or more hours' continuous duty every fourth or fifth day was also the rule. Now all this has been altered, and regular day and night duty established.

*In China.*—The trained nurses in China have formed an Association which is known as the "Nurses' Association of China." The editors of the *China Medical Journal* have offered space for a nurses' department, and plans are being made for similar departments in some of the Chinese papers.

*In Japan.*—In Japan nursing is highly organised through the Red Cross Society, the hospitals of which, in time of peace are used for civil purposes. Each Red Cross nurse is required to undergo three years' training, after which she is free to undertake other work, but is bound to the Society for fifteen years should her services be required.

#### THE EDUCATIONAL MOVEMENT.

The most important event connected with the Educational Movement has been the formation of the Central Committee for State Registration of Nurses composed of delegates from the British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society

for the State Registration of Trained Nurses, the Fever Nurses' Association, the Association for Promoting the Registration of Nurses in Scotland, the Scottish Nurses' Association, and the Irish Nurses' Association. This Committee held its first meeting on January 25th, under the presidency of Lord Amphil, and, as a result of the Conference, all united to support one Bill in the place of the three previously before Parliament, thus concentrating all the forces in favour of State Registration on its promotion.

One of the strongest proofs of the need for the organisation of nursing education, and for the establishment and maintenance of professional standards by an expert authority, analogous to the General Medical Council, was afforded in connection with the recent vacancy in the Matronship of St. Bartholomew's Hospital.

When applications for the vacant Matronship were invited by advertisement the only conditions imposed were that "candidates must be certificated nurses, and of an age not exceeding 40 years." Thus every young staff nurse holding a certificate of an indefinite length could apply for the post, while distinguished pupils of the school from amongst whom the Governors of the hospital would have secured a Matron who had already given evidence of her ability in this capacity, were excluded by the age limit.

The Governors neither required that candidates for appointment as the head of this great educational establishment should be gentlemen, that they should have fulfilled the term of training required of every nurse graduated from their own school for the past 30 years, or that they should have given proof of administrative ability by holding successfully the position of Matron of a hospital, or Superintendent of a Nurse Training School.

Incredible as it seems, the Treasurer and Governors appointed to this honourable position a lady holding the inferior qualification of a two years' certificate of training, who had never held the position of Matron. When a standard of education for nurses and matrons is legally defined such a gross depreciation of professional standards by unprofessional persons will be rendered impossible.

A second instance is that to which we have referred in recent issues, of the deplorable effect of the new General Powers Act of the London County Council in regard to Nurses' Employment Agencies. The Act, as legally interpreted, classes co-operations of highly qualified private nurses with agencies for variety stage purposes, and lay-managed domestic agencies, which supply uncertificated

persons as trained nurses to the public, thus undermining the work of such professional co-operations for the protection of the public from semi-trained persons posing as "trained." The economic stability of professional co-operations is also attacked, as the employers of private nursing labour for profit are not required to take out a licence and submit to inspection, and are therefore free to sweat both the nurses they "employ" and misguide the public they exploit.

While the insecurity of their professional position as unprotected women workers is thus painfully brought home to trained nurses, the Registration movement is gaining force all over the world, and, it on the honourable grounds of protection to the sick, and of according to a skilled profession that recognition which is its due, a Nurses' Registration Act is not enacted, its necessity will be forced upon the attention of the Legislature, as it cannot be long before the authorities in those countries where Registration Laws are in operation will refuse to recognise the credentials of nurses trained in the United Kingdom, the value of whose certificates is an unknown quantity. As many nurses take up work abroad on the completion of their training such a position would be most prejudicial to their professional and national reputation.

#### THE PROFESSIONAL PRESS.

In striking contrast to the time when this Journal was the only one edited by a trained nurse, the monthly mails from abroad now bring us a number of Journals from all parts of the world which discuss nursing matters from a professional standard, and at home there is a constantly increasing number of Nurses' League Journals. The production of these Journals reflects great credit on all concerned, and indeed it is somewhat extraordinary that a profession so young as that of nursing should already have produced so many capable editors. One characteristic which all such papers have in common is that they are ethically sound. Indeed, it is easy to see at once when a journal is under the influence of a professional mind, and the touch of a professional hand, by the quality of its ethics.

#### IN MEMORIAM.

We cannot close our short review of the Nursing World without reference to the grievous losses which our profession has sustained by death in the past year. The names of Florence Nightingale, Isla Stewart, and Isabel Hampton Robb are names which will for ever be cherished by nurses of succeeding generations. It is notable that the memorials raised to the memory of both Miss Stewart and

Mrs. Robb by Association of Nurses, are of an educational nature. The Executive of St. Bartholomew's Hospital Nurses' Association is a scholar at Teachers' College, Columbia University, New York, where she is taking the Nursing and Health Course, which is for its purpose the preparation of trained nurses (who have the necessary qualifications) for teachers in training schools for nurses, and the National Council of Nurses is raising a Fund to provide annually for an "Isla Stewart Orator."

The Nurses of the United States have assumed the obligation of raising a fund of 50,000 dollars for a memorial to Mrs. Robb to establish a fund for post-graduate work, to be available for the use of students either in the course of Nursing and Health at Teachers' College, or in any other properly equipped school.

The memorial to Miss Florence Nightingale is to include a statue, to be erected in London, of our great Lawgiver.

#### GOOD WISHES.

As the current issue of the Journal appears on the last day of the present year it is the bearer of our good wishes to all its friends near and far, for the year upon which we are about to enter. We hope it may have in its keeping much happiness, and the fulfilment of many cherished desires for all our readers.

## Disinfectants, their Relative Values and Uses.

(Concluded from page 508.)

### SULPHUR DISINFECTANT.

Objections have been raised against the use of sulphur, principal among which are the bleaching action of the fumes upon vegetable colouring matters; its destructive effect upon certain fabrics; its tarnishing action upon all metals; the lack of penetration of the fumes, and the danger of fire from its use. As a disinfectant and antiseptic, its use dates back to a remote period in the world's history, and, by reason of its cheapness and the ease with which it may be used, it is still popular, more especially in the smaller centres of population. To secure the best results from its use, and to minimise the danger from fire, the following method is suggested:—

Place the sulphur, in the proportion of at least three pounds for each one thousand cubic feet of air space, in a strong iron kettle, and this in an iron pail, tub, dish, or pan, somewhat larger than the kettle, and pour sufficient water in the outer vessel to reach, say half way up the sides of the kettle. The use of a small quantity of alcohol poured over the sulphur,

Reprinted from *Public Health*, U.S.A.

or a few live coals of fire placed in the same, will facilitate the ignition of the sulphur. A portion of the water in the outer vessel will be vaporised by the heat from the burning sulphur and accelerate the germicidal action of the fumes, and the spread of fire from the kettle to articles in the room rendered practically impossible. Owing to the fact that the germicidal action of sulphur fumes is slow, and that this action is impeded more or less by leakage through porous surfaces, cracks, and other openings, in large rooms it is best to distribute the sulphur in two or more kettles, so as to fill every part of the room with the fumes in equal volume and in the least possible time. Fabrics that would be bleached or damaged by the sulphur fumes should be removed from the room previous to the fumigation, after being liberally sprinkled with a 40 per cent. solution of formaldehyde and rolled into a tight bundle. A coating of vaseline upon metallic surfaces that could not be washed with a disinfectant and previously removed from the room, will prevent discoloration. The room should remain closed from six to eight hours, then opened and ventilated freely. Remove contents in the outer air.

#### PREPARATION OF A ROOM TO BE DISINFECTED.

One or more of the windows should be left unlocked, so as to open from the outside, to air the room after fumigation is over. All registers, fireplaces, cracks, or openings of any kind, which would permit the fumes to escape from the room to be disinfected, should be closed up and tightly sealed. Paper pasted over cracks, door, and window-sills, would answer to prevent the escape of fumes.

#### PREPARATION OF THE CONTENTS OF A ROOM.

In the disinfection of a room, it is necessary not only that the disinfectant should come in contact with the walls, the ceiling, and the furniture, but it should be made to penetrate every crack, the upholstery, the mattress, bedding, books, the contents of bureau drawers, and trunks, etc. For, unless these be thoroughly disinfected also, and the germs killed, the disease may spread, causing further sickness and death. All articles which cannot be boiled or immersed in a disinfecting solution, should be spread out and well exposed to the action of the disinfecting fumes. Stuffed bed covers that cannot be boiled, mattresses, silks, heavy woollen clothing, furs, should be spread out, and contents of bureau drawers and trunks should be taken out and unfolded, so as to expose as much surface as possible to the action of the disinfectant. The pockets of garments should be turned inside out, books should be rested on their open front edges; carpets should

be fanned on the floor, but may afterwards be removed to be sunned and aired. Draperies should be left hanging until disinfection is complete.

#### DISINFECTION OF CLOTHING, BED LINEN,

##### DISCHARGES, HANDS, HAIR, ETC.

#### *Disinfection by Bichloride of Mercury.*

Bichloride of Mercury, being a poison, should be used with great caution. The necessary strength to be used is 1-500 and 1-1000, this being, approximately, two drams to one gallon of water, and one dram to one gallon, respectively.

Soiled clothing, bed linen, flannels, blankets, cotton handkerchiefs, napkins, etc., should be immersed in a 1-1000 or 1-500 solution by placing in a wooden pail or tub, and covering with the solution. Allow articles to remain immersed for from one to two hours, then remove and boil and wash in the ordinary way.

Cups, glasses, spoons, knives and forks, and in fact all dishes used about an infected person, should be subjected to this fluid before being washed.

After exposure to any contagious disease, the person exposed should take an antiseptic bath, sponging the entire surface of the body with a 1-1000 solution of bichloride of mercury, including hair, and beard, if any.

After disinfection of a room and contents, it is well to go over the woodwork with a 1-500 solution of bichloride of mercury, washing out all cracks, openings, and crevices.

The use of mercury (being one of our strongest mineral poisons) as a disinfectant should be with the utmost caution, and directed by the attending physician or health officer.

#### *Disinfection by Carbolic Acid.*

Carbolic acid is useful as a disinfectant only in a limited degree, and for specific purposes.

For use in the sick room, as a wash for disinfecting hands, or surface of body, a from 3 to 5 per cent. solution (4 ounces or 6½ ounces of carbolic acid to one gallon of water) should be used. This solution should be used by nurses and others for washing the hands after handling the infected patient. Cuspidors, slop bowls, and other receptacles for receiving discharges, should contain a liberal supply of this solution. Discharges from the bowels should be covered with this solution, the vessel cover put on and allowed to remain for an hour before disposing of the same. Bedding, soiled linen, and other soiled articles of clothing that have come in contact with the patient, should be placed in a tub or pail containing this solution, and allowed to remain immersed for two or more hours before going into the wash.

## Requiescat in Pace.

The Sisters of St. Bartholomew's Hospital sent a lovely basket of poinsettias, and the nurses a fine wreath of holly and white heather tied with crimson ribbon, to Moffat last week to be laid on the grave of their late Matron, Miss Isla Stewart, on Christmas Eve. The offerings were as bright as possible; she was not one to encourage sadness. The lovely spot in which all that was mortal of this deeply-loved woman now rest has been during the year visited by several of those to whom she was so kind a friend in life.

## The Nursing Masque.

Now that the extra work in connection with "A Happy Christmas" for rich and poor is over we must do all in our power to make the Registration Reunion, to take place on February 18th, a great success, and those taking part in the Pageant cannot have their costumes ready a day too soon.

At least one rehearsal will be necessary, especially for the Immortals, and Mrs. Walter Spencer has most kindly placed her spacious rooms at 2, Portland Place, W., at the disposal of the Committee for this purpose. We hope, therefore, all our kind helpers will be *cap à pic* by the 1st of February.

Those who are unable to take part in the processions can further the cause we all have so much at heart by selling tickets, and even if duty keeps them away tickets can be given to influential friends, so as to arouse their sympathy in the Registration movement. The Large Hall at the Connaught Rooms, where the Pageant will be held, will be arranged with a platform, on which the Immortals will be grouped. A limited number of chairs will be provided for those buying tickets at 10s. 6d., 7s. 6d., and 5s., but as the Reunion will be held in the Large Hall after the Pageant has passed to and fro, sufficient space must be left for circulating around, for conversation, and general amusement.

Tickets are the most important items for the present, and can be procured from the Secretary, Nursing Pageant, 431, Oxford Street, W., by Matrons, on sale or return, and at the office of the *British Journal of Nursing* (first floor), 11, Adam Street, Strand, W.C., on and after January 2nd next.

We hear that the Queen Victoria's Jubilee Institute has taken over the management of the *Queen's Nurses' Magazine*, and that an Assistant Editor has been appointed to help Lady Hermione Blackwood.

## Cleansing Stations.

"Sakes alive! child, wherever have you been? What have they done to you?" so surprised was an anxious mother one day to see her little girl come in from school looking so rosy and bright.

"It was Nuss what done it," replied the little one; "she took me off to the Baths."

"Well," at last ejaculated the Mother, "if it's a bath what makes you look like that, I'll just out and buy one this very minute!"

This pathetic little tale, which did actually take place after one of my visits to a school in my district, shows too plainly how it is chiefly ignorance of the right way to do things, not so much neglect of them, which is to blame. Hereafter mothers living within the areas of the cleansing stations of London will not be able to put forth this plea, as, surely, but slowly, they are being taught how "Prevention is better than cure." What is a cleansing station? you ask! At present, they are only too few and far between. We are only at the beginning of this new scheme—but already each station is doing good work, and each surrounding neighbourhood is beginning to wake up to the fact that the children must be clean now, or woe betide the luckless mothers. The ideal station consists of three rooms—nurse's room, a waiting room, and the bath room. They hardly require any further introduction, except the bath room, perhaps, which contains a slipper bath, the water for which is heated by a geyser, and a good sized steamer or destructor, where the clothes are baked by means of high pressure steam power. The child, who is found to be verminous by the School Nurse, is given a sealed envelope containing a warning, and also instructions of how to cleanse the child forthwith. Within forty-eight hours he is seen again, and if clean then, all is well; if not, a second notice is sent to the mother, giving her the option of herself cleansing the child or of taking him to the station. If this notice is again ignored, the nurse takes the child to the station, and he is given a bath. He is undressed and wrapped in a brown blanket whilst the bath is prepared. The clothes are all put into the destructor and baked for twenty minutes; during this time the child's hair is combed and paraffin rubbed on. Then comes the bath, which is usually very much enjoyed after the first few minutes of horror are over, and the comfort of hot water and soap is realised. Then out the little glowing body is lifted and wrapped in a white blanket to await the cleansed clothes hot from the steriliser.

Thus, perhaps, the child has its first experience of a pure, clean, body and raiment, and it then the careworn, overburdened mother would continue the work thus begun for her, what a difference it would make to the health and strength of her little ones; but, alas! not only once, but twice and three times, has the process to be gone through before the fact filters through the bedrugged and ignorant minds of our present day mothers, that neglect of cleanliness is cruelty.

This is no instance of "Where ignorance is bliss, etc.," but where little by little the children of today are taught how they may be good mothers and fathers in the future, as, in loving cleanliness themselves, it may become second nature to the children of the next generation.

A. G. L.

## Progress of State Registration.

### STATE REGISTRATION IN NEW ZEALAND.

The Report on Hospitals and Charitable Aid in the Dominion of New Zealand, by Dr. T. H. A. Valentine, the Inspector-General of Hospitals and Charitable Institutions, presented to both Houses of the General Assembly, states that 882 trained nurses are on the Register. Last year 112 trained nurses were registered, 89 of whom were trained in the Dominion and 23 were registered on overseas certificates.

In a note addressed to Hospital Committees, the Inspector-General states that "an officer is only worth keeping so long as he *knows* that he has something to learn. The 'indispensable' officer does not exist; at any rate, no institution can afford to retain him."

Another statement worthy of note is: "It is a significant fact that some of the best managed 'Homes' (for the comfort and care of the aged) are controlled by women, and it is to be hoped that Boards will gradually replace the 'Master-Manager' and his wife by Matrons, who, as trained nurses, have had experience of men and women and the management of institutions.

In conclusion, the Inspector-General directs the attention of those interested in the training of nurses and midwives and the conduct of Maternity Hospitals to the appended report of the Assistant Inspector, Miss Maclean, and takes the opportunity to specially thank Miss Maclean for relieving him of much work in connection with the St. Helen's Hospitals and Nurses and Midwives Registration Acts.

### THE NURSES REGISTRATION ACT.

In her report on the administration of the Nurses Registration Act, Miss Maclean states

that the receipts of fees for examination and registration were £91, and the expenses in connection with examiners' and supervisors' fees £212. This is interesting to those who are promoting legislation, as pointing to the necessity for providing for fees which will cover expenses.

Miss Maclean also writes: "A very excellent innovation in the training of our future nurses will be made possible by the combination under one Hospital Board of the various institutions of a district. The chief hospital of the district will be the training school. All the pupils will be on the roll of that hospital, and will serve part of their term of training in a Consumptive Sanatorium or Fever Hospital, a Chronic Ward, a Cottage or Emergency Hospital.

"The varied experience of working in these different institutions (which should all be under the supervision of one Matron) will be of great benefit to the nurses, and there will not be so many girls who cannot be qualified for State registration, or who, if they can get sufficient teaching in a Cottage Hospital to come up for examination and be registered, are still of limited experience.

"It will be like one large hospital, the outside institutions being so many detached wards, to which a nurse is sent on duty for a certain period, no pupil being allowed to spend more than six months out of her three years away from the main hospital.

"The post-graduate training of our future Matrons will also be greatly aided by a term in charge of outside institutions. The work will not be so monotonous, and nurses will be enabled to keep up their knowledge of up-to-date surgery by returning, after a year as Sister-in-Charge of a Cottage Hospital, to charge of a hospital ward again. The staffing of the small hospitals and chronic and other institutions will no longer be a difficulty, as young women will be satisfied that they will get adequate training and experience.

"During the passage of the Hospitals and Charitable Institutions Act, a clause regulating the hours of nurses in training was incorporated in the Act. Fortunately," says Miss Maclean, "the eight hours limit was confined to the pupils of the hospitals of 100 beds. . . . The nurses of the Dominion protested strongly against the inclusion of the registered nurses in such limitation of their hours of work. They considered as professional women, whose work concerned the sick and suffering, they should be at liberty to work for longer hours when needed by the exigencies of their patients."

All good nurses the world over will heartily support this demand.

## Suggested Rules for Nursing Associations.

The following rules for inclusion in the rules of Nursing Associations have been formulated by the British Medical Association and approved at the Annual Representative Meeting, held in London in 1940.

1. The nurse shall in every case carry out the directions of the Registered Medical Practitioner in attendance.

2. The nurse, when requested in an emergency, may visit and render first aid to any person without awaiting instructions from a medical practitioner.

3. If, in the nurse's opinion, the attendance of a medical practitioner is necessary, she must insist that he be sent for, and if for any reason his services are not immediately available, she must, if the case be still one of urgency, remain with the patient and do her best until he arrive, or until the emergency is over.

Should the advice to call in a medical practitioner be not acted upon, the nurse must at once leave and report the case to her Secretary, and must not attend again except in case of fresh emergency.

4. Should any further attendance be requested by the patient after the emergency is over, the nurse must explain that the medical practitioner will decide whether or not this is necessary.

5. No attendance after a first visit shall be given by a nurse unless she has informed a medical practitioner and received his instructions with regard to the case, if any.

6. Apart from her duties as a certified midwife, a nurse must on no account prescribe or administer on her own responsibility such drugs for her patients as should only be prescribed by a medical practitioner.

7. No midwife in the employment of a Nursing Association should accept an engagement without first asking the patient to state, and herself registering, the name of the medical practitioner to be called in should any emergency arise.

8. A nurse shall in no case attempt to influence a patient in the choice of a medical practitioner or of an institution.

9. No person shall be employed by the ..... Association as a midwife, or received for training as a midwife, without having first signed an agreement not to practise as a midwife within a radius of ..... miles from ..... within a period of ..... after leaving the service of the Association, without the consent in writing of the Association.

NOTE.—It is desirable to obtain the co-operation of all the medical practitioners in the district, and to secure, if possible, their assistance on the Committees of the Nursing Associations. (Attention is drawn to the fact that the machinery of the local Divisions of the British Medical Association is available for this purpose.)

We could have wished that the British Medical Association had suggested to County Nurs-

ing Associations, which are composed mostly of lay committees, the obligation of registered medical practitioners to covering untrained and semi-trained nurses. When alluding to midwives, the difficulty does not arise, as they are certified by the Central Midwives' Board. Yet surely if midwives pose as "trained" nurses, and undertake "general nursing" if they are not qualified, they are transgressing every ethical law, and should not be covered by medical practitioners.

Every way the question is regarded, the Nurse both in status and reputation is the scapegoat and is made to suffer. *The most highly qualified and certificated nurse has no legal status—therefore she has neither professional nor personal rights.*

## Appointments.

### MATRON.

**Colony for Epileptics, Chalfont St. Peter.**—Miss Lucy A. Parry has been appointed Matron. She was trained at the Birmingham Infirmary, and has been Sister at the Infirmary, Kingston-on-Thames; Surgical Sister at the Birmingham Infirmary, Night Superintendent at Fulham Infirmary, Assistant Superintendent Nurse at the Ashton-under-Lyne Hospital, and Assistant Matron at the Monyhull Colony for Epileptics.

**Boston Hospital, Lincolnshire.**—Miss Hilda Stack has been appointed Matron. She was trained at University College Hospital, London, where she has held the positions of Ward Sister and Night Superintendent.

### ASSISTANT MATRON.

**West House, Royal Edinburgh Asylum, Edinburgh.**—Miss Annie E. Howard has been appointed Assistant Matron. She was trained at the Queen's Hospital, Birmingham, and been Sister at Kasr-el-Aini Hospital, Cairo; Ward and Theatre Sister at the General Infirmary, Truro, and Sister at the Infants' Hospital, London. She is also a certified midwife and a member of the Army Nursing Service Reserve.

Miss Agnes Fletcher has also been appointed Assistant Matron. She was trained at the Royal Infirmary, Perth, the James Murray Royal Asylum, and the British Lying-in Hospital, Endell Street, London. She is a certified midwife.

### SISTERS.

**St. Bartholomew's Hospital, E.C.**—Miss E. M. Hansard has been appointed Sister of the new Elizabetha Maternity Ward. She was trained at St. Bartholomew's and was trained in midwifery and maternity work at the New Hospital for Women, Easton Road, N.W. Miss Hansard is a certified midwife.

Miss N. B. Hodgson has been appointed Sister of Stanley Ward. She was trained at St. Bartholomew's, and has recently held the position of Out-patient Sister at the Royal Free Hospital, W.C.

## SUPERINTENDENT NURSE.

**West Ham Workhouse.**—Miss E. A. Gilbert has been appointed Superintendent Nurse. She was trained at the Holborn Infirmary, Highgate, London, N., and has been Staff Nurse at the County Hospital, Newport, Mon.; Ward Sister at the North Evington Infirmary, Leicester; Superintendent Nurse at the Wallingford Infirmary, Berks; Night Superintendent at the Bagthorpe Infirmary, Nottingham. She has also done private nursing and is a certified midwife.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

**Appointments.**—The following ladies have received appointments as Staff Nurse:—Miss E. M. Whittall and Miss M. M. Roberts.

**Transfers to Stations Abroad.**—**Matrons:** Miss J. Hoadley, R.R.C., to Malta; Miss E. A. Cox, to South Africa.

**Promotions.**—The undermentioned Sisters to be Matrons:—Miss M. Mark and Miss I. G. Willetts. The undermentioned Staff Nurses to be Sisters: Miss M. Davis and Miss E. K. Kaberry.

## WEDDING BELLS.

Miss Pate, Lady Superintendent of the Adelaide Hospital, Dublin, has resigned the position on account of her approaching marriage.

## PRESENTATION.

Miss Clarkson, who for over fourteen years has been on the staff of the Nursing Association in connection with the Lees Nurses' Home, Union Street West, Oldham, has been presented with a substantial cheque in recognition of her valuable services during that period.

The presentation was made by the Mayor, Mrs. Councillor Lees, who spoke highly of Miss Clarkson's work, and said that in her new post as Nurse at the Scattered Homes, under the Oldham Board of Guardians, she would have a very important position, for she would have 30 motherless children under her care.

Dr. Godson spoke of the medical appreciation of Miss Clarkson's services, and said that 30 medical practitioners in the town had subscribed to the gift. Miss Clarkson expressed her sincere thanks to the donors.

## MEMORIALS OF MISS DUFF.

The present and former nurses of the Dundee Royal Infirmary have subscribed a sum of £60 for the purpose of providing a memorial to the late Matron, Miss Duff, and permission had been given to place a stained-glass window in the Dalgleish Nurses' Home.

A separate fund, amounting to £158, has also been raised to commemorate the memory of Miss Duff by a few friends who were closely associated with her work in the Infirmary. A small part of this sum will be spent in providing a tablet bearing a suitable inscription to be placed in one of the corridors of the Infirmary, and the balance will be invested, and the interest thereon devoted to the purchase of prizes to be awarded annually to the nurses in their first and second year's training. The Directors have expressed approval of these arrangements.

## Nursing Echoes.



Once more the great festival of Christmas has come and gone, and as year succeeds year those who have give more and more bounteously to those who have not. Never have those twin spirits of compassion and generosity held higher revels. The hospital wards were like fairyland, bowers of flowers and twinkling lights, and from off the lovely, glistening Christmas trees such toys and sweets for the children, such charming gifts for the "grown-ups"!

"Christmas fever" one Matron called it, who, laden with gifts, was evidently suffering acutely from the benevolent impulse to give—give—give! As in the hospitals so throughout the land—kindness and goodwill made a bright and happy world. And yet the terrible calamities in mine and train, by which so many awful deaths have left broken so many hearts, cast a gloom over the whole country. How fleeting is joy!

It will come as a surprise to many Guy's nurses that, as a result of the use of armorial bearings on their certificates, the authorities of the hospital have been fined, at the instance of the local taxation branch of the London County Council, at the Tower Bridge Police Court. Mr. Watson explained that armorial bearings were granted to the hospital in 1725, within a year of its foundation, more especially for the purpose of being engraved on the tomb of their founder, Thomas Guy. The arms were displayed outside the hospital and printed on the nurses' certificates to show they had graduated from a first-class hospital. He claimed that the exemption to any person who "by right of office shall wear or use the arms of any corporation" applied to the Governors. The Magistrate decided in the negative, but said that as the custom had been going on for so long a nominal fine would meet the case, and imposed one of 10s., with 2s. costs.

Upon the application of the Matron, the Managers of the Poplar and Stepney Sick Asylum have agreed to appoint five more Probationers owing to the heavy work in the wards, and the overwork at present when the nurses are off duty or sick. It is to be hoped that the Local Government Board will sanc-

tion the increase of staff as soon as possible, so that the night nurses may be given two nights off every fortnight instead of every three weeks. The large majority of Poor Law infirmaries are understaffed in the nursing department, and nurses must in the near future be steadily increased in the class of woman desirable is to be encouraged to continue this indispensable work for the very poor.

Dr. J. F. J. Sykes, Medical Officer of Health for the Borough of St. Pancras, has presented a report to the Borough Council on the subject of measles, which is arousing much interest. Measles, as is well known, is a most dangerous disease to very young children, and formerly, if an outbreak occurred in a school, the whole school was closed; more recently it has only been considered necessary to close the class room where the outbreak occurred, and those class-rooms where a large number of children are infected. Many Medical Officers of Health, however, including Dr. Sykes, consider that all very young children should be excluded entirely. Dr. Sykes says: "When it is definitely known by notification that measles has entered the infants' department of a school it is too late to take any effectual precautionary measures, and temporary total exclusion (or closure) of the department, or of a class, will probably only temporarily delay further extension of the disease. . . . I am further of opinion that nothing short of the permanent exclusion from school of children under five years of age at least will help to reduce the mortality from measles, and it extended to six or even seven years of age—that is, the

common motto, 'It is too late to do anything—it would be still more effectual.'

As an alternative to young children remaining at school, Dr. Sykes advocates that a systematic attempt be made to train mothers in mothercraft. He says: "The desideratum for infants, and very young children, is not education, but training upon material and domestic lines, training of the functions, the habits, the senses, and the physical actions and mental ideas in due sequence, through the first early years of life."



"Before the white man, none were the space—the snow—  
and the silence."

ON THE LAIRD RIVER, CANADA.

A pathetic headline, "Nurses' Dull Time," caught the eye in a Sheffield paper. It is reported that the nurses at the Conisbro' Isolation Hospital have plenty of work, but little to amuse them in leisure hours. To this condition of affairs the Committee recently gave kindly consideration. The Matron proposed a gramophone to cheer them up, and the Medical Superintendent said, "it was all bed and work for the nurses, and they had no papers to read!" The Board decided to spend 2s. a week on literary food for the mind. We hope they will add a gramophone; it really is a most cheery instrument, and sick people just love it.

In this connection we are reminded of the immense pleasure derived from a gramophone by the little convalescents at the Muirfield Home at Gullane during a recent visit we paid to that institution. The Pied Piper was nothing to it. Just turn on a tune and all the chicks were drawn towards it as it by magic. Maimed and halt it mattered not, they clustered round, and how sweetly they joined in choirs. There was "Wee Wullie," his little glutinous legs like

glorified yellow candles, had never been known to support his scrap of a body. Yet one fine day, when the exhausted "granmie" gave forth, by way of "I'm tired," "God Save the King," behold "Wee Wullie" on his wobbly pins; and see him totter towards Sister—three strikes at least—before she caught him and saved a fall.

How about new treatment, Music for Muscles? By all means let dull nurses have a gramophone, and change the records as often as can be.

Dr. T. O. Gordon gave a most interesting lecture on "The Spine" to the members of the Irish Nurses' Association last week. He showed a number of lantern slides, tracing the developments of the spine in different types of animals and reptiles, going back to what might be called pre-historic times with photographs of animals no longer in existence. He finished his lecture with the human spine, and had a number of photos with different curvatures. The members present were very enthusiastic, and gave Dr. Gordon a cordial vote of thanks for his kindness in taking so much trouble, and giving them such an interesting lecture. Miss Reed presided, and the attendance was good.

### Our New Prize Competitions.

In the present number we publish the last of the Coupons of the Prize Puzzles, which have given our readers pleasure for so many years. The result of the December Competition will be announced in our issue of January 7th, 1911, and in the same issue the coupon will appear for the first of the new competitions.

As previously announced, a prize of 5s. will be awarded to the writer of the first letter opened by the Editor on January 9th, 1911, naming the favourite Novel of the Year, 1910, as proved by its mention by the largest number of competitors.

All competitors for this Prize must cut out the coupon published on page xii. of our advertisement supplement, in our issue of January 7th, insert her full name and address, and post it with her letter, naming the novel, to the Editor, 20, Upper Windmill Street, London, W., not later than January 7th, marked "Prize Competition."

The name of the Prize Winner will appear in our issue of January 14th, 1911.

The following will be the subjects of the competitions during the remaining weeks in January:

January 14th.—"How to Succeed as a Private Nurse."

January 21st.—"Describe the Happiest Hour of your Life."

January 28th.—"Describe a Baby's Cries and what they Indicate."

In each case the answer of the competitor should be from 200 to 400 words in length.

### St. John's House.

The Christmas Entertainment at St. John's House, Queen Square, W.C., is always one of the most enjoyable of the parties of the season, and this year, as usual, there were carols in the Chapel, and then Mr. A. M. Heathcote and Miss Ruth Heathcote, who for so many years have charmed similar audiences, gave some of their inimitable dramatic sketches, "Little Arthur at the Seaside" and "Martha on Husbunds" being specially appreciated. The central hall, which had been draped in blue and white, and decorated with flags, greenery, and fairy lamps, was crowded out, and privileged persons found a point of vantage on the staircase.

All too soon came supper, after the hospitable fashion of the House, and then good-byes, and the turning of one more page in its records.

### Our Foreign Letter.

#### A VERY SUPERFICIAL GLANCE AT NURSING IN INDIA.



I am now ending my term of service with Lady Minto's Nursing Association, and a very pleasant five years it has been. For

the information of those who know little of this scheme I must tell them it is one for providing efficient nurses for Europeans residing in India and Burma.

I believe before the origin of the "L.M.I.N.A.," with the exception of two small nursing homes, Calcutta, Bombay, and Madras were the only places from which a trained nurse worthy of the prefix could be obtained. In England, it is difficult to realise what this meant to our fellow countrymen here, isolated in all parts of India, where disease is much more rapid and acute in its course, and where the distances are so great. Still, with these five centres doing their best the demand greatly exceeded the supply. Now, the Minto Nursing Association has centres so localised that two days is about the longest wait a patient need have for a nurse. From the Anglo-Indian's point of view, one knows, it by nothing else, by the warm welcome and the grateful leave-taking what a boon to the uninitiated it is to have a skilful and

knowledgeable person at those times of strain and anxiety.

Should any of my readers think of doing private work abroad, I should strongly recommend them to join our staff, on which the most careful attention is paid to health and comfort, and where all are treated as individuals, and not as mere nursing machines, as is so often the case when belonging to a large public body, especially when the members of it are so widely scattered. But do not imagine that owing to the latter reason the slackers and defaulters escape reproof, and quite possibly dismissal, for all are kept closely in touch with the Chief Lady Superintendent, whose far-reaching personality and wide-minded sympathy have now won the confidence and affection of the whole Staff, many of whom she has never met.

Of hospital work in India my knowledge is small, but I have at times been called to take special cases in hospitals. They are practically all built and more or less provided for by Government.

A nurse's training begins at once, with a responsible work and not by cleaning brasses and trying her hand on convalescents, as in England. After six months, she is generally considered fitted to take her place at intervals on the private staff, and really seems to give astonishing satisfaction. I often think it must be on the theory that "Anybody is better than Nobody." At the door of these "speedily trained" nurses we must lay the blame of the frequent kind offer of the medical officer, to remain and see the sponging done, or to return at 9 p.m. to give the hypodermic injection, etc. The wave of indignation which passes through the mind of a four years' trained nurse from home and quite possibly late Sister of a hospital ward!

More attention to detail seems to be required in the training of the Eurasian nurse, also very much more attention to professional etiquette, especially on two points: (a) Too much discussion of cases and doctors and work in general in public. (b) Too intimate a footing between patient and nurse.

The mission-trained native nurses are very much to be admired: the patience and care in training them required on the part of the Mission Hospital Matrons is second to none. Think of the rough material they work upon and the disadvantages of a foreign language in which one must be fairly advanced to give most elementary instruction. The natural lack of order and neatness and incapability to think and act independently make it difficult to turn out a native girl capable of acting methodically or in emergencies. Again, their custom of early marriage makes it almost impossible to get a girl to train long enough to acquire experience of much value. But with all these drawbacks, the Zenana Hospital Matron has cause to be very proud of the trained Indian nurse, trained, of course, only in midwifery and work for women, India being still too much under the purdah system to allow her women to nurse their male relations.

I must say, in closing, all these conclusions are drawn from my own observations, and are quite open to contradiction.

ANONYMOUS.

## Outside the Gates.

### WOMEN.



The papers read at a private conference held at the Caxton Hall, Westminster, on November 24th, and arranged by a Sub-Committee of the Preventive and Rescue Committee of the National Union of Women Workers of Great Britain and Ireland, are now published in pamphlet form at the office of the Union, Parliament Mansions, Victoria Street, S.W., price 1s., or 7s. per dozen, post free.

"The Administration of the Law," a little paper read by Miss E. MacDonnell to Rescue Workers at a meeting held at Lincoln by the National Union of Women Workers, refers to assaults upon, and the corruption of, children. The experience of the writer has been gained as a Southwark Diocesan worker. As the law stands, "any person who 'criminally' assaults a girl under the age of 13 is guilty of felony"; to punish a child of that age and under 16 is merely a misdemeanour. For the first heinous crime a man may be kept in penal servitude for life, or be imprisoned for any term not exceeding two years. For the ruin of a child over 13 he cannot be imprisoned for more than two years!

Miss MacDonnell gives a heart-rending picture of these poor *enfants* children, during their ordeal of prosecuting the horrible brutes who have violated them, in our Police Courts, and also of the contemptuously inadequate sentences passed by the representatives of the law.

"Early this year a girl of 14, expecting confinement, appeared in the Central Criminal Court against a man of 45 years. He, a coloured man, pleaded 'guilty.' The Judge heard no evidence, gave the police no opportunity of saying there was much against the man abroad. The sentence was 'six months' hard labour. Why not two years, which the law allows?"

The life of this girl is ruined and her suffering, both physical and mental, extends over many months—nay, even years. To the death there will be the reproach of the ruthless child.

The writer here points out "that the Rescue Worker finds a precious opportunity," and adds "that as Rescue Workers we can do little to alter or set right what seem to us the evils in administration, but we can ponder silently the high ideals of Christ's Law."

It is not given to every soul to burn with righteous indignation, to long for a flaming sword with which to defend the weak but we would urge every Rescue Worker to realise the very urgent duty of resting neither night nor day in helping to awaken a sense of justice in the hearts of Judge and Jury when administering the law to the ravisher of little children. It is useless to ponder silently the high ideals of Christ's Law: "Go forth and fight the good fight in defence of those My little ones."

## Book of the Week.

## THE DOCTOR'S CHRISTMAS EVE.\*

This volume is most delightful. It abounds in delicate touches and charming description.

The story opens on the morning of the 24th of December, a quarter of a century ago, upon the vast plateau of Central Kentucky. . . . the whole visible heaven was receiving the incense of Kentucky fires; the whole visible earth was a panorama of the common peace.

Of Elsie, the doctor's little daughter, we are told "that the instant she spoke you recognised the pettiness and precocity of an American child—which, when seen at its best or its worst, is without precedent or parallel among the world's children. Her speech was new, her ideas were new, her impertinence was new—except in this country." The boy Harold is something of a dreamer, and finding his father sitting before the fire, and looking gravely into it, he asks:—

"Is somebody very sick?"

The head under the weather-roughened hat nodded silently.

"I wonder how it happens that all the sick are in our neighbourhood?"

A smile flitted across the doctor's mouth.

"The sick are in all neighbourhoods, little wonder."

"Not all over the world?" asked the boy, enlarging his vision in space.

"All over the world," admitted the doctor.

"Not all the time?" asked the boy. "Isn't there a single minute when everybody is well everywhere?"

"Not a single solitary minute."

The chatter was persistent.

"There ought to be a country where nobody suffers, and there ought to be a time: a large country and a long time."

"There is such a country and there is such a time," said the doctor.

"Then I'll warrant you it's part of the United States," said the boy. "Texas would hold them, wouldn't it? Why don't you doctors send your patients to that country?"

"Perhaps we do, sometimes!" The doctor laughed.

"When I grow up we'll practise together and send twice as many," the boy said, looking into his father's eyes with the flattery of professional imitation.

"So we will! There'll be no trouble about that. Twice as many; perhaps three times. No trouble whatever!"

The tragedy of the doctor's life lies in his love for another man's wife, and in consequence his own loveless marriage.

"In somewhat a darkened corner of the doctor's library hung a framed photograph of his wife in her bridal dress. Once his own photograph had hung beside it. The plaster where the nail had been driven in had either fallen out or had been torn out. He never knew. He knew enough to be sad. As for the photograph there stood a

young bride looking into her future, and trying to conceal from herself what she saw awaiting her—the life of a woman wedded but not loved. And there was recollection in her eyes, too; that the man who had married her, perhaps in the very breath of his wooing, had wished she were another; that at the altar he had perhaps wished he were putting the ring upon another's hand; and that if there were to be children he would always be wishing for them by another mother.

The book is largely retrospective.

"The doctor sat that morning trying to work at the books of the year. The rooms were comfortable; the children were away at the fireside of another man's wife; the servants did not dare disturb him; his horses waited in their stalls; it was the day on which he could begin to reap his golden harvest; a pleasant day for most men; but he could not see the blanks before him, nor remember the names he filled in, nor the figures for value received.

"Because there lay open before him the Book of the Years."

Mr. Allen at times touches the heights, but in a great deal is firesome, and does not fulfil the interest promised in his opening chapters.

H. H.

## COMING EVENTS.

*December 30th.*—East London Hospital for Children, Shadwell, E. Christmas Entertainment for the Patients, 3 to 6 p.m.

*December 31st.*—St. Bartholomew's Hospital, Rochester. Concert and Christmas Tree, 4.30 p.m.

*January 1st.*—New Year's Day, 1911.

*January 2nd.*—Metropolitan Hospital, N.E. Children's Christmas Tree, 3 p.m.

*January 3rd.*—Charing Cross Hospital, entrance King William Street. The Nursing and Resident Staff "At-Home." Music, tea, and coffee. 7.30 to 11.

*January 5th.*—Alexandra Hospital for Children with Hip Disease, Queen Square, Bloomsbury. Children's Christmas Party, 3.30 to 5.30 p.m.

*January 5th.*—Nursing Pageant. Members of Committee at 431, Oxford Street, for consultation, 11.30 p.m. to 7 p.m.

*January 7th.*—The Italian Ambassador opens the extension of the Italian Hospital, Queen Square.

## REGISTRATION REUNION.

*February 18th, 1911.*—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C., 8 p.m. to 12. Reception, 8 p.m.

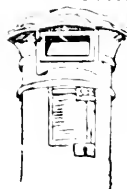
A Nursing Masque of the Evolution of Trained Nursing will be presented at 8.30 p.m.

Music and Refreshments.

Tickets: Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s.; Nurses, 3s. 6d.; Performers, 2s. 6d.

Tickets, on and after January 2nd, on sale at 431, Oxford Street, London, W.; at the office BRITISH JOURNAL OF NURSING (first floor), 11, Adam Street, Strand, W.C.; and from Matrons who offer to have them on sale or return.

## 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 RESULTS OF MAN-MADE LEGISLATION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Your articles on Nursing Agencies will be widely read with interest, and the result of the new General Powers Act of the L.C.C., in so far as trained private nurses are concerned, is nothing short of disastrous. Once and for all it breaks up their independent right of co-operation, for who for the future (or until this unjust Act is amended) will encourage and help nurses to co-operate on just economic lines? You call its provisions "the apotheosis of the exploiter," and this very clearly describes the provisions of the Act as it affects trained nurses. God knows, it is hard enough at present for us to get out of the clutches of the middleman, and this ill-considered bit of legislation will batter us down altogether. It is to be hoped that after New Year private nurses will arouse public feeling on this question. Nothing can be more unjust, and, voteless, nothing can be more hopeless than the position of women workers in this country. I enclose card, and am ready to take part in any form of public protest against this despoiling Act. For years we have worked for the protection of the public, by adopting high standards of professional efficiency, maintaining good discipline, and now, unless we sink to the level of a lay-managed agency—which more often than not foists semi-trained and undisciplined women on the public as "trained nurses"—we are forbidden to exist. As to the disreputable so-called Nursing Homes—sinks of iniquity as many are known to be—which admit questionable cases, and send out questionable nurses, they are to be excluded from licence and inspection, and sweating Hospital Committees are also protected by the Act. How absolutely man-like such legislation is where women's labour is concerned!

I am,

Dear Madam,

Yours faithfully,

AN INDIGENT CO-OPERATIVE NURSE.

[Nurses are no worse off than other poor working women, in that they have no power in making the laws they are compelled to obey. As a public official remarked in connection with this new Act, which penalises the co-operative worker (the private nurse who claims her own fees): "If you don't explain it to the nurses they will know nothing of it!" No doubt true, as the lay nursing press, with its natural lack of ethical standards, fails to grasp as usual the nurses' as apart from the employers' point of view.—Ed.]

#### THE REINCARNATION OF SAIREY GAMP

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—The reincarnation of Sairey Gamp much interested me, and I felt I should like to tell you what happened to me only last winter. I was Matron at a Cottage Nurses' Home, and was often very short of nurses, owing to the coming home of nurses for weeks before they were needed, being "cheaper than a charwoman!" But a woman living just opposite the home did the reverse. I called on her near the date she had booked to find her almost ready for the nurse. I made her send for the doctor, and promised to send a nurse if I could get one, but none could come until the following week, so I had to go myself. I was called up the next morning, and the doctor was there in good time, and the baby born quite normally. I kept on with the case, running over several times a day for a fortnight. I only did the nursing and baby and kept the room nice. When the Committee lady visited the mother she told her she had had many nurses "but had never been nursed before." Cottage nursing has ruined trained nursing in this country. It is very sad to see it. I could tell you many instances.

Yours faithfully,

E. E. P.

#### SELF-MANAGING BENEVOLENCE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—The various memorials which are now being appealed for and organised to Miss Florence Nightingale, and the late King, are to take, I understand, in some cases, a charitable form for the benefit of nurses.

Your admirable journal has frequently warned nurses against the "professional philanthropist," but with your permission I should like to repeat that warning and to point out the folly of multiplying institutions all having the same ultimate object—viz., the relief of distress and misfortune.

A Benevolent Society is doubtless a necessity for the unfortunate members of our profession, but why cannot the promoters of such schemes amalgamate to form one Central Institution, having local branches where required, and administered by members of our profession, who have a practical experience of business as well of philanthropy. Such Benevolent Institutions as already exist are, in many cases, staffed by highly-paid officials, and the heavy cost of administration is out of all proportion to the average income of the class they are intended to benefit. The large sums of money dissipated in the administration of the numerous and flourishing benevolent schemes will, when ascertained, surprise those who are still unacquainted with the methods of the "professional philanthropist." His attitude towards those who hope to benefit by the charity of the subscribers is frequently such that one is reminded of Ruskin's description—viz., "As much charity as you please, but no justice."

Believe me to be,

Dear Madam,

Yours faithfully,

MELBA.

# The Midwife.

## The Midwife in 1910.

An Amending Bill of the Midwives' Act was introduced first by Viscount Wolverhampton, when Lord President of the Council, then withdrawn, and a second Bill introduced by Earl Beauchamp as Lord President. The late Parliament was, however, dissolved before any amending Bill became law, which is not entirely matter for regret as there is a general consensus of opinion that the Bill as introduced needs amendment in several particulars, and especially do associations of midwives desire that provision shall be made in any new Bill for the direct representation of the certified midwives on their governing body.

The Central Midwives' Board has continued its work of examining, enrolling, and maintaining discipline amongst midwives. The large number of midwives (2,683) who entered during the year prior to the last report issued by the Board, of whom 2,219 satisfied the examiners, and were added to the Roll, proves that a large number of women are willing and able to pay substantial sums for this special training and to maintain themselves while receiving it, besides paying the requisite entrance fee to the Central Midwives' Board.

After many years of strenuous work as President of the Midwives' Institute, Miss Jane Wilson has resigned this position, and Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute, has accepted nomination as her successor, a nomination which will give general satisfaction, as Miss Hughes is a certified midwife and highly qualified nurse.

There has been ample evidence during the year that Midwives are realising the need of organisation, a number of provincial associations are now affiliated to the Incorporated Midwives' Institute, the National Association of Midwives in Manchester, also with affiliated branches, recently demonstrated its value to its members by successfully defending two of their number called to appear before the Central Midwives' Board, and secured their complete exoneration from the charges against them.

The Union of Midwives established in London during the past year is like the National Association working on trade union lines; Liverpool has also its own Association, and there is further a Certified Midwives' Total Abstinence League, which aims at securing the abstinence of every enrolled midwife.

## The Day Nursery, Whitfield Street, W.

Passing up and down the mean streets of the Metropolis we find here and there houses which are centres of sweetness and light; they may be noted by the flowers which "mark as with a little broken fragment of rainbow, the windows of the workers in whose heart rests the covenant of peace"; they may also be differentiated by the polished panes and snowy curtains, which form an inviting contrast to the surrounding dinginess.

Such a centre is to be found in the Day Nursery at Whitfield Street, Tottenham Court Road, W., recently opened, and which not only opens its doors to the children of the neighbourhood, while their mothers are at work, but is also an educational agency, giving to the mothers in the course of friendly intercourse, lessons in regard to the rearing and training of their children which they willingly absorb.

The Home, which was opened in October last, with Miss Tait, who has received training in the nursing of children, as Matron, is charmingly fresh and dainty, green predominating in the colour scheme throughout.

Every child is bathed each morning on arrival, and put into clean clothes, children up to five years of age are received, and the toddlers' room on the ground floor has been furnished with great consideration for their needs.

On fine and warm days they may be taken out to the small open space at the back of the house, where, with a table and chairs under shelter, they can play happily in such fresh air as the neighbourhood affords.

Above is the nursery for the small babies with its pretty white cots, and vegetable down quilts covered with green satin. Here also is every convenience for preparing the food for the babies. The milk is not sterilised, but every care is taken that it should be pure, and scrupulous cleanliness is the rule in its preparation. The staff, besides the Matron, consists of a Sister, a paying and a paid probationer, and a cook.

Surely for all their lives the children who spend their early days in the Home must feel its influence for good.

The Home is in close touch with the Whitfield Sisters, who live in the next house, but has an entirely distinct organisation.

## Schools of Midwifery.

## ROYAL MATERNITY HOSPITAL, COPENHAGEN.

In commemoration of the Royal Maternity Hospital, Copenhagen, the site of which is now to be changed, a set of papers, so we learn from the *British Medical Journal*, has been published by Professor Leopold Meyer and his staff dealing with the work of the hospital in recent years. It is satisfactory to learn that the death rate from true puerperal fever is now so low that many of the midwives trained in the hospital have never seen a case at all.

The following is the technique observed on the admission of a patient, which admission takes place when labour pains have begun.

The whole body is washed with soap in a warm bath. The patient is then put to bed, and the external genitals are washed first with sterilised jute, soap, and tepid water, then with sterilised water, and finally with 1 in 1,000 perchloride or 2.5 per cent. carbolic. Before washing the genitals or making an exploration, the operator's hands undergo a series of antiseptic rites lasting ten minutes. No vaginal douche is given unless an exploration has been made before admission, and even then it is not always given. Local treatment, such as curetting and douching of infected cases, has been abandoned in favour of a masterly inactivity, which is much to the patient's advantage, according to Professor Meyer, who, on this point, has the support of the Gynaecological Congress at Strassburg in 1909.

Dr. Oluf Thomsen supplies an interesting paper on the need for testing candidates for wet nursing with Wassermann's reaction. He found the milk of fifty-three syphilitic mothers gave a positive reaction with but one exception, whereas only thirty-three of the mothers gave a positive serum test. The milk should be examined before birth, or within a couple of days after birth, as the reaction is less certain later. A positive reaction with 0.05 c.c.m. or less of milk is certain proof of syphilis. With larger quantities of milk, that is 0.1 or 0.2, a positive reaction may be given by a healthy mother.

It is manifestly important that midwives and maternity nursing should receive instruction in the course of their training on the points to be observed in nursing cases of syphilis in relation to the mother, and infant, and the care of their own health. At present in the majority of maternity hospitals we fear that there is almost complete silence on this subject. Yet considering the prevalence of the disease, its infectious and persistent nature, and its loathsome consequences surely such knowledge is the right of every nurse and midwife.

## Schools for Mothers.

We have received from the National League of Physical Education, 1, Tavistock Square, W.C., a report on existing schools for mothers, and similar institutions, by Mr. F. C. Gibson, issued in pamphlet form, price 3d., which contains a most interesting account of this new branch of social service. The writer points out that "the school for mothers is of recent development. Most of the institutions of this kind which at present exist have been established within the last three years. They have arisen mainly from a desire to reduce the high rate of infantile mortality which generally prevails, a desire intensified by disquiet, sometimes perhaps not very well informed, at the declining birth-rate. Accumulated evidence of the ignorance of infant needs prevalent among a large proportion of modern mothers—an ignorance due, amongst other causes, to the fact that during adolescence they have had little experience of domestic life—has also played its part in the establishment of these 'schools.'"

WHAT IS A "SCHOOL FOR MOTHERS"?

"School for Mothers" is perhaps a somewhat grandiloquent term for many of the institutions which exist. It implies a degree of systematic instruction which is not attained. But it is useful as indicating that the central idea of such institutions is the instruction of the mother how best she may perform her duties, both to herself and to her infant, for the welfare of the latter. The essential of a School for Mothers is that there should be available an expert, a doctor or at least a nurse, from whom instruction and advice should be obtainable. The infant should be regularly inspected by the expert. Around this central notion many other activities may cluster—home-visiting; classes in hygiene, cooking, and cutting-out; provision of dinners to expectant and nursing mothers; provident clubs, etc. The best developed 'schools,' such as St. Pancras, one of the most active pioneers, and Stepney, are busy hives of multifarious activities, and are constantly finding new openings—the openings being generally found much more plentifully than the necessary funds.

"The treatment of sick infants is beyond the scope of a School for Mothers. When a baby is in need of medical attendance, the mother should be referred to a private doctor, dispensary, or other agency for the treatment of sickness, according to the circumstances of the case. If a 'School' undertakes the treatment of sickness, it will very probably ultimately be drawn away from its main purpose.

## HOME-VISITING.

Systematic home-visiting should be an integral part of the work of a School for Mothers. What is taught in a classroom seems often somewhat dead and unreal to the poorer (and often to the well-to-do) classes; it is necessary to apply it in the actual conditions of their home life to make it living for them, where an old bottle may have to serve for a rolling-pin, and an old jam-pot as a pie-dish, while one decrepit saucepan must serve for boiling the whole dinner. There should also be systematic provision for looking up mothers who fail to attend regularly at consultations.

"Practically all societies make a point of home-visiting. Some confine themselves to this work. At a few places all cases of child-birth in the district among other than the well-to-do classes are visited for some time after the birth. Effort confined to a few cases will probably be found more profitable by most 'schools'."

#### CONCLUSIONS.

The writer considers that "A central society is necessary which, while leaving full initiative and responsibility to the local societies, should be always ready to supply them with the best and latest information. It should be a co-ordinating and guiding centre of enlightenment, to which all local 'schools' should be affiliated. Propaganda work could be carried on by such a society, and it might well also undertake to supply leaflets, charts, pictures, and other things of the kind required by 'Schools for Mothers.' One of its principal duties should be the collection of information as to the methods and results of 'schools' already at work."

"There should be a great future for such a society. The need has already been felt, and a society, which it is proposed to call the 'British Association of Schools of Mothercraft' is already in course of formation. (Organisers, Dr. J. F. Sykes, Town Hall, St. Pancras; and Miss Bunting.) It is intended that this society shall embrace all sides of the question; and that it shall become a potent source of information and inspiration for all efforts towards the betterment of the upbringing of infants and young children. The field lies ready, and it needs but steady, well-informed, and discreet energy to reap splendid results. Another society—the Society of Infant Consultations—has already been formed (Hon. Secretaries, Dr. Ronald Carter, 11, Leonard Place, Kensington, W., and Dr. J. Lane-Clayton) for furthering certain branches of the work, and it is hoped that this society will work in conjunction with the other, which will have a wider scope."

#### SUBVENTION OF A MATERNITY ASSOCIATION.

The Local Government Board has sanctioned a subscription of £5 5s. for the ensuing year, by the local Guardians, to the funds of the Maternity Nursing Association, 63, Myddelton Square, Clerkenwell.

#### AN EXCELLENT RECORD.

At the annual meeting of the Sussex County Nursing Association at Brighton, the report having contained a reference to the Midwives' Act, Dr. Foulerton mentioned that in January it was expected that 72 per cent. of the midwives practising in East Sussex would be trained women. East Sussex midwives last year attended 1,803 women, and there was only one death. That was a result not equalled in the very best class of London hospitals. Dr. Foulerton also spoke of infant mortality. Taking the whole of England and Wales, 107 children out of every 1,000 which were born died within twelve months. Districts comparable with East Sussex showed an infant mortality of 97, where the East Sussex figure was 57.

#### Words from Whittier for 1911.

In the economy of God no effort, however small, put forth for the right cause, fails of its effect. No voice, however feeble, lifted up for truth, ever dies amidst the confused noises of time.

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 enjoying of it, is the sovereign good of human nature.

It is not permitted us to believe all things we can at least hope them. Despair is infidelity and death. Temporally and spiritually the declaration of inspiration holds good—"We are saved by hope."

Nature's mighty miracle is still over and around us; and hence awe, wonder, and reverence remain to be the inheritance of humanity; still are there beautiful repentances and holy death-beds; and still over the soul's darkness and confusion rises, statelike, the great idea of duty.

#### "EIN FESTE BURG IST UNSER GOTT."

God, give us peace,  
Each in his place  
To bear his lot,  
And, murmuring not,  
Endure and wait and labour!

#### MY SOUL AND I.

What hast thou wrought for Right and Truth,  
For God and Man;  
From the golden hours of bright-eyed youth  
To life's mid span?

#### THE REFORMER.

Take heart!—The Waster builds again—  
A charmed life old Goodness hath;  
The tares may perish—but the grain  
Is not for death.  
God works in all things; all obey  
His first propulsion from the night;  
Ho, wake and watch! The world is gray  
With morning light!

#### THE MANTLE OF ST. JOHN DE MATHA.

Sail on! The morning cometh,  
The port ye yet shall win;  
And all the bells of God shall ring  
The good ship bravely in!

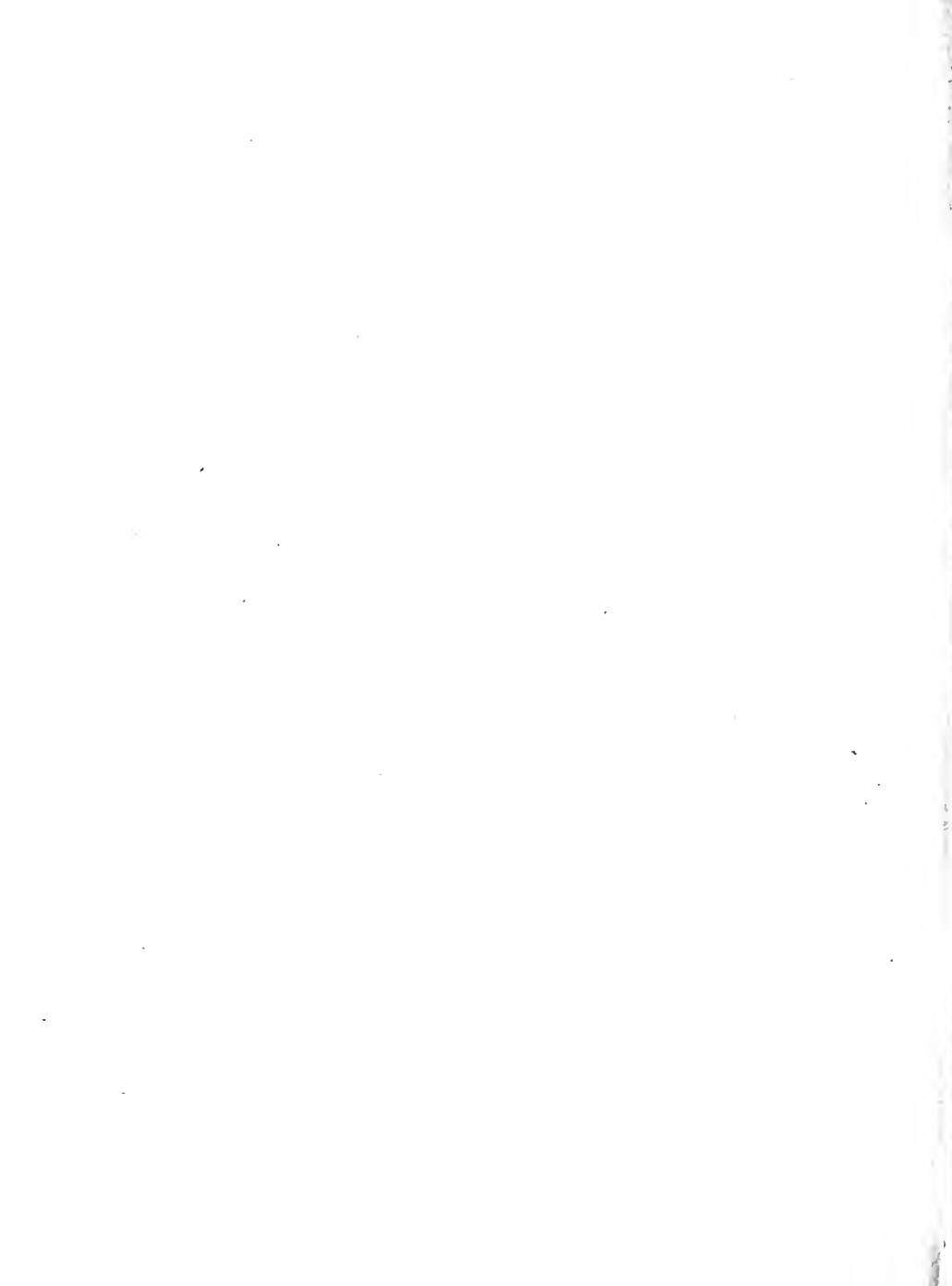
#### THE NEW YEAR.

The wave is breaking on the shore,  
The echo fading from the chime;  
Again the shadow moveth o'er  
The dial-plate of time.

#### LAST WORDS 1910.

But on the river's farther side  
We saw the hill-tops glorified,—









NURSING LIBRARY  
THE HOSPITAL FOR SICK CHILDREN  
PEDIATRIC DEPARTMENT  
555 UNIVERSITY AVENUE  
TORONTO, CANADA M5G 1X8

RT  
1  
B75  
v.45

The British journal of nursing

Biological  
& Medical  
Sciences

For sale

For sale

PLEASE DO NOT REMOVE  
CARDS OR SLIPS FROM THIS POCKET

---

UNIVERSITY OF TORONTO LIBRARY

---

